



## FINANCE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Chairman Romanchuk  
Ranking Member Sykes

March 21, 2017

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Mr. Chair and Ranking member of the Health and Human Services Sub Committee of the House Finance Committee, and Representative LaTourette, who served as the Co-Chair from the Joint Legislative Committee on Multi System Youth, I am Gayle Channing Tenenbaum, serving as a Consultant on Medicaid for Children at the Center for Community Solutions. I have worked for the last 53 years either doing direct casework for children, youth and their families, and developing public policies with 5 Administrations and with both Republican and Democratic legislators here in the state, and as well as with Federal legislators and members of respective Presidential Administrations.

During the last general assembly, The Joint Legislative Committee on Multi-System Youth was created to find ways to support children, youth, and families of these children who receive services, or who should receive services from more than one child serving system. The Committee was Co-Chaired by Senator Gardner and Representative LaTourette. (Please see [Attachment A](#) regarding the charges of the Joint Legislative Committee on Multi-Need Youth.)

When our panel uses the term “multi-system youth” they are referring to children or youth who are involved with a combination or all of the following public (state and local) systems:

- Child Protection
- Juvenile Justice
- Intellectual or other Developmental Disabilities,
- Mental Health and Addiction Services
- Child care or school

Children and youth served by multiple systems have severe, complex needs that cannot be met by a single system alone. Many of these children are involved or at risk of being involved with child protection and/or juvenile justice because they cannot access the right services or supports to remain stable and in their own home.

For many years, Ohio's strategy to serve multi-system youth has included pooling of funds across systems, coordinating care and using flexible funds to be creative in addressing the youth and family need in the community. In Ohio, the Family and Children First Council was created in 1993 to “cluster” together members of local child caring agencies. While these strategies meet the needs of some, there are still many children and youth who are not adequately served – in large part because of a lack of funding. Please see [Attachment B](#) for more on this topic, where you will find a list of the types of disparities that exist across the state.

One of the most concerning and pressing issues that multi-system youth and their families can face is custody relinquishment. While local support and collaboration have been successful in helping many

children and their families, sometimes, children have intensive needs that exhaust the resources of both the family and community, and parents face a decision to **relinquish custody** to a child protection agency to access necessary services. This happens to families with both Medicaid insurance and commercial insurance. You'll hear more from Mark Butler about how this situation affected his family. You'll also hear from Rafael Weston about his experiences. Please see [Attachment C](#) for more on service needs and expenses that lead to custody relinquishment.

A national study documented that the primary reason why children were relinquished into the custody of the state was to **gain access to mental health services**. The state of Ohio doesn't track custody relinquishment, but according to a recent policy brief on multi-system youth from the Public Children Services Association of Ohio, **nearly one in three (30%) of multi-system youth in Ohio entered public children services agency via custody relinquishment**. You'll hear more from Elisha Cangelosi about her experiences with some of these children served by Franklin County Children Services.

Last Year, the Joint Legislative Committee on Multi-System Youth held seven hearings on the topics I just briefly described, and they received testimony from youth and their families, service providers, State Agency officials, and policy experts. After deeply studying the issues affecting multi-system youth in Ohio, the Committee released a list of recommendations to address the needs of multi-system youth and their families. [Attachment D](#) contains the full Committee Recommendations Report, and [Attachment E](#) contains budget requests related to the Committee Recommendations.

As you'll hear today from our panelists, two of the Legislative Committee's recommendations could be addressed in this biennial budget:

## **1. CREATION OF A CRISIS STABILIZATION FUND**

Funding is desperately needed to help families access necessary treatment and support services in their communities, and to help fund treatment and services and room-and-board expenses when children need out-of-home care. This funding could be used to intervene early and has great potential to reduce the overall costs of caring for multi-system children and youth, and it will almost certainly prevent custody relinquishment.

**Budget Request:** ODMHAS, in its capacity as the Governor's Chair for the Ohio Family and Children First Cabinet Council, shall establish a Youth and Family Crisis Stabilization Fund to address the unmet and uninsured needs of Ohio's MSY who are in crisis and unable to access appropriate levels of care and services. ODMHAS shall partner with key stakeholders to develop policies to ensure appropriate access and accountability for this new Youth and Family Crisis Stabilization Fund.

