Multi-System Youth Custody Relinquishment Prevention Program Overview

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

- **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.** Funding will only be authorized for care provided on or after the date of application and for dates of service after custody return.
- **Children and youth served by the MSY program must have multi-system needs and be using creative multi-system supports**. All applicants must have a local/regional team working to coordinate and follow their care. The team must be actively working to use creative solutions to serve the unique needs of the child/youth and their caregiver(s). *Information about the team and creative solutions must be outlined in section 3 of the application.*
- **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.**
  - ✓ Applicants seeking funding for out-of-home care must document recent use of intensive levels of community-based care. The availability of intensive community care varies greatly across the state. In many cases, even when specific evidence-based and evidence-informed practices are not available, a mix of other outpatient services and supports – including natural supports – should be exhausted before using out-of-home care.
  - ✓ All applications for out-of-home care require a recent (within 30 days) CANS assessment recommending out-of-home care or other clinical documentation indicating the need for out-of-home care. Applications for out-of-home substance use disorder care require a recent (within 30 days) ASAM assessment recommending a residential level of care.
- **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 be willing to have the young person return to the home as quickly as clinically appropriate. *Legal guardians must affirm their commitments using the Requestor and Legal Guardian Attestation Form.*
- **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/youth's care team.
- **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, post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds. *Information about exhaustion of local resources and other payment sources must be documented in section 5 of the application.*

Multi-System Youth Custody Relinquishment Prevention Program Application

FCFCs should email applications to MSY@medicaid.ohio.gov.
OhioRISE care coordinators should email applications to OHRMSYApplications@aetna.com.
All applications must be encrypted when emailed.

All sections of the application must be completed. Incomplete applications will not be processed and will be returned to the submitter for completion.

☒Check this box when the child/youth is at risk for custody relinquishment or other significant challenges within the next 3 business days. Provide a brief explanation of the circumstances and key dates.

- Youth is currently hospitalized and ready for discharge.
- Youth cannot return home at this time due to needing higher level of care that is being clinical recommended by treating Physicians at hospital. Mother and Stepfather are unwilling to take her home due to safety concerns for youth and other children in their home.
- Children Services will allow parents to maintain custody if the youth receives residential care.
- Discharge date – 5/8/2024

☒Check this box if the youth is currently hospitalized.

Date of hospitalization: 2/28/2024	Anticipated date of discharge: 5/8/2024

SECTION 1: Child / Youth and Caregiver Information

Requestor Information			
Organization Type: ☐ Family and Children First Council ☒ OhioRISE Care Management Entity			
Agency / Organization Name Sunny Day – OhioRISE CME		Requestor Name Jill Smith	
County Franklin	Phone Number 555-555-5555	Email Jill.Smith@SD.org	
Child/Youth Demographics			
Name Sally Mae		Social Security Number 555-55-5555	
Date of Birth 1/1/2010	Age in Years & Months 14 and 4 months	Gender/Gender Preference Female	Race/Ethnicity Non-Hispanic White
Home Street Address 555 Joy Street	City Columbus	State OH	Zip Code 55555
Phone Number 555-555-5555	Legal Guardian Karen Rogers	County Franklin	
Primary Insurer *(if Medicaid, include ID #)* Medicaid - 910000999999	Secondary Insurer *(if applicable)* Secondary insurer		

Caregivers, Living Arrangements, Adoption Assistance, Custody Relinquishment	
Caregiver Name	**Relationship**
Karen Rogers	Adoptive Mother – referred to as 'mother' throughout
Doug Rogers	Stepfather
Caregiver 3	Relationship

Where is the child/youth living now?

Youth is in the custody of mother and lives with mother, stepfather, and stepsiblings. Youth is currently hospitalized.

If the child/youth is not living at home now, when did they last live at home and what caused that to change?

N/A

Describe others living in the home now, or others who will be in the home when child/youth returns:

Youth lives with mother, stepfather, and three stepsiblings. Two boys ages 8 & 10 and one girl age 12.

Describe any concerning family or relational dynamics between the child/youth and their caregivers:

Youth was adopted at age 4 by Karen and then husband Mark, after being removed from bio mom's care at age 2 due to abuse and neglect. Bio dad is not known. Karen and Mark were first foster parents and then adopted her. Mark and Karen divorced in 2017. Mark was in town after the divorce for about 6 months and provided support and then left and moved to another state and has had no contact since. Karen met Doug in 2020 and they married in 2021. Things were good for a few years but have escalated in 2022. There is high family conflict due to the youth blaming the mother for Mark leaving the family and moving to another state. Youth does not get along with stepfather and stepsiblings.

If the child/youth lives at home, describe any barriers to the child/youth successfully remaining in the family home. If the child/youth is living out of the home, describe any barriers to them returning to a family home:

There are safety concerns for the youth remaining at home for both the youth and the stepsiblings. A higher level of care has been clinically recommended by treating Physicians at the hospital due to these safety concerns. The safety interventions tried have not been successful. Youth and family were engaged in intensive in-home services for family counseling with little progress before being hospitalized.

Outline supports the child/youth's caregivers and family need for the child/youth to successfully live at home:

Family will need to re-engage in intensive in-home services while the youth is in residential to prepare for the youth's transition home and continuation of these services will be needed once the member completes residential treatment. The family will need to utilize respite care, medication management, pro-social activities that the youth enjoys and possibly a peer mentor. Parents will need education to understand the youth's behaviors and how to support the youth best. Update and follow the safety plan.

