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 a 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: ☐ Family and Children First Council ☒ OhioRISE Care Management Entity			
Agency / Organization Name Ohio Services		Requestor Name Emily Elm	
County Oak	Phone Number 123.456.7890	Email EElm@ohioservices.org	
Child/Youth Demographics			
Name Jordan Birch		Social Security Number 345-67-9012	
Date of Birth 3/5/2007	Age in Years & Months 17 years 3 months	Gender/Gender Preference Male/He/him	Race/Ethnicity black
Home Street Address 987 Home Road	City Mapleton	State OH	Zip Code 45678
Phone Number 567.890.1234	Legal Guardian Johnathan Birch	County Maple	
Primary Insurer *(if Medicaid, include ID #)* Medicaid 234567890123		Secondary Insurer *(if applicable)* n/a	

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

Type of Submission		
☐ Routine update	☐ Disruption / Immediate Provider Change Update	☒ Final update
Are you applying for additional or shifting MSY funds to support the child/youth's treatment?	☐ Yes, additional funds ☐ Yes, shifting funds ☒ No, not applying for funding	

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)
10/14/2023 to 1/12/2024	$ 22,500.00	Willow Group Home
1/13/2024 to 4/11/2024	$ 27,000.00	Willow Group Home
4/12/2024 to 5/13/2024	$9,000.00	Willow Group Home

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**
Youth SUD Education	Group Home had SUD program that Jordan completed
Credit recovery	Worked with home school to get caught up but had limited success as Jordan wasn't motivated to complete
Link Jordan with AA or Al A Teen on discharge	There is a list in the discharge plan of groups that meet both in person and virtual
Support for dad on Jordan's needs.	Dad has been seeing his own therapist intermittently, would like for him to continue
Home School district involvement	Involvement has been limited, Jordan needs to explore options after HS
Discharge plan to include options after HS	Jordan is thinking about attending vocational school to do auto mechanics since he is interested in cars
Other in Home/Community Supports for Jordan	Dad likes to fish so will take Jordan fishing, maybe volunteer at a local park with a fishing place so he has something to do this summer, maybe apply to Job Corps or an apprenticeship at a car dealer or car repair shop
Independent Living Skills since he will be 18 soon	Dad intends to have him home even after 18 but will help him apply for continued Medicaid coverage, opening a bank account and helping him get a job when he is 18

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 Not Applicable	
When did the disruption or change in provider occur? DD/MM/YY	
What led to the disruption or change?	Click or tap here to enter text.
Who is working to support the child/youth and caregiver(s) during the transition?	Click or tap here to enter text.
What services and/or supports were quickly put in place as a result of the disruption or change?	Click or tap here to enter text.

What additional supports do the child/youth and/or the OhioRISE CFT or FCFC Service Coordination Team need at this point of transition?		Click or tap here to enter text.
When is the next OhioRISE CFT or FCFC Service Coordination Team meeting?		Click or tap here to enter text.
Out of Home Treatment Updates		
Where is the child/youth living now?		Click or tap here to enter text.
Is child/youth is receiving treatment from a new out of home care provider? ☐ Yes ☐ 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): Click or tap here to enter text.		

SECTION 4: Routine Update Information – Not applicable

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?	☐ Yes ☐ 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)?	☐ Yes ☐ 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]?	☐ School or education provider ☐ County child protection ☐ County Board of Mental Health / Addiction Services ☐ County Board of Developmental Disabilities ☐ Juvenile Justice ☐ Local Health Department and/or Bureau of Medical Handicaps ☐ Opportunities for Ohioans with Disabilities/Employment ☐ Service and support providers (describe) Click or tap here to enter text. ☐ Natural supports (describe) Click or tap here to enter text. ☐ 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?	☐ Yes ☐ No	IF YES	Describe the barriers and how the Team is working to alleviate them. Click or tap here to enter text.
Child/Youth Treatment and Engagement Updates			
Describe the child's/youth's overall engagement in the services and supports funded by the MSY Program	☐Declined to participate ☐Partially engaged ☐Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: Click or tap here to enter text.		
How has the child/youth recently responded to treatment?	☐ Condition improved ☐ Condition declined ☐ No change in condition		
Is the child/youth compliant with medication therapy? ☐ Not applicable (not prescribed meds)	☐ Declined ☐Partial adherence ☐Full adherence If barriers to engagement or adherence exist, describe the barriers and steps being taken to alleviate them: Click or tap here to enter text.		
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? ☐ Not applicable	Click or tap here to enter text.		

Are the child's/youth's educational needs being met?	☐ Yes ☐ No	IF NO	Describe the barriers and how the Team is working to alleviate these barriers Click or tap here to enter text.