**Funding Request:** appropriation of \$33M per year in SFY 2018 and 2019.

## **2. ADDRESSING LACK OF DATA**

One of the Joint Committee's charges was to identify services provided to multi-system youth and the cost and outcomes of these services. The Committee was not able to assess these topics because most of this data was not tracked or available. Good decisions cannot be made without good data.

**Budget Request:** ODMHAS, in its capacity as the Governor's Chair for the Ohio Family and Children First Cabinet Council, shall establish a unified strategy for data collection and sharing across child serving systems to identify resource utilization, service utilization patterns and gaps, and monitor outcomes. This strategy should identify and track the availability of evidence-

based services that are particularly important for MSY (a) both before and after OHT's behavioral health redesign, and (b) both before and after transitioning community behavioral health services into Medicaid managed care. The Department shall submit a report to the Governor and the General Assembly regarding the parameters of the data collection strategy and the cost for the state to implement the strategy by December 31, 2017.

Thank you for considering these budget requests and for listening to the following members of our panel:

1. Mark Butler, who will testify about how he and his wife were forced to relinquish custody of our teenage son with autism in order for him to have access to much needed services for his disability.
2. Raphael Weston, Youth Advocate.
3. Elisha Cangelosi, Associate Director of Provider Services at Franklin County Children Services

We'd be happy to take questions at the conclusion of our panel's testimony.

**Attachment A:** Amended House Bill 64 of the 131<sup>st</sup> General Assembly, As Enrolled

SECTION 701.80. JOINT LEGISLATIVE COMMITTEE ON MULTI-SYSTEM YOUTH

(A) As used in this section, "multi-system youth" is a youth that is in need of services from two or more of the following:

- (1) The child welfare system;
- (2) The mental health and addiction services system;
- (3) The developmental disabilities services system;
- (4) The juvenile court system.

(B) There is hereby created the Joint Legislative Committee on Multi-system Youth consisting of the following members:

- (1) Five members appointed by the President of the Senate, three from the majority party and two from the minority party;
- (2) Five members appointed by the Speaker of the House of Representatives, three from the majority party and two from the minority party.

(C) The Committee shall:

- (1) Identify the services currently provided to multi-system youths and the costs and outcomes of those services;
- (2) Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services for multi-system youths;
- (3) Identify the best methods for person-centered care coordination related to behavioral health, developmental disabilities, juvenile justice, and employment;
- (4) Identify a system of accountability to monitor the progress of multi-system youths in residential placement; and
- (5) Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of all multi-system youths.

(D) The Committee, in the performance of its duties, may consult with any of the following:

- (1) The Directors of the following:
  - (a) Office of Health Transformation;
  - (b) Department of Youth Services;
  - (c) Department of Mental Health and Addiction Services;
  - (d) Department of Medicaid;
  - (e) Department of Developmental Disabilities;
  - (f) Department of Job and Family Services;
  - (g) Office of Human Services Innovation;
  - (h) Ohio Family and Children First Cabinet Council;
  - (i) Department of Insurance.
- (2) The Superintendent of Public Instruction;
- (3) Representatives of any of the following organizations:
  - (a) Public Children Services Association of Ohio;
  - (b) Ohio Association of Child Caring Agencies;
  - (c) National Alliance on Mental Illness of Ohio;
  - (d) Autism Society of Ohio;
  - (e) Ohio Association of County Boards Serving People with Developmental Disabilities;
  - (f) Ohio Council of Behavioral Health and Family Services Providers;
  - (g) Ohio Association of County Behavioral Health Authorities;
  - (h) Juvenile Justice Coalition;
  - (i) Children's Defense Fund-Ohio;
  - (j) Ohio Family Care Association;

- (k) Ohio Children's Hospital Association;
- (l) County Commissioners Association of Ohio;
- (m) Center for Innovative Practices;
- (n) Disability Rights Ohio;
- (o) The ARC of Ohio.

(E) Appointments to the Committee shall be made not later than fifteen days after the effective date of this section. Appointments to fill vacancies shall be filled in the same manner as the original appointments.

(F) Meetings of the Committee shall take place at the call of the chairperson, and the first meeting shall occur not later than forty-five days after the effective date of this section. At the first meeting, the Committee shall elect a chairperson and vice-chairperson.