If the child or youth was adopted, do the caregivers receive adoption assistance?

☒ Yes ☐ No ☐ Not adopted

IF YES	All families with an adopted child/youth must apply for PASSS or exhaust PASSS prior to requesting MSY Program funding. **A copy of the PASSS award letter or verification of PASSS application must be submitted with this application.** Information regarding PASSS: https://ohiokan.jfs.ohio.gov/passs/ Date of last application for PASSS funding: 4/15/2024 Status of last application: ☐ Pending ☒ Awarded ☐ Denied Current PASSS award: Amount: $9,000.00 Dates: 5/8/2024 to 6/30/2024 Covered services: $9,000 for current residential services. From October 2023 through January 2024 used $6,000 in PASSS funding for Trauma informed timeline ($3,000) and Music therapy ($3,000)

Is the youth at risk of custody relinquishment? ☒ Yes ☐ No	IF YES: briefly describe the factors contributing to the risk of custody relinquishment: Mother and Stepfather are unwilling to take her home due to safety concerns for the youth and the other children in their home. Children Services is currently involved due to the child safety concerns that stem from youth being physically aggressive towards stepsiblings and threatening to stab stepsiblings with a knife. Children Services will allow mother to maintain custody if the youth receives out of home treatment.
Has the youth recently been relinquished solely for the purposes of accessing treatment? ☐ Yes ☒ No	IF YES: describe the factors that led to relinquishment and indicate when custody will transition back to the family if funding is authorized: N/A

OhioRISE Enrollment and Care Coordination		
OhioRISE Enrollment: ☒ OhioRISE Program ☐ OhioRISE Waiver ☐ Not Enrolled		
IF NO	Has the youth been offered / referred for a CANS assessment to determine OhioRISE eligibility? ☐ Yes ☐ No IF NO, why? Click or tap here to enter text.	
IF YES	OhioRISE Care Coordination Engagement: ☒ Yes ☐ No ☐ Declined OhioRISE Care Coordination Tier: ☐ 1 ☐ 2 ☒ 3	Notes about tier assignment: Member declined OhioRISE Care Coordination on 11/12/2023 and was placed in Tier 1. The family requested OHR care coordination on 1/15/2024 due to increased behaviors. The CANS was updated on 3/5/2024 and indicated tier 3. The family agreed to OHR care coordination at a tier 3.
	If enrolled in OhioRISE and not engaged in OhioRISE care coordination ('No' or 'Declined' above) detail the reason why: N/A -family is fully engaged in OhioRISE care coordination and services.	

Strengths	
Child/youth strengths	Sally enjoys music, dancing and acting and has always participated in the community musical program. She likes animals and enjoys spending time with her pets. She makes friends easily and enjoys spending time with all of them. She has a strong relationship with extended family members on her mother's side. She enjoys spending time with her cousins.
Caregiver strengths	Mother is willing to do what it takes and has engaged in intensive in-home services. The mother is committed to getting the help that her daughter needs and works full-time to support the family. The mother allows her daughter to participate in the community musical program every year and is invested in ensuring youth has opportunities in the community to do things she enjoys and has purchased a dog that youth became closely bonded to at the Humane Society where youth volunteers.
Brief Overview of Behavioral, Physical Health, and Intellectual/Developmental Disabilities (I/DD) Challenges	
Behavioral health and/or I/DD diagnoses	Youth is diagnosed with Major Depressive Disorder, ADHD, & Mild Intellectual Disability (IQ of 69) .
Other relevant diagnoses	None
Physical health challenges	Dust allergy
Trauma history	There was abuse and neglect when Sally was born until age 2 living with bio mom. She was often left home alone in an unheated house without food, water or heat. Mark leaving the family and moving to another state. He no longer has any contact with the family. The youth has struggled to adjust to the new family dynamics with the stepfather and stepsiblings.
Safety considerations	Youth has been physically aggressive with stepsiblings. During an incident where the youth became highly escalated, she threatened stepsiblings with a knife. During this incident, the youth made comments of wanting to die and threatened to stab herself as well. Youth has hoarded dangerous items in her room to include knives, scissors, and medications. Youth has damaged property within the home by throwing objects when angry and stepsiblings are scared of her due to her frequent verbally aggressive outbursts. Youth has made allegations of physical abuse against stepfather that were not substantiated. Stepfather is concerned about being around the youth due to the risk it poses to his teaching job. When mother is alone with the youth, she does great but when mother is in the home with other household members, youth targets mother and has been physically aggressive resulting in mother getting a black eye and twisting her ankle in separate incidents.

Assessments

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

Please note:

1. A CANS assessment must be completed no more than 30 days prior to requesting funding for out-of-home care.
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 funding for out-of-home SUD care.

Assessment Type	Date Completed	Recommended level of care
CANS	3/5/2024	Tier 3- QRTP-Residential MH;ICF/IDD
Psychological Assessment	3/26/2024	Trauma focused individual and family therapy, lev not provided
ETR (School Assessment)	11/1/2022	Receives intervention through 504 plan in school
Click or tap here to enter text.	MM/DD/YY	Click or tap here to enter text.

Clinical Indications

What levels and types of services and supports have recently been recommended by clinicians involved in the child/youth's care? Ex: intensive community-based mental health and/or I/DD services, short-term out-of-home stabilization care, residential treatment services to address XX diagnoses, etc.

