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Testimony before the Joint Committee on Multi-System Youth

May 3, 2016

Good morning Chairman Gardner and Vice-Chairwoman LaTourette. It is my pleasure to speak before the Joint Committee on Multi-System Youth. I want to commend you for taking on this very complex topic. Director McCarthy has already spoken with you about some of the programs the Ohio Department of Medicaid has put in place that impact this population, including our joint work on the redesign of the Medicaid behavioral health benefit. I have been asked to speak with you about my role as Chairwoman of the Family and Children First Cabinet Council and the council's role in supporting youth who require the services of more than one child serving system.

First, I want to begin by sharing with you about several of the programs we have in place at the Ohio Department of Mental Health and Addiction Services to help support children who touch more than one system.

*Early Childhood Mental Health Consultation* – During January 2016, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) announced \$9.1 million in funding for the addition of up to 64 mental health consultants who will work with teachers, staff and families of at-risk children in preschools and other early learning settings. Services include on-site interventions, resources for parents and training for professionals. The goal is to engage early to reduce expulsions in pre-school and kindergarten so that children can succeed in the future.

*Engaging the New Generation to Achieve Goals through Empowerment (ENGAGE)* – OhioMHAS received a four-year grant from the Substance Abuse and Mental Health Services Agency (SAMHSA) to expand the system of care approach throughout Ohio for youth and young adults, ages 14 through 21 with mental health challenges, co-occurring disorders, and multi-system needs. Ohio Family and Children First is working with OhioMHAS to implement this grant called ENGAGE. The goal is to develop a framework that coordinates and adapts policy, fiscal and administrative actions to support the successful transition of Ohio's youth and young adults. Ohio has developed a four-year plan to expand this system of care framework statewide. This statewide framework includes a set of standards and recommendations on how to utilize High-Fidelity Wraparound model to strengthen local Systems of Care statewide to keep youth in their homes while receiving identified/needed behavioral health services.

*Strong Families, Safe Communities* – OhioMHAS and the Ohio Department of Developmental Disabilities are committed to improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families or others because of mental illness or a developmental disability. The Strong Families, Safe Communities project engages local systems through an investment of \$6 million over the FY 16-17 biennium to identify

community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for these families. Many children who are at risk are not engaged in treatment programs and may not be known to the community until a crisis unfolds. Care coordination and crisis intervention services can quickly stabilize a child's health. Support for these families will reduce risk of harm and help the family remain together.

### Family and Children First Cabinet Council

Established in 1993, Ohio Family and Children First (OFCF) is defined as the Governor's Children's Cabinet with the purpose of streamlining and coordinating government services for children and families. The OFCF Cabinet Council is comprised of the following agencies: Aging, Developmental Disabilities, Education, Health, Job and Family Services, Medicaid, Mental Health and Addiction Services, Opportunities for Ohioans with Disabilities, Rehabilitation and Correction, Youth Services, and the Budget and Management. I currently am designated as the Cabinet Chair. Chad Hibbs, the state director of Family and Children First, is with me today.

Recently, the cabinet council has taken on the task of formalizing a process that has worked over the years to help with cases that get referred to the cabinet council from counties. This involves the establishment of a Service Coordination State Committee, which will provide administrative reviews of cases referred to the council through various local agencies, such as county councils, families with unresolved needs, and juvenile courts. The director and regional staff of OFCF provide ongoing training and technical assistance to county coordinators/councils. Direct assistance on specific county issues are provided as needed or requested.

County Family and Children First Councils (FCFCs) have been required in statute since 1993 to develop and implement a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children. In 2006, statutory changes through the passage of House Bill 289 elevated this requirement and increased accountability by requiring county FCFCs to establish a process to identify local priorities, monitor progress of meeting these local priorities with indicators established by the FCFCs, and develop an annual plan that identifies the local inter-agency efforts to enhance child well-being in the county. County FCFCs are also required to demonstrate progress of increasing child well-being by reporting annually to the OFCF Cabinet Council and the county commissioners.

Effective 2016, the H.B. 289 planning process, the Shared Plan Model, has been updated and revised to include components of the Collective Impact Model. This places greater emphasis on identifying and developing community-level, mutually reinforcing activities around identified shared priorities and shared outcomes. The revised model includes researching community data-informed plans, but also provides the flexibility to identify other shared priorities by other means such as data collection or a community needs assessment process. These report priorities are aggregated from county Shared Plan submissions, presented to the Cabinet Council, disaggregated to note trends and then reviewed for future planning priorities.

You have also asked me to address the issue of custody relinquishment, which is a challenging topic. In my role, I hear of and assist with these kinds of cases and each one is different. The root cause of custody relinquishment is variable, which is one reason the issue continues to arise. When presented with such a case, a first step is to ensure that the family is involved with

their local FCFC. If not, a referral is made with goal of seeing local agencies come together with an appropriate plan of care for a child. I believe that elements of the behavioral health Medicaid redesign will address some of the reasons for custody relinquishment, such as helping a family get the help they need through respite and crisis services. However, there remains more work to be done.

Thank you again for inviting me to testify on this important topic. I welcome any questions.