(G) The departments listed in division (D)(1) of this section and the Department of Education shall cooperate with the Committee and provide, upon request, any information that will assist the Committee in the performance of its duties.

(H) Not later than December 31, 2015, the Committee shall prepare a report of its findings and recommendations and submit the report to the General Assembly and the Governor. Upon submission of its report, the Committee shall cease to exist.

**Attachment B: Disparities in Accessing Care for Multi-System Youth in Ohio**

For many years, Ohio's strategy has included pooling of funds across systems, coordinating care and using flexible funds to be creative in addressing the youth and family need in the community. However, there is a great disparity across the state in the ability and resources to consistently utilize these strategies successfully.

Examples of disparity include:

- A serious lack of providers, particularly in SE Ohio. This can result in children or youth being placed in residential care far away from their families, making it very difficult to have family involved in the treatment.
- A lack of crisis care and nearby facilities for a child or youth needing residential placement
- Lack of evidenced-based home and community-based services that can prevent children from needing residential placement. Some of these will be offered to children and youth with Medicaid coverage as part of the new BH Redesign services, and OHT has committed to working with stakeholders to develop additional Medicaid services in the future.
- Lack of treatment programs and services that are specifically designed and attentive to the issues of trauma; including physical, psychological, and emotional trauma, directly involving the child or involving others in the youth's environment.

## **Attachment C: Services and Expenses Related to Custody Relinquishment**

When a child or youth has very intensive needs, there are two options:

- Intensive in home treatment services to maintain the family (no cost is incurred for room and board, because the youth stays at home)
- Residential treatment provide outside the home of the legal parents.

As you might imagine, both intensive in-home treatment and out-of-home residential treatment can be very expensive. Generally, there are two components to expense of treatment: the cost of the hands-on treatment and services, and the “room and board” cost. If the youth can be supported in their home, there is no additional cost for “room and board”. Medicaid and commercial insurance often pay for some types of in-home intensive therapies, but there are few situations today in which Medicaid or commercial insurance will cover the full treatment cost of intensive in-home services. Neither Medicaid nor commercial insurance are able to pay for room and board.

Picture a Medicaid-eligible family that needs to send a child for residential treatment. This family has limited means to start with, and is often unable to pay the room and board component. Commercially insured families may have more savings and income, but out-of-home treatment can be extremely expensive. Recently a child we were assisting had to be sent out of state, at a cost of \$800 per day. These youth need weeks or months of care, and sometimes years of care. You can see how that type of cost could quickly exhaust a middle class family’s savings.

When parents’ resources are exhausted – either paying for in-home services, or paying for out-of-home care, they are left with few choices to get services for their children. For some, custody relinquishment is the only option. In many of these situations, families health coverage (Medicaid or private insurance) has run out for treatment, they have taken out second mortgages on their homes, sold second cars even though both are working to help pay for their child’s treatment, and some have had to file for bankruptcy. At a certain point, after trying so hard to pay for their child’s residential care they make the very difficult decision to relinquish custody of their child through the court to the child protection system. These parents have never abused or neglected their child, but this is the only option they have for the child to continue getting the treatment needed.

Recent data shows up that six in ten children were in agency custody for primary reasons other than abuse and neglect. Furthermore, nearly half (49%) of the youth in residential treatment facilities were originally removed from their homes for primary reasons other than child abuse and neglect, including behavior problems, delinquency and unruliness.

A review of placement costs for multi-system youth in 40 counties (June 2015) found that 60% of all placement costs for multi-system youth are funded by local dollars.



## **Report and Recommendations by the Joint Legislative Committee on Multi-System Youth**

June 29, 2016



# The Joint Legislative Committee on Multi-System Youth Recommendations

June 2016

## BACKGROUND

Based on qualitative and quantitative data reviews where accessible, and testimonies offered, the Joint Legislative Committee on Multi-System Youth offers the following recommendations. The Committee believes that Ohio should strive to eliminate the need for families to relinquish custody of their children to the child protective services system in order to receive the behavioral health and developmental services they need. The following recommendations focus on effective strategies, programs, and services that, taken together, should reduce, and in many cases eliminate, the need for custody relinquishment and help families stay intact. Robust data collection, assessment, and evaluation should be put in place to measure the impact of these initiatives and policy changes. The Legislature should consider forming a task force or joint committee to monitor the implementation of these recommendations and overall progress on meeting the needs of multi-system youth.

