



Multi-System Youth Custody Relinquishment Prevention Program Overview for Updates and Applications for Additional / Shifting Funds

The State of Ohio's program to prevent custody relinquishment for youth with multi-system needs was created in SFY20 pursuant to Section 333.95 of AM Sub H.B. No. 166 with the goal of preventing transfer of custody to the child protection system solely for the purpose of obtaining funding to access treatment. The custody relinquishment prevention program is referred to as the Multi-System Youth (MSY) Program.

The MSY Program is sponsored by the Ohio Family and Children First (OFCF) Cabinet, including the Ohio Departments of Children and Youth, Developmental Disabilities, Education and Workforce, Mental Health and Addiction Services, Medicaid, and Youth Services.

State MSY Custody Relinquishment Prevention Program Principles, Applicability to Updates and Additional Funds

- **Children and youth served by the MSY program must either be at risk for custody relinquishment or have been recently relinquished for a short period of time (ex: 30 days) solely to access care.** Children and youth must remain in the custody of viable caregivers to receive additional MSY program funding.
- **Children and youth served by the MSY program must have multi-system needs and be using creative multi-system supports.**
 - ✓ Children and youth receiving MSY funding must be actively engaged in care coordination provided by a Family and Children First Council (FCFC) or by OhioRISE.
 - ✓ Local and/or regional systems are expected to actively support the child/youth and their caregiver(s) before, during, and after receipt of MSY program funding.
 - ✓ Care teams must continue creative care planning, even when children and youth are receiving out of home care.
- **Care funded by the MSY Program must be clinically appropriate and provided in the least restrictive setting possible to support the child or youth's needs.**
 - ✓ Children and youth receiving MSY program funds for out of home care must transition to home and community-based living arrangements as soon as clinically appropriate.
 - ✓ Applicants seeking additional funding for out-of-home must include an updated CANS assessment or other clinical documentation indicating the continued need for out-of-home treatment.
- **Each child or youth served by the MSY program must be supported by one or more legal guardians who are willing to actively participate in the young person's care planning and treatment.** Guardians of children and youth who receive MSY Program funding for out-of-home care must continue to be willing to have the young person return to the home as quickly as clinically appropriate.
- **The MSY Program is intended to address acute needs and prevent immediate custody relinquishment.** When the team working to support the child/youth anticipates the need for longer-term services and supports, they are expected to conduct sustainability planning to identify long-term funding sources for longer term care.
- **The MSY Program is intended to assist caregivers when local resources and other payment sources have been exhausted.** The State MSY Program is the funder of last resort and can only be accessed when local funds, health insurance, annual post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds.

Multi System Youth Program Update Form & Application for Additional / Shifting Funds

FCFCs should email updates without applications for funding to MSYUpdates@medicaid.ohio.gov

FCFCs should email applications WITH funding requests to MSY@medicaid.ohio.gov

CMEs should email updates and applications to OHRMSYapplications@aetna.com

All updates and applications must be encrypted when emailed.

Updates regarding child/youth and teaming while using State MSY Program (Program) funds must be provided using this form. The State MSY team may request updates at any time.

- **Disruption / immediate change of provider updates** for care funded by the MSY Program must be submitted within 14 days of the disruption or change.
 - ✓ The State MSY team may request additional updates following a disruption or a change in provider.
 - ✓ Please note: MSY funds cannot be spent on a new provider of care without authorization of a shifting funds request from the State MSY Team. Authorization of shifting funds is not guaranteed.
- **Routine updates** for all children/youth receiving Program funds must be submitted at least every 90 days and prior to or concurrent with submission of an application for additional funding.
 - ✓ Organizations that fail to submit complete and detailed updates may be required to submit additional information and/or provide updates more frequently than every 90 days.
 - ✓ Incomplete or untimely updates will result in automatic denial of requests for additional funding.
- **Final updates** should be submitted within 90 days following the end of the State MSY program funding period for each child/youth served by the MSY program.
 - ✓ Failure to submit timely final updates may result in paused reviews of the requesting organization's other MSY Program applications.

Applications for additional or shifting funds must be detailed and complete to be considered by the State MSY program. Authorization of additional or shifting funds is not guaranteed. Applications must include a new signature page and:

- Be completed and submitted prior to the date that additional or shifting funds are needed. The State MSY team strongly recommends applications be submitted at least two weeks prior to the requested start date for using additional funds and at least one week prior to the requested start date for using shifting funds.
- Be accompanied or preceded by complete and thorough updates (see information above). Failure to submit timely and complete updates will result in automatic denial of subsequent applications for additional or shifting funds.