Youth is currently hospitalized at Norris Children's Hospital (NCH) for ongoing suicidal thoughts and plans. NCH is recommending a residential level of care due to limited progress with IHBT services and youth needing intensive trauma focused therapy in a secure setting. The current IHBT provider has worked with the member and family for six months and has made limited progress due to ongoing behavior conflicts. The IHBT provider is recommending a higher level of care to work on individual trauma and family counseling. The MRSS Team worked with family to create a safety plan which included locking up sharps.

Information about the recommending clinician(s):

Name	Credential(s)	Relationship to child/youthpas
Norris Children's Hospital (NCH)- Dr. Jones & Dr. Willams	Psychologist and Psychiatrist	Current treating Physicians at NCH
Sanctuary Network/ IHBT- Susan Miller	LISW	Current IHBT provider working with the family
Norris Children's Hospital- Allison Wade	LISW	MRSS Clinician

SECTION 2: History of Services and Supports

Indicate **all** current and **previous** services that have been used to support the child/youth's multi-system needs.

Individual Counseling

Has youth ever had individual counseling? ☒ Yes ☐ No

IF NO: why? Click or tap here to enter text.

Is youth **currently** linked with individual counseling? ☐ Yes ☒ No

IF YES	Agency: Click or tap here to enter text.	Name of provider: Click or tap here to enter text.
	Approx. date service began: MM/DD/YY	Duration of service: Click or tap here to enter text.
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☐ Fully engaged Describe engagement and barriers to engagement, if any: Click or tap here to enter text.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☐ No change in condition	

IF NO	List **all previous encounters** including approximate dates of service, reason for discontinuation, youth engagement and response, caregiver engagement, and summary of clinical recommendations at discharge. Youth received individual counseling with John Anderson LISW when mom first remarried as youth was having a hard time adjusting to the new family dynamics. After 8 months of therapy youth seemed to be adjusting well so counseling was discontinued.	
Family Counseling		
Has youth ever had family counseling: ☐ Yes ☒ No IF NO, why? The family was prioritizing intensive in-home services to focus on family conflict. The IHBT provider did not recommend individual counseling during this time. The family has been linked with the IHBT provider for the last six months.		
Is youth **currently** linked with family counseling? ☐ Yes ☐ No		
IF YES	Agency: Click or tap here to enter text.	Name of provider: Click or tap here to enter text.
	Approx. date service began: MM/DD/YY	Duration of service: Click or tap here to enter text.
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☐ Fully engaged Describe engagement and barriers to engagement, if any: Click or tap here to enter text.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☐ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☐Fully engaged Describe barriers to engagement, if any:	
IF NO	List **all previous encounters,** including approximate dates of service, reason for discontinuation, youth engagement and response, caregiver engagement, and summary of clinical recommendations at discharge.	
Intensive In-Home and Community-Based Services Intensive in-home and community-based services include, but are not limited to: Intensive Home-Based Treatments (IHBT), Applied Behavior Analysis (ABA) Therapies, Intensive Outpatient Programs (IOP), Partial Hospitalization Programs, and Mobile Crisis Response		
Has youth ever had intensive levels of in-home and/or community-based services? ☒ Yes ☐ No		
IF NO, why?	☐ Not available in area ☐ Time constraints prevent child/youth/family's participation ☐ On waitlist ☐ Other (describe): Click or tap here to enter text.	
IF NO, explain	How has the team supporting the child/youth creatively worked to create an intensive level of care and supports for the young person? Click or tap here to enter text.	
Has youth ever had **Intensive Home-Based Treatment (IHBT)** services? ☒ Yes ☐ No		
IF YES	☐ Current ☐☒ Past	Start Date: 10/3/2023 End Date (if past): 2/27/2024
	Which type of intensive in-home treatment: ☒ IHBT ☐ FFT ☐ MST ☐ Other (CBFT, PLL, etc.): Click or tap here to enter text.	
	Agency: Sanctuary Network	Name of provider: Susan Miller
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☒ Fully engaged Describe engagement and barriers to engagement, if any: Youth and family has been actively engaged in services. Due to youth's trauma and physical aggression and threats of violence there remains high family	

	conflict. Youth does not get along with stepfather or stepsiblings. IHBT services have not been able to impact behaviors, emotions, and responses.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☒ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☒Fully engaged Describe barriers to engagement, if any: None	
	If past service, reason for discontinuation and summary of clinical recommendations at discharge: Youth continued to escalate. Discontinued when admitted to IP and residential will be next step. Would like to reengage upon transition back to the home after treatment.	
Has youth ever had **Applied Behavior Analysis (ABA)** therapy? ☐ Yes ☒ No		
IF YES	☐ Current ☐ Past	Start Date: MM/DD/YY End Date (if past): MM/DD/YY
	Agency: Click or tap here to enter text.	Name of provider: Click or tap here to enter text.
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☐ Fully engaged Describe engagement and barriers to engagement, if any: Click or tap here to enter text.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☐ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☐Fully engaged Describe barriers to engagement, if any: Click or tap here to enter text.	
	If past service, reason for discontinuation and summary of clinical recommendations at discharge: Click or tap here to enter text.	
Has youth ever had **Intensive Outpatient Program (IOP)** services? ☐ Yes ☒ No		
IF YES	☐ Current ☐ Past	Start Date: MM/DD/YY End Date (if past): MM/DD/YY
	IOP is/was for: ☐ Mental Health ☐ Substance Use Disorder	
	Agency: Click or tap here to enter text.	Name of provider: Click or tap here to enter text.
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☐ Fully engaged Describe engagement and barriers to engagement, if any: Click or tap here to enter text.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☐ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☐Fully engaged Describe barriers to engagement, if any: Click or tap here to enter text.	
	If past service, reason for discontinuation and summary clinical recommendations at discharge: Click or tap here to enter text.	
Has youth ever had **Partial Hospitalization Program (PHP)** services? ☐ Yes ☒ No		
IF YES	☐ Current ☐ Past	Start Date: MM/DD/YY End Date (if past): MM/DD/YY
	PHP is/was for: ☐ Mental Health ☐ Substance Use Disorder	
	Agency: Click or tap here to enter text.	Name of provider: Click or tap here to enter text.
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☐ Fully engaged Describe engagement and barriers to engagement, if any: Click or tap here to enter text.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☐ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☐Fully engaged Describe barriers to engagement, if any: Click or tap here to enter text.	
	If past service, reason for discontinuation and summary of clinical recommendations at discharge:	