A note is made with each category in the next section of this document to connect the recommendations with the charges of the Committee, as outlined in House Bill 64:

1. Identify the services currently provided to multi-system youths and the costs and outcomes of those services;
2. Identify existing best practices to eliminate custody relinquishment as a means of gaining access to services for multi-system youths;
3. Identify the best methods for person-centered care coordination related to behavioral health, developmental disabilities, juvenile justice, and employment;
4. Build a system of accountability to monitor the progress of multi-system youths in residential placement; and
5. Recommend an equitable, adequate, sustainable funding and service delivery system to meet the needs of all multi-system youths.

## RECOMMENDATIONS FOR CONSIDERATION

### **1. *Improve data collection and sharing related to multi-system youth to inform state and local decision-making capabilities [Committee goals 1, 2, and 4]***

The Office of Health Transformation (OHT) along with its health and human services sister agencies began work in 2014 to develop interagency (cross-system) process flows and perform “hot spotting” analyses of high-risk, transition age youth.

#### **Recommendations:**

- Build upon the OHT work referenced above to improve data collection and sharing between systems to better track the resources used to serve and the outcomes achieved by multi-system youth.
- Require the Department of Mental Health and Addiction Services, in its capacity as the Governor’s Chair for the Ohio Family and Children First Cabinet Council, to identify and track the availability of evidence-based services that are particularly important for multi-system youth (a) both before and after OHT’s behavioral health redesign, and (b) both before and after transitioning community behavioral health services into Medicaid managed care.
  - The tracked services should, at a minimum, include intensive community and home based treatment, respite, and crisis services because evidence suggests these services reduce reliance

on congregate care, improving outcomes for youth, and reducing the need for custody relinquishment.

- The tracked information should be made publically available and should be easily searchable.

## **2. *Ensure youth and families have access to peer support and peer mentor programs with a consistent funding source [Committee goals 1 and 2]***

Youth, family members, and advocates testified about the need for multi-system youth and their families to engage with peer mentors and peer support services.

- *Youth Peer Support* is provided by youth and young adults who have experienced and successfully managed treatment. Youth peer relationships can serve as an entry point to accessing services by engaging and supporting young adults who are disengaged or disconnected. This type of service adds value to the traditional services available to young adults by providing formal and informal supports, advocacy for services, navigation of complex service systems, and mentorship.
- *Parent Peer Support* uses a model of partnership with parents, guardians, and caregivers to empower families to advocate on behalf of their child or youth with a mental health, substance use, or developmental disorder. This is accomplished by assisting, educating, equipping, and supporting parents as they navigate Ohio's system of care. Parent peer supporters are specially trained parents, guardians, or other caregivers standing in for an absent parent who use their own parenting experience to teach, coach, and mentor other parents until they feel capable of advocating on behalf of their family and their child or youth.
- *Adult Peer Support* is a process of giving and receiving support and education from individuals with shared life experiences. Through the promotion of sharing personal experience and knowledge, individuals engaged in peer support play an active and vital role in laying the foundations for sustained recovery.

### **Recommendations:**

- Develop parent and adult peer support certification programs and a youth peer support or mentoring certification program that would provide support, navigation, and advocacy on behalf of the youth with multi-system needs, their parents and families, and adults with mental illnesses.
- Mentoring and pro-social peer support services for youth, parents and families, and adults should be Medicaid reimbursable.

## **3. *Establish a safety net of state level funding for multi-system youth [Committee goals 3 and 5]***

The sole reliance upon local financing leads to inequitable services and outcomes for multi-system youth, and contributes to custody relinquishment to access needed services. The State had safety net funding available once for multi-system youth, known then as "Cluster". Funds were available through FY 2005 (\$6.5 million) to communities that identified and coordinated services on behalf of multi-system youth, but were unable to afford the full cost of obtaining necessary treatment services.

### **Recommendations:**

- Recreate a safety net of state-level funding for multi-system youth to be administered by the Ohio Family and Children First Cabinet Council that could be accessed by county Family and Children First Councils (FCFCs) to help offset the cost of non-reimbursable care or care not covered by insurance for youth and families involved in FCFC service coordination. Updated estimates should be produced to determine the appropriate funding level to help reduce custody relinquishment.