SECTION 1: Requestor Information and Child/Youth Demographics

Requestor Information				
Organization Type: <input type="checkbox"/> Family and Children First Council <input checked="" type="checkbox"/> OhioRISE Care Management Entity				
Agency / Organization Name Move Forward CME			Requestor Name Susan Slide	
County Walk	Phone Number 555.555.5555		Email Sslide@MoveForwardCME.org	
Child/Youth Demographics				
Name John Jump			Social Security Number 333-33-3333	
Date of Birth 5/6/2011	Age in Years & Months 13 yrs 1 month	Gender/Gender Preference male		Race/Ethnicity mixed
Home Street Address 2452 Footloose Road		City Dance Town		State OH Zip Code 43055
Phone Number 555.777.8888	Legal Guardian Laura Jump		County Walk	
Primary Insurer (if Medicaid, include ID #) Forcare 123456098723			Secondary Insurer (if applicable) N/A	

SECTION 2: Submission Type, Funding History, State MSY Team Recommendation Updates

Type of Submission		
<input type="checkbox"/> Routine update	<input checked="" type="checkbox"/> Disruption / Immediate Provider Change Update	<input type="checkbox"/> Final update
Are you applying for additional or shifting MSY funds to support the child/youth's treatment?	<input checked="" type="checkbox"/> Yes, additional funds <input type="checkbox"/> No, not applying for funding	<input checked="" type="checkbox"/> Yes, shifting funds
Funding for this child/youth previously authorized by the State of Ohio's MSY Program. Insert rows as needed		
Date(s) of Services	Amount(s)	Provider(s)
4/17/2024 to 7/16/2024	\$ \$27,000.00	March Forward Residential
DD/MM/YY to DD/MM/YY	\$ Click or tap here to enter text.	Click or tap here to enter text.
State MSY Team Recommendations Updates		
Provide a running list of recommendations provided by the State MSY Team throughout the case (all recommendations provided by the State Team over time, not just the most recent) and an update from the child/youth's Team in response to each recommendation. Insert rows as needed.		
Recommendation	Update	
Parent Engagement	Mom calls every week and went for one in person visit	
Youth Engagement	John was minimally engaged for the short time he was there	
Parenting classes	Had not started yet	
Detailed Discharge Plan	Specific providers haven't been identified yet	

SECTION 3: Disruption / Immediate Change of Provider Update Information – Not Applicable

Provide the following information based on Team support and planning to address a disruption and/or change provider. Please also note:

- All disruption / change of provider updates must be accompanied by an updated care plan.
- Updates for children/youth receiving funding for out of home care must be accompanied by a discharge summary from the discharging out of home provider.
- Updates accompanied by an application to shift funds must include completion of Sections 6 and 7 and a new signature page.
- Updates accompanied by an application for additional funds must include completion of Sections 4, 6, and 7 and a new signature page.

Disruption / Immediate Change of Provider Updates	
When did the disruption or change in provider occur? 6/10/2024	
What led to the disruption or change?	Youth was upset and started hitting and spitting on staff, screaming he was going to hurt them and make them regret trying to "hold him down", this was his 3 rd aggressive move against staff and the decision was made that he could no longer stay there, charges may be filed
Who is working to support the child/youth and caregiver(s) during the transition?	CC and family, did connect with previous therapist to get him scheduled for appointments, mom has uncle staying with them to help, but he can only stay a short time
What services and/or supports were quickly put in place as a result of the disruption or change?	Family team meeting, previous therapist, looking for summer camps and exploring respite and other residential settings
What additional supports do the child/youth and/or the OhioRISE CFT or FCFC Service Coordination Team need at this point of transition?	Summer activities as mom is trying to go to work. Enlisting help of other relatives but they are not willing to stay with youth, uncle is the only option and can only stay a few weeks.
When is the next OhioRISE CFT or FCFC Service Coordination Team meeting?	We are meeting weekly to figure out next steps until there is an opening at the new provider which is included in the request
Out of Home Treatment Updates	
Where is the child/youth living now?	At home
Is child/youth is receiving treatment from a new out of home care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

IF YES	Date of admission: DD/MM/YY	Provider(s) of service(s) and address: Provider info
Funder of new provider (note: shifting of MSY funds is not guaranteed): Winning Race Home		

SECTION 4: Routine Update Information

Provide updates regarding the child/youth, caregiver(s), and team since MSY funding was most recently authorized.