	Click or tap here to enter text.	
Has youth ever had **Mobile Crisis Response** services, including **MRSS**? ☒ Yes ☐ No		
IF YES	☐ Current ☒ Past	Start Date: 2/27/2024 End Date (if past): 2/27/24
	Agency: Norris Children's Hospital	Name of provider: Allison Wade
	Youth engagement in service: ☐ Declined to participate ☐ Barriers to engagement ☒ Fully engaged Describe engagement and barriers to engagement, if any: After some initial reluctance, youth has been open about her feelings and resulting behaviors.	
	Youth response to service: ☐ Condition improved ☐ Condition declined ☒ No change in condition	
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☒Fully engaged Describe barriers to engagement, if any: Mother has been cooperative. She is frustrated with her daughter at times but has engaged in services to support her daughter's mental health concerns. Mother contacted MRSS when her behaviors increased as MRSS is part of her daughter's safety plan.	
	If past service, reason for discontinuation and summary of clinical recommendations at discharge: MRSS involvement three times in January and February. The first two times, the youth was already connected with IHBT, so after initial crisis response and follow-up, MRSS handed off to IHBT team. The third time resulted in an inpatient hospitalization.	
Respite		
Has youth ever had respite? ☒ Yes ☐ No		
IF NO, explain	Would the youth and family benefit from respite? ☐ Yes ☐ No. IF YES… Have both agency-provided and natural respite sources been explored? ☐ Yes ☐ No What barriers are preventing the use of respite and how have you attempted to alleviate the barriers? Click or tap here to enter text.	
IF YES	☐ Current ☒ Past	Start Date: 10/20/2023 End Date (if past): 2/15/2024
	Name of provider(s) and/or natural support(s): Martha's Afterschool Program & Suzie's Safe Home	
	Frequency of service: Martha's - M-F (2 hours daily) & Suzie's – F-Sun (once a month)	
	Reason(s) for the service: To ensure safety and supervision of the youth and provide the family with a break.	
	Youth response to the service: Youth didn't like being supervised but liked doing things with the providers.	
	Caregiver response to the service: Mother was grateful to be able to work knowing her youth was supervised and other family members were safe.	
	If past service, reason for discontinuation: Youth's behaviors escalated requiring a higher level of care.	
Psychiatry, Medication Therapy		
Is youth currently prescribed medications to address behavioral/developmental needs? ☒ Yes ☐ No		
IF YES	Current medications: Vyvanse and Zyrtec	
	Prescriber(s) credential: ☒Psychiatrist/psych APRN or PA ☒ Primary Care Provider (i.e. pediatrician)	
	Agency(ies): Norris Children's Hospital (Vyvanse) & Hill Road Clinic (Zyrtec)	Name(s) of provider: Dr. Williams (NCH) & Dr. Hill (clinic)
	Approx. date service(s) began: 11/14/2023 (Vyvanse) & 2/5/2020 (Zyrtec)	Duration of service(s): 5 months (Vyvanse) & 4 years (Zyrtec)
	Youth compliance with medication therapy: ☐ Declined ☒Partial adherence ☐Full adherence Describe barriers to engagement, if any: Youth is resistant to consistently taking Vyvanse due to it being a new medication and youth does not like taking multiple pills. Youth is fully compliant with taking Zyrtec. The Doctor has recommended different ADHD medications over the last year of services. However, the most	

	effective medication has not been determined. The hospital is currently working to adjust her medication, but mother is not sure if they will change it again prior to discharge. The mother reports they are still trying to find the right medication for her.
	Youth response to service: ☐Condition improved ☐Condition declined ☒No change in condition
	Caregiver engagement in service: ☐Declined to participate ☐Barriers to engagement ☒Fully engaged Describe barriers to engagement, if any: Caregiver has challenges with youth taking Vyvanse but is working through strategies to make this better, such as a reward system.
IF NO	List **all previous encounters** including past medications used, approximate dates of service, youth adherence, caregiver engagement, and summary of clinical recommendations provided upon stopping therapy.

