

Multi-System Youth

Opportunities for Administrative Flexibility

Thaddeus Ferber, Forum for Youth Investment, November, 2011

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Provide coordinated, multi-faceted services to youth with multiple needs through a case manager and team approach

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- *Funding for Case Management/Case Managers.* The financing of case management or care coordination occurs in multiple federal programs: Title IV, Title V, Title XIX, Title XXI, etc. A youth involved with multiple systems might end up with several case managers. It is not clear how much flexibility states and localities have to blend those funding streams to provide each youth/family with one case manager that coordinates services funded by multiple sources.
- *Definitions of Case Management/Case Managers.* The definition of "case management/case manager" varies from federal agency to federal agency, and needs to be better aligned. In some cases there are different definitions of case managers across programs, and in other cases there is no clear delineation of responsibility. For example, there are multiple ways of financing case management under Title XIX and they do not necessarily fit the more recent approaches to health care delivery (e.g., medical home, managed care). In other instances, there is a form of care coordination delivered in a social services setting and another form of care coordination delivered in a health care setting.
- *Multiple Systemic Therapy or Multi-Dimensional Treatment.* Title IV-E funds cannot be used to provide high-risk, non-state custody youth with Multiple Systemic Therapy or Multi-Dimensional Treatment
- *Family Services Planning Team model.* It is not clear which federal funding streams could be used to replicate the successful Family Services Planning Team model initiated in some states as a multiagency team model identifying and accessing eligible services for youth at risk of out of home placement due to behavioral issues. The model provides for cost-effective interagency coordination of service needs and reduces or eliminates the need for residential juvenile justice placement.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Create a unified intake system

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- *Supplemental Nutrition Assistance Program (SNAP) intake system.* The SNAP (formerly known as food stamps) law does not require interviews as part of the eligibility determination process, but the regulations require face to face interviews. The regulations are written for a 1960s service delivery model where clients physically came to agency offices, filed paper applications and were interviewed. In the current world, people including applicants for public assistance, do business electronically with tools like web based applications and data exchanges. In this environment it is more appropriate, convenient and respectful, not to mention less expensive, to either interview by phone or not at all when the information needed is available and or verified electronically. Over the past several years, a couple states have had to request federal waivers to adapt the interview process to this automated system. These waivers provide for telephone interviews, but are bureaucratic and labor intensive to administer. They all limit flexibility and do not fully reflect modern day business needs. By contrast, Medicaid, TANF (Temporary Assistance to Needy Families) cash assistance and most other public assistance programs have no interview requirements.
- *WIC eligibility.* An applicant that is on Medicaid, SNAP, and TCA is automatically income eligible for WIC. This automatic eligibility has been effectively used to determine income eligibility for 79% of WIC clients, saving WIC staff and clients time in the eligibility process. Manual income determination is used for the remaining applicants. Efforts in the past to investigate a one stop income eligibility process have been stymied by differing federal rules governing eligibility. Programs differ in whether they use gross or net income, what constitutes a family or household, what is counted as income and what is excluded, etc. The timing of income data collection (currency of income information) is also critical. A better alignment of the income

eligibility requirements between federal programs and the ability to share that information could allow states an opportunity to improve efficiency in operations.

- *Medicaid & IDEA eligibility.* Currently, a young person has to get diagnosed under an assessment to access Medicaid-funded services, and then get diagnosed with the same disorder under a different assessment to access IDEA-funded services.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Provide an integrated set of services to young people who have mental health needs, substance abuse needs, and are court-involved

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- It is not clear to what extent states and localities are allowed to use funding from SAMHSA, DOE/IDEA, Medicaid, Mental Health Block Grant and juvenile justice funding to support hybrid programs that address mental health needs and substance abuse needs together. There are many youth who present with both mental illness and chemical abuse/addiction (MICA) and criminogenic issues, but the mental health and substance abuse systems do not appear to consider the whole need of the youth. Typically a community has treatment services for people with mental illness in one agency and treatment for substance abuse in another. Clients are referred back and forth between them in what some have called "ping-pong" therapy. Some youth have relatively minor criminal risk, i.e., they have committed only one or very few misdemeanor crimes. Many of these youth also have relatively minor learning deficits (such as difficulty reading) and minor mental health diagnoses (not all have been evaluated or diagnosed) such as depression, anxiety and Attention Deficit Hyperactivity Disorder (ADHD). Despite having little criminal history and relatively minor mental health diagnoses, these youth are not attending school, may refuse to live at home due to parental conflict and might be engaging in very risky (i.e., drug-related or criminal) activity.
- There needs to be better integration between the IV-E waiver and Medicaid and administrative simplicity with substance abuse. This is complicated by the fact that some of the problem is 1) our drug treatment programs failure to claim Medicaid and 2) some of these problems could be solved by corrections to our state Medicaid plan. Substance abuse is a trauma based problem which is co-occurring with mental health problems. As such, it merits the same treatment modalities and Medicaid claiming opportunities as mental health treatment receives. This artificial distinction should be eliminated.
- It is not clear if it is allowable to channel funding allocated for foster care youth who are also juvenile justice involved youth to provide mental health or substance abuse overlay services essential to better serve these youth in the juvenile justice system
- The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides block and discretionary grants to states to address underage drinking. The Substance Abuse and Mental Health Service Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) provides the Strategic Prevention Framework State Incentive Grant (SPF SIG), which in some states has prioritized underage drinking. It is not clear to what extent these funding streams can be blended together to support an overlapping initiative.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Provide services to young people who have needs which are essential but don't fit within the current definition of "medically necessary"