Teaming and Local System Involvement			
Has there been a change in custody and/or new interaction with the local Public Children's Services Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	How does this impact care for the child/youth? How does this impact sustainability and/or discharge planning? Click or tap here to enter text.
Have there been changes in care coordination (new organization or care coordinator)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	Describe the change and work completed to transition the child/youth's care and team. Click or tap here to enter text.
Who is actively working to support the child/youth and caregiver(s) through participation in the FCFC Service Coordination Team or OhioRISE Child and Family Team (CFT) [the Team]?	<input type="checkbox"/> School or education provider <input type="checkbox"/> County child protection <input type="checkbox"/> County Board of Mental Health / Addiction Services <input type="checkbox"/> County Board of Developmental Disabilities <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Local Health Department and/or Bureau of Medical Handicaps <input type="checkbox"/> Opportunities for Ohioans with Disabilities/Employment <input checked="" type="checkbox"/> Service and support providers (describe) therapy, medication management <input checked="" type="checkbox"/> Natural supports (describe) uncle <input type="checkbox"/> Other Click or tap here to enter text.		
Is the Team experiencing challenges with engaging individuals or systems that should be part of the Team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES	Describe the barriers and how the Team is working to alleviate them. Juvenile Justice may need to be involved if charges are filed and will engage them if needed.
Child/Youth Treatment and Engagement Updates			
Describe the child's/youth's overall engagement in the services and supports funded by the MSY Program	<input type="checkbox"/> Declined to participate <input checked="" type="checkbox"/> Partially engaged <input type="checkbox"/> Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: Youth postured during group to try to impress other youth, and disrupted the group, redirection was not very successful and he had to leave group, he was more engaged on the individual therapies		
How has the child/youth recently responded to treatment?	<input type="checkbox"/> Condition improved <input type="checkbox"/> Condition declined <input checked="" type="checkbox"/> No change in condition		
Is the child/youth compliant with medication therapy? <input type="checkbox"/> Not applicable (not prescribed meds)	<input type="checkbox"/> Declined <input checked="" type="checkbox"/> Partial adherence <input type="checkbox"/> Full adherence If barriers to engagement or adherence exist, describe the barriers and steps being taken to alleviate them: He did refuse medication at least once per week or refused some of the medication. Have tried to stress to him the importance of taking medication in the amounts and times prescribed.		
If the child's/youth's condition and/or behaviors have not improved or declined, what adjustments are being made, how are these adjustment supported by the Team? <input type="checkbox"/> Not applicable	Have looked for a residential that might be a different fit, have found one and are waiting for an opening. Staff has worked to contact many providers.		
Are the child's/youth's educational needs being met?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF NO	Describe the barriers and how the Team is working to alleviate these barriers School is out of the summer. New residential has year-round online school so this will not be an issue ongoing.
Caregiver, Family, and Living Arrangement Updates			

Please note, caregiver engagement in the child's/youth's care is a requirement of the MSY Program.

<p>Have there been any changes in the caregiver(s) willingness to ensure the child/youth can remain in the home or return to the home following out of home treatment?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>IF YES</p>	<p>Describe the changes and the impact this will have on the child/youth. Mom is very frustrated and is considering giving up custody as she feels she has done all she can and there are limited options.</p>	
		<p>IF NO</p>	<p>Document why you responded "no". Click or tap here to enter text.</p>	
<p>Are there any barriers to the child/youth remaining in or returning to the caregiver(s)' home?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>IF YES</p>	<p>Describe the barriers and how the Team is working to alleviate these barriers. Youth needs to be able to be a part of the family and not be so disruptive and violent. The younger sibling is afraid of him.</p>	
<p>Describe the caregiver(s)' engagement in the child's/youth's care coordination.</p>	<input type="checkbox"/> Declined to participate <input type="checkbox"/> Partially engaged <input checked="" type="checkbox"/> Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: Click or tap here to enter text.			
<p>Describe the caregiver(s)' engagement in family therapy and/or other services and supports necessary to assure family integration for the child/youth.</p>	<input type="checkbox"/> Declined to participate <input checked="" type="checkbox"/> Partially engaged <input type="checkbox"/> Fully engaged Dates of family therapy service: family therapy hadn't started yet Describe other services and supports being used to assure family integration for the child/youth: Mom was exploring parenting classes and other supports for her when the disruption happened If the caregiver(s) are not fully engaged, describe their explanation for not being fully engaged and what the Team is doing to ensure they are fully engaged going forward: Mom is frustrated but are working with mom to help her with options and supports and what is realistic for youth's behaviors.			
<p>Describe any other relevant new caregiver and/or family dynamics that will impact the child/youth.</p>	<p>Uncle is a support but can't be there all the time because he is a long-haul trucker and he has to be able to support himself. We are exploring long term options for respite to give mom a break and keep youth and family together</p>			
<p>For children/youth receiving out of home care, describe the following:</p> <p><input checked="" type="checkbox"/> Not applicable (not receiving out of home care)</p>	<p>The frequency of caregiver(s) visits with the child/youth, any barriers in assuring visits regularly occur. Click or tap here to enter text.</p>			
		<p>Has the child/youth participated in community and/or home visits?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>IF YES</p> <p>Describe the experience(s) of the child/youth and caregiver(s)/family. Click or tap here to enter text.</p>
				<p>IF NO</p> <p>Why Not? Youth disrupted before he was far enough along in treatment to be able to schedule them.</p>