Emergency Department Visits to Address Psychiatric, Developmental, Substance Use Needs (within past 12 mo.)		
Has youth visited an emergency department for psychiatric, developmental, SUD reasons? ☒ Yes ☐ No		
IF YES	Approx. number of visits: 3	Date of last visit: 2/27/2024
	Reason for each ED visit(s), clinical recommendations provided upon discharge: Initial visit – 1/24/2024 – MRSS was called, they could not calm the situation and suggested the ED. Youth was taken to the ED, checked and released, suggested medication changes (increased dosage) and more intensive therapy. 2nd Visit 2/17/24 – MRSS was called, they could not calm the situation and suggested the ED. Youth was taken to the ED, was checked and released. Again, a medication adjustment was recommended, and individual therapy was suggested. Mom scheduled a doctor's appointment and scheduled an assessment with the psychologist that had previously worked with Sally. The psychologist is no longer working and so they needed to start over with a new provider and were in the process of doing that when the third incident occurred. 3rd Visit 2/27/24 - Youth was escalated, MRSS could not calm her, they recommended an ED visit. The visit resulted in admission to a psychiatric hospitalization.	

Inpatient Admissions to Address Psychiatric, Developmental, Substance Use Needs (within past 12 mo.)		
Has youth had a hospital admission for psychiatric, developmental, SUD reasons? ☒ Yes ☐ No		
IF YES	Approx. number of admissions: 1	Date of last admission: 2/28/2024
	Reason for admission, name of hospital for each psychiatric inpatient admission(s), and summary of clinical recommendations provided upon discharge: Over the last four months, the mother has taken her daughter to the ED (Norris Children's Hospital) due to suicidal ideation and being physically aggressive towards her stepsiblings. She was not admitted two of the three ED visits, however this last ED turned into psychiatric hospitalization as she had a clear plan with intent. MRSS has been involved during incidents of escalated behaviors and was unable to stabilize the youth during three of these incidents. MRSS advised the mother to take her to the ER.	

Services to Address Intellectual and Developmental Disabilities, incl. I/DD Waiver, Other County Board Services	
Does the youth have needs that could be met by the I/DD system? ☒ Yes ☐ No	
Has child/youth been referred for a county board I/DD assessment? ☐ Yes ☒ No Referral Date: MM/DD/YY	
Eligible for CBDD services (non-waiver): ☐ Yes ☐ No ☐Not yet determined	
Has child/youth received I/DD waiver level of care assessment? ☐ Yes ☐ No Assessment Date: MM/DD/YY	
IF YES	Waiver status Choose an item. If enrolled, which waiver? Choose an item.
Is the youth currently receiving services to support I/DD needs? ☐ Yes ☒ No	

IF YES	Describe the type of service(s), approximate dates of service(s), and frequency of service(s): Click or tap here to enter text.
	Youth response to the service: Click or tap here to enter text.
	Caregiver response to the service: Click or tap here to enter text.
IF NO	List **all previous services** including types of service(s), approximate dates, reason for discontinuation, youth engagement and response, caregiver engagement, and summary of clinical recommendations at discharge. Previous services never addressed her ID as mother was not aware she could be eligible. Mother plans to make a referral with OHR care coordinator support. OHR care coordinator is gathering clinical documentation that is needed once the referral is made. The OHR CC is waiting for a copy of the ETR from the school.

Congregate Out-of-Home Treatment		
Is youth currently receiving **congregate treatment at a residential facility**? ☐ Yes ☒ No		
IF YES	Name and address of residential facility treatment provider: Click or tap here to enter text.	
	Admission Date: MM/DD/YY	Anticipated Discharge Date: MM/DD/YY
	Type of treatment provider: ☐ QRTP ☐ Other Residential ☐ ICF/IID ☐ PRTF ☐ Other: Click or tap here to enter text.	
IF NO	Has youth ever received out-of-home treatment: ☐ Yes ☒ No	
	Approx. number of admissions: Click or tap here to enter text.	Date of last admission: MM/DD/YY
	Dates of service, name of treatment provider, type of treatment, reason for each admission, reason each stay was discontinued, and summary of clinical recommendations upon discharge: Click or tap here to enter text.	
Is youth currently receiving **congregate treatment at a therapeutic group home**? ☐ Yes ☒ No		
IF YES	Name and address of therapeutic group home: Click or tap here to enter text.	
	Start date: MM/DD/YY	Anticipated discharge date: MM/DD/YY
	Therapeutic services being delivered by the group home: Click or tap here to enter text.	
IF NO	Has youth previously lived in a therapeutic group home? ☐ Yes ☒ No	
	List name(s) of any previous therapeutic group homes where the youth received care, approximates dates, reasons for each stay, therapeutic services delivered, reason each stay was discontinued, and summary of clinical recommendations upon discharge: Click or tap here to enter text.	

Treatment Home / Treatment Foster Home	
Is youth currently receiving treatment while in a **treatment home / treatment foster home**? ☐ Yes ☒ No	
IF YES	Name and address of treatment home: Click or tap here to enter text.
	Therapeutic services currently delivered by the treatment home: Click or tap here to enter text.
IF NO	Has youth previously lived in a treatment home / treatment foster home? ☐ Yes ☒ No
	List name(s) of any previous treatment homes where the youth resided, approximates dates, reasons for each stay, and reason each stay was discontinued: Click or tap here to enter text.
Other: Click or tap here to enter text.	

Describe any other current or previous behavioral health and I/DD related services:
Youth is currently on a waitlist for Big Brother Big Sister Mentoring Program

SECTION 3: Current & Past Involvement with Local Child-Serving Systems, Creative Team Approaches

Indicate the child/youth and family's involvement with local / state systems.