- Allow access to the state-level funding through the use of FCFC service coordination processes, High Fidelity Wraparound (HFWA), if applicable, a uniform Level of Care Tool, and evidence of local financial contribution.
- Ensure funds follow the youth and not the county to ensure the continued availability of funds for youth and their families who may relocate to a different part of the state.
- Explore the possibility of using safety net dollars to incentivize diversion from inappropriate levels of care.
- Safety net dollars should be tracked in order to (a) identify underlying challenges faced by local FCFCs and (b) research how dollars are used.

**4. *Ensure youth with moderate to severe needs have access to a High Fidelity Wraparound service [Committee goals 2 and 3]***

HFWA is an intensive, evidence-based service used to engage youth who require services from multiple systems, their families, and support teams, in care management and planning. HFWA takes a holistic approach that requires a high degree of collaboration and coordination among service agencies and organizations in a community. This approach operates at a community level to coordinate the work across multiple local systems. Since 1993 the Ohio Revised Code has required FCFCs to provide service coordination for multi-system youth in their communities.

Ohio has significant experience to build upon, including the Ohio Department of Mental Health and Addiction Services Engage System of Care Grant. The Departments of Medicaid and Mental Health and Addiction Services are committed to including HFWA within the selection of future Medicaid-reimbursable services through OHT's behavioral health redesign project, with work to design the service beginning in Summer 2016.

**Recommendations:**

- HFWA should be available to youth with high-needs, those at risk for becoming multi-system youth, and youth at risk for an out-of-home placement.
- HFWA should be a Medicaid-reimbursable service.
- HFWA should be accessible through the use of a uniform Level of Care Tool to enable consistent evaluation of need statewide.
- Ensure HFWA is offered in an equitable way in communities throughout the state. FCFCs could be a vehicle for implementing HFWA in their communities, but other options may be needed to ensure consistent access and accountability.

**5. *Modernize Family and Children First Councils [Committee goals 1, 2, 3, and 5]***

The Committee acknowledges the importance of FCFCs as the foundation of support for multi-system youth. It also values the important role that the Family and Children First Cabinet Council can play in supporting local FCFCs. However, current structural, financial, and local factors cause FCFCs to operate inconsistently throughout the state.

**Recommendations:**

- Require the Ohio Family and Children First Cabinet Council to study and make recommendations to the legislature by January 1, 2017 on:
  - How to address variances that exist between local FCFCs across the state;
  - Structural and financial changes needed to modernize the Ohio Family and Children First Cabinet Council and local FCFCs; and

- The estimated fiscal cost to accomplish these changes.
- The education system is most likely the first touchpoint to children with complex needs. The Ohio Department of Education, as a statutory member of the Ohio Family and Family Children First Cabinet Council, should explore how the department can provide written guidance to local school districts, represented on the local FCFCs, in identifying these children and working with the county FCFCs to coordinate the delivery of services.

#### **6. *Create a Children's Congregate Care Study Committee [Committee goal 4]***

The Committee heard testimony from a number of parties, including families, providers, and child protective services staff, about the challenges of accessing appropriate residential care, particularly for aggressive youth. While there is more work to be done in this area, the Committee is encouraged by the efforts of OHT's behavioral health redesign in considering children's residential services as well as the recent Request for Information by the Department of Developmental Disabilities to determine the number, location and capacity of providers willing to pilot a project in central Ohio to expand residential services to youth with complex support needs. In light of these efforts, and given the prominence of residential issues presented before the Committee, it would be prudent to conduct an assessment and gather data related to the complex issues associated with congregate care needs and options for youth in Ohio.

#### **Recommendation:**

- The Legislature should consider providing funds for an independent study to research congregate care settings and report to the legislature and Governor. The study should include, but is not limited to, research on the following topics:
  - Financing mechanisms to sustain residential facilities for complex, multi-system youth;
  - Ability for youth to access appropriate levels of care (in home, residential, step down, acute, chronic, etc.); and
  - Availability of facilities that can manage a wide range of multi-system youth issues such as behavioral health, developmental disabilities, and criminogenic.