Caregiver, Family, and Living Arrangement Updates

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

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?	☐ Yes ☐ No	IF YES	Describe the changes and the impact this will have on the child/youth. Click or tap here to enter text.
		IF NO	Document why you responded "no". Click or tap here to enter text.
Are there any barriers to the child/youth remaining in or returning to the caregiver(s)' home?	☐ Yes ☐ No	IF YES	Describe the barriers and how the Team is working to alleviate these barriers. Click or tap here to enter text.
Describe the caregiver(s)' engagement in the child's/youth's care coordination.	☐Declined to participate ☐Partially engaged ☐Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: Click or tap here to enter text.		
Describe the caregiver(s)' engagement in family therapy and/or other services and supports necessary to assure family integration for the child/youth.	☐Declined to participate ☐Partially engaged ☐Fully engaged Dates of family therapy service: Click or tap here to enter text. Describe other services and supports being used to assure family integration for the child/youth:Click or tap here to enter text. 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: Click or tap here to enter text.		
Describe any other relevant new caregiver and/or family dynamics that will impact the child/youth.	Click or tap here to enter text.		
For children/youth receiving out of home care, describe the following: ☐Not applicable (not receiving out of home care)	The frequency of caregiver(s) visits with the child/youth, any barriers in assuring visits regularly occur. Click or tap here to enter text.		
	Has the child/youth participated in community and/or home visits?	☐ Yes ☐ No	IF YES: Describe the experience(s) of the child/youth and caregiver(s)/family. Click or tap here to enter text. IF NO: Why Not? Click or tap here to enter text.

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
Click or tap here to enter text.	MM/DD/YY	Click or tap here to enter text.
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?	Click or tap here to enter text.
How are the clinical recommendations being incorporated into the child/youth's Care Plan, and if receiving out of home treatment, the discharge plan?	Click or tap here to enter text.

Information about the recommending clinician(s):

Name	Credential(s)	Relationship to child/youth
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.

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?	Click or tap here to enter text.
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?	Click or tap here to enter text. ☐ Not applicable, extended services and supports are not likely to be needed

Is the child/youth adopted? ☐ Yes ☐ No

IF YES	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).** Date of last application for PASSS funding: MM/DD/YY Status of last application: ☐ Pending ☐ Awarded ☐ Denied Current PASSS award: Amount: $Click or tap here to enter text. Dates: MM/DD/YY to MM/DD/YY Covered services: Click or tap here to enter text. Does the family need to apply for or reapply for PASSS? ☐ Yes ☐ No

SECTION 5: Final Update Information

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 if the child/youth doing?	Jordan seems concerned that he will fall into old habits but has done well in Willow Group Home, was a model for the younger kids and did try to run everything but overall did the work he needed to do
How are the caregiver(s) and, if applicable, other family members doing?	Dad was reluctant at first since he had struggled with substances but has been sober and is working on his own issues
Describe the team of people that continue to support the child/youth and their caregiver(s) following the receipt of MSY funding.	Dad, Willow therapist were engaged members, school district was a struggle but the vocational counselor was helpful and good late addition to the team. The Willow therapist got the family connected to a virtual therapist that Jordan can see after discharge and Willow's services end.

Describe the services and supports in place to support the long-term needs of the child/youth and their caregivers(s).	Youth is going to explore vocational school and work on being a car mechanic. Youth is linked to other counseling services and SUD supports. Dad is linked to therapist.
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?	Care Coordination meeting will happen every two weeks the first 2 months after discharge and then monthly after that to assure Jordan and dad are supported and the services in place are what they need.
Describe any other relevant dynamics and/or barriers the Team will work to address as they support the child/youth and their caregiver(s)	Both dad and Jordan maintaining their sobriety and finding a new way to relate to each other rather than drinking and doing substances together. Fishing and outdoor activities will help along with sharing an interest in cars.

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 – Not Applicable

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. Shifting Funds**			
Amount you're requesting to shift: $ Click or tap here to enter text.	New provider(s) of service(s): Provider	☐ Number of days of care # 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.			
Have you confirmed with the past provider / payor that the funds are available to shift? ☐ Yes ☐ No			

☐ 2. 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.

☐ **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.	☐ 30 days ☐ 60 days ☐ 90 days ☐ 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.			

☐ **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.	☐ 30 days ☐ 60 days ☐ 90 days ☐ 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: Provider info	Amount: $ Click or tap here to enter text.	☐ 30 days ☐ 60 days ☐ 90 days ☐ Other # days	Start date: MM/DD/YY End Date: MM/DD/YY

Describe the treatment setting (e.g., QRTP, mental health or child protection group home, treatment home, I/DD waiver setting, etc.):
Click or tap here to enter text.

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	$ Click or tap here to enter text.	N/A	N/A	☐ Yes ☐ No
☐ Treatment	$ Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ 1:1 Supports	$ Click or tap here to enter text.	☐ 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 Updated Discharge Plan

Goals	How will state funds be used to advance treatment goals for the child/youth prior to discharge? Click or tap here to enter text.
Timing	Anticipated date of discharge from this out-of-home treatment setting: MM/DD/YY Factors that will be considered when determining discharge date: Click or tap here to enter text.
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**
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.
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.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Living Arrangements	Where will the child/youth live in a family setting after discharging from out-of-home treatment funded by MSY?	Click or tap here to enter text.
	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?	Click or tap here to enter text.
	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?	Click or tap here to enter text.
	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?	Click or tap here to enter text.

Treatment services needed to return to the community	**Treatment Service**	**Provider**	**Funding Source**
	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.
	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?	Click or tap here to enter text.	
	What steps have been taken to coordinate aftercare with these providers? When will these steps be completed?	Click or tap here to enter text.	
	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? Are these supports in place? If not, when will they be in place?		Click or tap here to enter text.
	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?		Click or tap here to enter text.
	What funding sources will be used to pay for the supports identified above?		Click or tap here to enter text.