☒ **School or Education Provider**		
Actively participates in youth's Care Coordination Team ☒ Yes ☐ No ☐ NA		
Name of school or education provider: Arts and Prep Academy		
How often is the child/youth receiving education (days, hours): 5 days a week ,7 hours per day		
Has there been a recent change in school or education provider: ☐ Yes ☒ No	IF YES	Describe the reason for change: Click or tap here to enter text.
Special education: eligibility category (IEP, 504, others): 504 plan		
Basis for eligibility determination (from ETR): Mild Intellectual Disability		
Types of specially designed services: Extended time on local and state test, small group accommodation for local and state test, preference on classroom seating, extended breaks when needed, large projects broken down into small chunks and extra tutoring for math.		
History of intensity and frequency of behavior and/or truancy:	None	
Progress report (current and previous):	Passing all classes and is on target for next grade level	
Contributors to below average academic performance:	N/A	

☒ **County Child Protection**	Involvement is: ☒ Current ☐ Past	Open Case: ☒ Yes ☐ No
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☒ Yes ☐ No ☐ NA		
Is youth currently in custody? ☐ Yes ☒ No If NO, is the PCSA considering taking custody? ☒ Yes ☐ No	Youth was previously in custody: ☐ Yes ☒ No If YES, list dates of custody: MM/DD/YY to MM/DD/YY	
Circumstances that lead to involvement with this system: Youth threatened her younger stepsiblings with a knife and this was reported to SCCS. They opened an investigation for stepfather failing to protect younger siblings from youth. They opened an investigation on mother for not locking up knives as recommended in the safety plan. No charges were filed with the court.		

☐ **County Board of Mental Health / Addiction Services**	Involvement is: ☐ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☐ Yes ☐ No ☐ NA	
Describe involvement: Click or tap here to enter text.	

☐ **County Board of Developmental Disabilities (CBDD)**	Involvement is: ☐ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☐ Yes ☐ No ☐ NA	
Describe involvement: Click or tap here to enter text.	

☐ **Juvenile Justice**	Involvement is: ☐ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☐ Yes ☐ No ☐ NA	
Circumstances that lead to involvement with this system: Click or tap here to enter text.	

Is MSY Program funding being requested for services that are court-ordered? ☐ Yes ☐ No	IF YES	Do you have clinical documentation recommending the services? ☐ Yes ☐ No *Please include clinical documentation with the application*
Youth has been adjudicated delinquent: ☐ Yes ☐ No	IF YES	Highest-level adjudication: ☐ Status ☐Misdemeanor ☐Felony Youth is/will be on probation/parole: ☐ Yes ☐ No
Currently in a DYS or County Youth Detention facility: ☐ Yes ☐ No	IF YES	Describe reason for detention, length of detention, name of facility, and anticipated release date: Click or tap here to enter text.

☐ **Local Health Dept. and/or Bureau of Medical Handicaps**	Involvement is: ☐ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☐ Yes ☐ No ☐ NA	
Describe involvement: Click or tap here to enter text.	
☐ **Opportunities for Ohioans with Disabilities/Employment**	Involvement is: ☐ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☐ Yes ☐ No ☐ NA	
Describe involvement: Click or tap here to enter text.	
☒ **Other System(s): Sheldon County YMCA**	Involvement is: ☒ Current ☐ Past
Actively participates in youth's OhioRISE CFT or FCFC Service Coordination Team: ☒ Yes ☐ No ☐ NA	
Describe involvement: Attend monthly CFT; call youth weekly to maintain relationship and connection to the community.	

Describe the creative approaches the team is currently using and has attempted to use to support the unique needs of the child/family and their caregivers.

- Flex funds were utilized to purchase karate lessons through the YMCA to minimize free time in the evenings and to provide member an outlet for her anger towards her family situation since father Mark left.
- Member has been moved into her own bedroom instead of continuing to share a room with her oldest stepsister. Flex Funds were utilized to create a self-regulating environment that included an aromatherapy machine and a sound machine.
- Team attempted to coordinate a structured visitation schedule with cousins who are closely bonded to member. However, aunt moved three states away for a new job two months ago and is no longer able to coordinate routine visits with cousins. Flex funds were utilized to purchase a tablet to allow youth to FaceTime her cousins. This includes her cousin Janet who is able to calm youth down during crisis on some occasions.
- Team approached Community Theater leadership to identify natural respite options due to positive relationship with theater members. Youth goes with the theater director every other week to a local dance class to improve dancing skills utilized in theater productions.
- Mother was provided information on how to access Sheldon Metro Library Culture Pass to take youth on free outings in the community so they could spend quality time alone together without a financial burden to the family.
- Youth volunteers at the Sheldon County Humane Society every Sunday walking dogs currently in the shelter.

SECTION 4: Request for 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).

☐ 1. Technical assistance

Have you tried other TA? Please note, trying these avenues is not required to apply for TA

☐ Leveraging your organization's clinical leadership

☐ Contacting the OhioRISE Plan's Clinical Escalation Team (for OhioRISE enrollees)

☐ Making a referral for a System of Care ECHO https://socohio.org/soc-echo/

☐ Other (describe)

Describe current barriers that could be addressed with technical assistance:
Click or tap here to enter text.

☐ 2. 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.	☐ 30 days ☐ 60 days ☐ 90 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.

☐ 3. 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.	☐ 30 days ☐ 60 days ☐ 90 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.