**Attachment E:** Budget Requests Related to Joint Legislative Committee on Multi-System Youth Recommendations Report

## **BUDGET REQUESTS RELATED TO THE JOINT LEGISLATIVE COMMITTEE ON MULTI-SYSTEM YOUTH RECOMMENDATIONS REPORT**

**Senator Randy Gardner and Representative Sarah LaTourette**, Co-Chairs of the Joint Legislative Committee on Multi-System Youth, are working to include the following funding and policy items in Ohio's SF7 18-19 budget. A group of stakeholders are working with the Co-Chairs and other members of the Committee toward these budget goals.

**Multi-system youth (MSY)** refers to a child or youth with significant mental health, addiction and/or developmental delays who is involved or at risk of being involved with child protection and/or juvenile justice due to not being able to access the right services or supports to remain stable and in their own home. Budget requests concerning MSY are:

### **CRISIS STABILIZATION FUND**

ODMHAS, in its capacity as the Governor's Chair for the Ohio Family and Children First Cabinet Council, shall establish a Youth and Family Crisis Stabilization Fund to address the unmet and uninsured needs of Ohio's MSY who are in crisis and unable to access appropriate levels of care and services. ODMHAS shall partner with key stakeholders to develop policies to ensure appropriate access and accountability for this new Youth and Family Crisis Stabilization Fund.

The appropriation for this Fund shall be \$33M per year in SFY 2018 and 2019.

### **HIGH-FIDELITY WRAPAROUND**

ODM, in conjunction with ODMHAS, shall convene stakeholders to design a Medicaid-reimbursable service consistent with High-Fidelity Wraparound principles to coordinate the care, services, and supports that youth and their families need. The Medicaid-reimbursable service shall be available to youth with high or intensive needs and are risk for an out-of-home placement or a more restrictive level of placement, be accessible through a uniform Level of Care Tool to enable consistent evaluation of need statewide, and be offered in an equitable way in communities throughout Ohio.

ODM shall submit a Medicaid State Plan Amendment or Waiver Request regarding such a service to the Centers for Medicare and Medicaid Services no later than December 31, 2017.

### **DATA**

ODMHAS, in its capacity as the Governor's Chair for the Ohio Family and Children First Cabinet Council, shall establish a unified strategy for data collection and sharing across child serving systems to identify resource utilization, service utilization patterns and gaps, and monitor outcomes. This strategy should identify and track the availability of evidence-based services that are particularly important for MSY (a) both before and after OHT's behavioral health redesign, and (b) both before and after transitioning community behavioral health services into Medicaid managed care.

The Department shall submit a report to the Governor and the General Assembly regarding the parameters of the data collection strategy and the cost for the state to implement the strategy by December 31, 2017.

## **PEER**

The youth and adults who testified before the Joint Legislative Committee on MSY clearly articulated the need for peer services to aid MSY and their families. The Final Report from the Joint Committee recommended creating a Medicaid-reimbursable mental health peer service to address this need. We know the Administration has raised concerns about the time it will take to properly create such a Medicaid service, but we feel strongly that acute need for mental health peer services can begin to be addressed now through existing programs.

ODMHAS shall work with NAMI and other youth and family peer groups to develop youth and family focused peer support services. This should include specific consideration of sustaining existing youth and family focused peer support programs, such as:

- Maintaining the Parent Advocacy Council (PAC). Currently PAC receives \$400K (\$100K GRF, \$300K Title IV-B).
- Maintaining the Youth Move, which will increase GRF expenditures by \$120,000 per year (Funding through ENGAGE runs out on 6/30/17).
- Maintaining the Ohio Youth Advisory Board, which will maintain GRF investment (checking for exact \$ amount, but believe the ask is minimal).

## **MODERNIZE FCFC**

Drafting of this budget request is contingent upon the release of the Kasich Administration's MSY report, which is expected to be released in January 2017.

## **CONGREGATE CARE STUDY**

ODMHAS shall provide for an independent evaluation of the timely access to children's and youth's residential and inpatient mental health treatment in the State of Ohio. The evaluation shall begin no later than 90 days after the effective date of this section. ODMHAS shall seek input from stakeholders when designing the questions to be considered in the evaluation. A final report of the evaluation shall be provided to the General Assembly and the Governor no later than 365 days after the effective date of this section.

ODMHAS shall make an appropriation of no greater than \$500,000 in SFY 2018 to fund this independent evaluation, and should seek maximum federal participation to fund the study.