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- The Medicaid regulations are currently interpreted as allowing coverage only for services that are "medically necessary" to meet the mental health needs of youth, with a narrow interpretation of "medically necessary." This prevents states and localities from using Medicaid to support:
 - Children with support needs unrelated to their functioning. For example, when a child has good development and adjustment but does not have any family support (such as parents dead or in prison, and no other safe or available family or community resources), it is not clear what funds can be used to cover their supports, housing, and services.
 - Services for the children's family. This restriction might prevent funding for family- and home-based therapy that would be more effective than a therapy targeted only at the child.

- Children with delays/deficits in areas of developmental and adaptive functioning. Measures of psychological, emotional, adaptive, and/or social functioning with identified qualifying parameters would do not currently result in approval for services.
- A range of preventive services.
- A broader definition of “medical necessity,” and/or a Medicaid waiver for managed care (around a capitated system of care) could create the flexibility to provide more services of a less “medical” nature, which would better allow for planning for a youth’s individual needs.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Support prevention services

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- It is not clear what federal funds can be used to provide mental health services and early interventions before a disorder becomes serious enough to qualify for special education services.
- It is not clear what federal funds can be used to support low-barrier community based alternatives to serving at-risk youth.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Serve young people who are aging out of a DJJ residential center

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- It is not clear to what extent federal social services and juvenile delinquency funding streams can be used to provide housing assistance to homeless youth or those who have no stable environment to transition to upon aging out of DJJ residential commitment.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Provide school-based mental health services

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- It is not clear what federal education funds and CMHS funds can be used to support school-based mental health services.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Serve young people who have an “emotional disturbance”

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- *IDEA, SSA and Medicaid/CMHS “emotional disturbance” eligibility definition.* The definition of emotional disturbance is different under IDEA, SSA and Medicaid/CMHS. Under IDEA, the term emotional disturbance "does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance." Socially maladjustment is a somewhat unscientific and contentious term. It would be helpful to create a common definition of “emotional disturbance” across IDEA, SSA and Medicaid/CMHS, and remove the vague “social maladjustment” definition.

STATES AND LOCALITIES WANT FLEXIBILITY TO USE EXISTING FEDERAL FUNDS TO:

Provide services to court-involved youth

Federal barriers perceived as preventing states and localities from using federal funding for this purpose:

- *Medicaid eligibility.* There is state-level variability in the federal restriction on using Medicaid for services for "inmates of public institutions." When it comes to juveniles, some states interpret this restriction to mean that they must revoke Medicaid eligibility when a youth is detained but not yet adjudicated, or after a youth is committed at a disposition hearing. Some states allow the youth to remain on the Medicaid rolls but do not request federal reimbursement for services while the youth is committed. It would be helpful to waive the federal restriction that juveniles detained in a secure residential facility lose Medicaid eligibility. A waiver will maximize revenue for essential health and pharmaceutical services to incarcerated youth.
- *Job Corps eligibility.* There is a perception that juveniles who have been adjudicated delinquent for a nonviolent felony are ineligible for Job Corps. (For example, the document “Facts about the Job Corps for Courts, Institutions, and Other Agencies” unnecessarily restricts certain categories of youth involved with the juvenile justice system from participating in Job Corps, such as felony level juveniles who are under

supervision such as for outstanding restitution or community service work). A waiver will assist homeless youth or those who have no stable environment and who have completed their sanctions transition from commitment to benefit from the program. It would be helpful for Job Corps apply the same eligibility criteria for felony level juveniles under supervision that it currently uses for juveniles under supervision for misdemeanors.

- *Perkins Act allowable uses.* Currently, vocational rehabilitation services are not provided to all eligible juvenile justice involved youth. Prioritizing these services to eligible youth in residential juvenile justice facilities will help these youth transition to work-readiness and job placement. It would be helpful to provide a waiver to the Perkins Act prohibition that federal funding cannot be used to enhance a state-owned facility. A waiver will enable juveniles committed to residential facilities to apply learned vocational skills onsite with existing plumbing, carpentry, masonry, landscaping or other facility needs.
- Allow funds allocated for “out of school youth” to be available to court-involved youth in juvenile justice programs who only attend school due to statutory requirements but who are otherwise eligible.
- Establish post-secondary and adult education tuition waivers for juveniles committed to residential facilities
- Revisit policies that automatically exclude juveniles with certain arrests from federal student aid to encourage continued education for these youth.