☒ **4. 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: Provider info Green Acres 123 Holly Rd. Sheldon, OH 12321	Amount: $ 27,000.00	☐ 30 days ☐ 60 days ☒ 90 days ☐ Other # days	Start date: 6/7/24 End Date: 9/4/2024
Describe the treatment setting (e.g., QRTP, mental health or child protection group home, treatment home, I/DD waiver setting, etc.): QRTP			

Is the child/youth already being served in this out-of-home treatment setting? ☐ Yes ☒ 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.

Does the CANS or another clinical assessment recommend out of home care?	☒ Yes ☐ No	IF NO	Please do not apply for MSY funding for out-of-home care
Does the child/youth's care coordination team believe the child will gain therapeutic benefit from out of home treatment?	☒ Yes ☐ No	IF NO	Why not? Click or tap here to enter text.
Does the child/youths OhioRISE Child and Family-Centered Care Plan or FCFC Plan of Care include a goal of out-of-home care?	☒ Yes ☐ No	IF NO	Why not? Click or tap here to enter text.

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**
☒ Room & board	$ 300.00	N/A	N/A	☐ Yes ☒ No
☒ Treatment	$ 200.00	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
☒ 1:1 Supports	$ 100.00	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No
☐ Other supportive services (describe): Click or tap here to enter text.	$ Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Out-of-home Care Tentative Discharge Plan

Goals	How will state funds be used to advance treatment goals for the child/youth prior to discharge? Funds will be used to cover room & board to allow youth to receive QRTP level of care to gain emotional regulation skills necessary to safely return to the family home. Youth will meet therapeutic goals to maintain safe behaviors when triggered. Youth will process trauma in a safe environment while increasing coping mechanisms. Medication will be evaluated to determine if a change is needed. Youth and Family will participate in family counseling while in a safe environment.

<table>
<tr><td>Timing</td><td>Anticipated date of discharge from this out-of-home treatment setting: MM/DD/YY ☒ Unknown because child/youth is not yet in out of home care
Factors that will be considered when determining discharge date:
Discharge will be impacted by youth's participation in the treatment setting. The Buckeye Ranch identified that she will have weekly treatment goals in individual, group, and family counseling. Treatment goals will be measured by participation and demonstration of new skills. Green Acres will discuss progress monthly in the Child and Family Team meetings. The CFT will utilize Green Acres' clinical recommendation related to discharge and review progress & barriers towards discharge at each CFT. The CFT will document process and planning. Stepsiblings will receive counseling and that provider will participate in each CFT to discuss their clinical recommendation for joint family sessions. After sessions have begun, CFT will discuss progress towards reintegrating youth back into the home taking into consideration progress in relationship development between stepfather, stepsiblings, and youth. In-person/home visits should begin and be successful to inform the discharge date.</td></tr>
<tr><td>Teaming</td><td>Who is actively participating in the care coordination team responsible for discharge planning, making decisions about and/or coordinating treatment?
<table>
<tr><th>Team member name</th><th>Contact information</th><th>Role in supporting the child/youth during the transition</th></tr>
<tr><td>Care Coordinator Jill Smith</td><td>959-555-9999</td><td>Schedule and facilitate monthly CFT; submit MSY 90-day updates; make community referrals for discharge; review treatment documents from provider and monitor progress towards CFCP/discharge of youth into the community; clarify clinical recommendations for care routinely to ensure youth is progressing towards discharge; continuously update discharge and safety plans and share all information with CFT</td></tr>
<tr><td>Assigned Green Acres Clinician</td><td>614-999-5656</td><td>Attend monthly CFT; provide clinical services in the QRTP setting; collaborate with TVN clinician to execute family sessions to include youth and stepsiblings and work towards youth reintegration back into the home; provide clinical recommendations regarding discharge service needs and safety considerations associated with discharge</td></tr>
<tr><td>Sanctuary Network Clinician Jilly Bean (Stepsiblings Clinician)</td><td>740-555-9991</td><td>Provide family counseling to stepsiblings together then collaborate with TBR Clinician to execute family sessions including stepsiblings and youth to work towards youth reintegration back into the home.</td></tr>
<tr><td>Sheldon County CPS worker – Martha Washington</td><td>614-222-2222</td><td>Attend monthly team meetings; assess family/youth safety; make recommendations on safely returning youth to the home</td></tr>
<tr><td>Karen & Doug Rogers</td><td>614-777-8989</td><td>Attend and actively participate in monthly CFT; Ensure stepsiblings participate in weekly family counseling; participate in family sessions with youth; follow through with Board of DD eligibility determination process; visit youth at QRTP on weekends; take youth for off-grounds</td></tr>
</table></td></tr>
</table>

			visits when clinically appropriate; participate in discharge planning by linking with community resources to continue youth's care when clinically recommended; access what is needed to implement the safety plan; continuous communication with CC to report on successes, milestones met, barriers and/or challenges
	ACPA School Social Worker	999-554-9911	Attend monthly CFT; support adjustments to 504 plan as identified to support youth in the school setting upon discharge; input into school reintegration plan
	Theater Director Patricia Wilson	999-111-0000	Attend monthly CFT; call youth weekly to maintain relationship and connection to the community
	Sheldon County YMCA	999-222-0003	Attend monthly team meetings; support youth's relationship and connection to the community