Updated Assessments

List all recent assessments and/or clinical recommendations currently being used to inform care coordination and treatment planning. Include copies of the assessments with your supporting documentation.

Please note:

1. A CANS assessment update must be completed at least every 90 days while in receipt of MSY funding for out of home care. Requests for additional funding for out of home care must include a recommendation for continued out of home care in an updated CANS assessment or other updated clinical documentation.
2. An ASAM assessment is recommended for all children/youth with substance use disorders (SUDs). An ASAM assessment must be completed no more than 30 days prior to requesting additional funds for out of home SUD care.

Assessment Type	Date Completed	Recommended level of care
CANS	4/10/2024	Out of home – MH
Click or tap here to enter text.	MM/DD/YY	Click or tap here to enter text.

Clinical Recommendations

What levels and types of services and supports have recently been recommended by clinicians involved in the child's/youth's care?	Have services to address his anger and identify triggers and ways to mitigate – calming techniques – taking a walk, listening to music, running or other vigorous physical activity; possible assessments for depression should be done
How are the clinical recommendations being incorporated into the child/youth's Care Plan, and if receiving out of home treatment, the discharge plan?	Engaging in physical activities to help diffuse anger, realizing he is escalating so it doesn't get to the level of physical lashing out at people

Information about the recommending clinician(s):

Name	Credential(s)	Relationship to child/youth
Sally Cycle	LISW	March Forward Residential clinician
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Sustainability Planning and PASSS

The MSY Program is intended to address acute needs and prevent immediate custody relinquishment. The Program is not intended to provide long-term funding to support long-term needs. Instead, the MSY Program can help fill in gaps while longer-term funding and services are put into place by the child's/youth's care Team.

How long does the Team anticipate the child/youth will need the types of services and supports that have been funded by the MSY Program?	It will probably be 6 months or more in another residential placement
If the Team anticipates the child/youth will need extended services and supports that are currently being funded by the MSY Program, what funding sources are being explored to support the child/youth's long-term needs?	Will use the OHR flex funds and Medicaid for services and supports needed upon discharge <input type="checkbox"/> Not applicable, extended services and supports are not likely to be needed

Is the child/youth adopted? Yes No

IF YES	<p>All families with an adopted child/youth must apply for PASSS or exhaust PASSS prior to requesting MSY Program funding. PASSS must be applied for at the start of each new state fiscal year (July 1).</p> <p>Date of last application for PASSS funding: MM/DD/YY</p> <p>Status of last application: <input type="checkbox"/> Pending <input type="checkbox"/> Awarded <input type="checkbox"/> Denied</p> <p>Current PASSS award: Amount: \$Click or tap here to enter text.</p> <p>Dates: MM/DD/YY to MM/DD/YY</p> <p>Covered services: Click or tap here to enter text.</p> <p>Does the family need to apply for or reapply for PASSS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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SECTION 5: Final Update Information – Not Applicable

Provide information based on recent Team support and plans to continue supporting the child/youth and their caregiver(s). Final updates for out of home care must be accompanied by a discharge summary and updated care plan.