Living Arrangements	Where will the child/youth live in a family setting after discharging from out-of-home treatment funded by MSY?	Youth will return home with mother, stepfather and stepsiblings
	If there isn't a plan for where the child/youth will live in a family setting after discharge, what steps will be taken during the first month of out-of-home treatment to identify where the child/youth will live in a family setting after discharge?	N/A
	What will the caregivers do within the first month of out-of-home treatment to prepare for the child/youth's return?	Call youth throughout the week, visit in person on weekends, take stepsiblings to their family sessions, begin family counseling sessions by the end of 1st month to allow youth to get comfortable in her setting. Start to identify other natural supports and in-home/community supports that will be needed for the youth reintegration back home

Treatment services needed to return to the community	**Treatment Service**	**Provider**	**Funding Source**
	IHBT	Sheldon Network	Medicaid
	Individual/Family Counseling	Sheldon Network	Medicaid
	Respite	Martha's Afterschool Program Suzie's Safe Home	Medicaid
	Medicaid Management	Norris Children's Hospital	Medicaid
	MRSS	Nationwide Children's Hospital	Medicaid
	Mentoring Program	Big Brother Big Sisters	Free
	If providers of the services indicated above are not available, what will the team do within the first month of out-of-home	Referrals are currently in place for all services. IHBT Clinician will transfer the case to a family counseling clinician once she has re-stabilized in the community post-discharge. Martha's Afterschool Program has agreed to accept the youth back upon discharge. Suzie's Safe Home has	

	treatment to create access to similar services at an appropriate intensity?	the youth on a waitlist, the youth is also on a waitlist with Adriel Ave Group Home should Suzie's Safe Home not be an option.	
	What steps will be taken to coordinate aftercare with these providers:	Two months pre-discharge, providers will be notified of pending discharge from QRTP. CFT meetings will occur more frequently. Discharge plan will be finalized identifying timeframes and services/supports.	
	Would the child/youth benefit from any of the above treatment services starting prior to the child/youth being discharged from the treatment facility? ☐Yes ☒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?	Mentoring Program- Big Brother Big Sister, IHBT, BH 1:1, OHR Respite, Medication Management- NCH, CBDD services if determined eligible, MRSS, YMCA activities, and Community Theater	
	What supports will the child/youth's caregivers need after discharge from out-of-home treatment?	OhioRISE will refer mother and stepfather to peer mentor program within OhioRISE; Caregiver respite and continued care coordination supports	
	What funding sources will be used to pay for the supports identified above?	Mentoring Program- Big Brother Big Sister- Free IHBT- Medicaid BH 1:1- Medicaid Individual/Family Counseling - Medicaid Respite- Medicaid Medication Management- NCH- Medicaid CBDD services if determined eligible – Medicaid MRSS – Medicaid YMCA activities – Flex funds or community supports Community Theater – Flex funds or community supports	

SECTION 5: Local Fund Use Attestation for Funding Requests

Technical Assistance applicants can skip this section.

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, post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds.

Describe how local funds have been used and exhausted prior to applying for MSY funds. Include detailed information about funding sources, how and when funds have been used, and amounts. **MSY funding will not be authorized if local resources are not first used and exhausted.**

Even though OhioRISE is leading care coordination there were discussions with the local team regarding potential financial resources. The CFT team, to include community partners is meeting to discuss how FCFC Flexible pooled and/or local pooled funding can be used to support this youth/family longer term. Even though ex-husband, Mark, should pay child support, he hasn't for the last 3 years. $9,000 in PASSS residential funding will support this stay from 5/8/24-6/6/2024.

Check the boxes below to indicate each of the specific financial resources that have been explored and/or exhausted to support the child/youth and their caregiver(s) as they are facing the risk of custody relinquishment.

Resource Explored?	**Child / Family Eligible?**	**Reasonably exhausted?**
☐ Local Child Protection System Funding	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Local FCFC Funding, which may include: • FCFC Flexible pooled funding • MSY-PCSA funds • Family Centered Services and Supports (FCSS) • Local pooled funding	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Local Developmental Disabilities Board Funding	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Local Mental Health / Addiction Board Funding	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☒ Post Adoption Special Services Subsidy (PASSS)	☒ Yes ☐ No ☐ Not sure	☒ Yes ☐ No ☐ Not sure
☐ Private health insurance	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☒ Medicaid / Medicaid Managed Care	☒ Yes ☐ No ☐ Not sure	☒ Yes ☐ No ☐ Not sure
☒ OhioRISE	☒ Yes ☐ No ☐ Not sure	☒ Yes ☐ No ☐ Not sure
☒ OhioRISE Flex Funds	☒ Yes ☐ No ☐ Not sure	☒ Yes ☐ No ☐ Not sure
☐ OhioRISE 1915 (c) Waiver	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Prevention, Retention, and Contingency (PRC)	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Child Support	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ SSI/SSDI, SS Survivor's Benefits	☐ Yes ☒ No ☐ Not sure	☐ Yes ☐ No ☐ Not sure
☐ Other (describe)		

SECTION 6: Supporting Documentation

Check additional supporting documentation included with the application.

☒ FCFC Service Coordination Plan or OhioRISE Child and Family Centered Care Plan (CFCP) **(required for all)**

☒ Assessments that inform care coordination and treatment planning **(required for all out of home care)**
Type of Assessment: CANS

Type of Assessment: Psychological Assessment

Type of Assessment:

☒ PASSS award letter or verification of PASSS application **(required if child/youth is adopted)**

☒ Hospital (inpatient and/or emergency room) discharge summary

☐ Mental health or substance use treatment plan	☐ Developmental Disabilities Service Plan
☒ Educational records (Progress reports, IEP, 504 Plan, ETR, Disc)	☐ Other supporting documentation