Child/Youth Treatment and Engagement Updates	
How is the child/youth doing?	Click or tap here to enter text.
How are the caregiver(s) and, if applicable, other family members doing?	Click or tap here to enter text.
Describe the team of people that continue to support the child/youth and their caregiver(s) following the receipt of MSY funding.	Click or tap here to enter text.
Describe the services and supports in place to support the long-term needs of the child/youth and their caregivers(s).	Click or tap here to enter text.
What is the team doing to assure the child/youth and their caregiver(s) continue to get what they need following use of the MSY program?	Click or tap here to enter text.
Describe any other relevant dynamics and/or barriers the Team will work to address as they support the child/youth and their caregiver(s)	Click or tap here to enter text.

SECTION 6: Supporting Documentation

Check supporting documentation included with the update.

All disruption/provider change, routine, and final updates must include:

- An updated FCFC Service Coordination Plan or OhioRISE Child and Family Centered Care Plan (CFCP)
- Team meeting notes indicating local system partner engagement and support of the child/youth and caregiver(s)
- Progress notes from treatment provider(s)

Routine updates for out of home care must include:

- Updated assessments and/or clinical documentation that inform care coordination and treatment planning. If applying for additional funding for out of home care, the assessment or clinical documentation must indicate continued recommendations for out of home care.
 - Describe assessment or other clinical documentation: Click or tap here to enter text.
 - Describe assessment or other clinical documentation: Click or tap here to enter text.
- Updated Discharge Plan – check at least one of the following:
 - An updated State Assistance Request Form Discharge Plan is included in Section 7, and/or
 - A separate detailed and thorough discharge/transition plan is attached

Disruption/Provider Change and final updates for out of home care must include:

- A discharge summary from the out of home care provider

Other

- New PASSS award letter or verification of PASSS application
- Other supporting documentation (describe): Click or tap here to enter text.

SECTION 7: Request for Additional or Shifting State Assistance

Indicate the type(s) of assistance you are requesting by selecting items 1-5 below.

Funding requests may not be authorized until provider(s) of services are identified and the child/youth is accepted for service provision by the provider(s).

<input checked="" type="checkbox"/> 1. Shifting Funds			
Amount you're requesting to shift: \$ 10,800.00	New provider(s) of service(s): Winning Race Home	<input checked="" type="checkbox"/> Number of days of care 27	Start date: TBD End Date: TBD
Detailed description of how funds will be used: Room and board for residential placement at Winning Race Home			
Have you confirmed with the past provider / payor that the funds are available to shift? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 2. Technical assistance			
Have you tried other TA? Please note, trying these avenues is not required to apply for TA			
<input type="checkbox"/> Leveraging your organization's clinical leadership		<input type="checkbox"/> Contacting the OhioRISE Plan's Clinical Escalation Team (for OhioRISE enrollees)	
<input type="checkbox"/> Making a referral for a System of Care ECHO https://socoohio.org/soc-echo/		<input type="checkbox"/> Other (describe)	
Describe current barriers that could be addressed with technical assistance: Click or tap here to enter text.			
<input type="checkbox"/> 3. Funding for care coordination/wraparound to prevent custody relinquishment or for a relinquished child/youth.			
Provider(s) of service(s): Provider	Amount: \$ Click or tap here to enter text.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other # days	Start date: MM/DD/YY End Date: MM/DD/YY:
Detailed description of how funds will be used: Click or tap here to enter text.			
<input type="checkbox"/> 4. Funding for in-home and/or community supports to prevent custody relinquishment or for a relinquished child/youth transitioning to a community setting.			
Provider(s) of service(s): Provider	Amount: \$ Click or tap here to enter text.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other # days	Start date: MM/DD/YY End Date: MM/DD/YY
Detailed description of how funds will be used for each provider listed: Click or tap here to enter text.			

Will the child/youth's primary or secondary insurance provide any amount of coverage for the supports: Yes No
 IF NO: please provide an explanation for the gap in coverage (i.e., allowable amount has been exhausted, preferred provider doesn't accept insurance, etc.) and include documentation verifying coverage is not available.
 Click or tap here to enter text.

5. Funding for out-of-home treatment to prevent custody relinquishment. *Cost and tentative discharge planning information must be provided below.*

Provider(s) of service(s) and address: <i>Provider info</i> Winning Race Home 897 Winning Road Swimming, Ohio 43062	Amount: \$ 25,200.00	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input checked="" type="checkbox"/> Other 63	Start date: TBD End Date: TBD
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Describe the treatment setting (e.g., QRTP, mental health or child protection group home, treatment home, I/DD waiver setting, etc.):
 Mental health treatment

Is the child/youth already being served in this out-of-home treatment setting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	What date did the youth start receiving out-of-home treatment from this provider? MM/DD/YY What funding sources have been used to support the out-of-home treatment to date? Click or tap here to enter text.
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Does the CANS or another clinical assessment recommend out of home care?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Please do not apply for MSY funding for out-of-home care
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Does the child/youth's care coordination team believe the child will gain therapeutic benefit from out of home treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Why not? Click or tap here to enter text.
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Does the child/youths OhioRISE Child and Family-Centered Care Plan or FCFC Plan of Care include a goal of out-of-home care?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Why not? Click or tap here to enter text.
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Estimated daily itemized costs and payor coverage associated with the out-of-home funding request. Check and describe all that apply.

Type of service	Daily Amount	OhioRISE Coverage	Medicaid MCO Coverage	Private Insurance Coverage
<input type="checkbox"/> Room & board	\$ 400.00	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Treatment	\$ Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1:1 Supports	\$ Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other supportive services (describe): Click or tap here to enter text.	\$ Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Out-of-home Care Updated Discharge Plan

Goals	How will state funds be used to advance treatment goals for the child/youth prior to discharge? To provide a higher level of treatment and oversight of youth with anger and not being able to deescalate safely and knowledge of triggers, possible depression		
Timing	Anticipated date of discharge from this out-of-home treatment setting: 1/1/2025 Factors that will be considered when determining discharge date: It is hopeful that 6 months will be enough time for youth to be able to self regulate and manage anger and that mom and younger sibling will feel safe with him back home		
Teaming	Who is actively participating in the care coordination team responsible for discharge planning, making decisions about and/or coordinating treatment?		
	Team member name	Contact information	Role in supporting the child/youth during the transition

	Susan Start	555.777.8888	mom
	Laura Jump	555.555.5555	Care Coordinator
	Jordan Hop - Uncle	777.888.9999	Uncle and likes John and John likes him – replacement father figure to John
	Mary Run	222.555.4444	Previous counselor
	Sarah Spring	555.444.2222	School Counselor
	Arthur Skip	333.777.9999	School Track Coach
Living Arrangements	Where will the child/youth live in a family setting after discharging from out-of-home treatment funded by MSY?		Home with mom and younger sister
	If there isn't a plan for where the child/youth will live in a family setting after discharge, what steps have been taken to identify where they will live in a family setting after discharge?		N/A
	What steps have the caregivers taken while the child/youth has been in an out-of-home treatment to prepare for the child/youth's return?		Mom will start parenting classes, sister will start therapy
	What else must be done to have the child/youth live in a family setting upon discharge? Which parties are completing those tasks? When will each of the tasks be completed?		School enrollment must be figured out – Sarah Spring will work on that when he is closer to discharge, Arthur will work with school/youth to get him involved in track, Mary will put him on the wait list and look for additional therapies and supports for John; Laura will look at OHR and what other services they can provide especially with flex funds
Treatment services needed to return to the community	Treatment Service	Provider	Funding Source
	Therapy	Mary Run	Medicaid
	Medication management	Family physician	Medicaid
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	If providers of the services indicated above are not available, what has the team done within to create access to similar services at an appropriate intensity?		Team will continue to explore other therapies as recommended by the treatment in Winning Race Home. Services in the community are limited and the care team might need to reach out to surrounding counties for shared services and/or providers who are willing to travel to the family. There may also be virtual options available but initially youth should have in person services to be most effective for him. School is exploring expanding their counseling and other health services so this may be an option as well.
What steps have been taken to coordinate aftercare with these providers? When will these steps be completed?		Mary Run will keep John on her list of patients. She will explore other providers/supports as well.	

	Would the child/youth benefit from any of the above treatment services starting prior to the child/youth being discharged from the treatment facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	Please explain: Click or tap here to enter text.
Supports needed to return to the community	What supports will the child/youth need after discharge from out-of-home treatment? Are these supports in place? If not, when will they be in place?		Anger management, continued therapy and the depression evaluation may point to other services needed. There may also be recommendations from Winning Race Home to consider. Youth needs activity to help stay regulated and will need to add those to the plan. We will make sure the youth likes the activities being proposed so he will stay engaged. What was in place before were activities he didn't like so they weren't as effective as had hoped.
	What supports will the child/youth's caregivers need after discharge from out-of-home treatment? Are these supports in place? If not, when will they be in place?		Maybe respite with Uncle, other activities to keep John busy. Mom is considering if she needs her own therapy. If so, that will be set up while John is in residential
	What funding sources will be used to pay for the supports identified above?		Medicaid and OHR funds