**Guidance 31**

**Children’s Mental Health System of Care (CMHSOC)**

**Expansion and Sustainability Project**

**Contract Reference:** *Section A-1.1.2 and Exhibit C1*

**Authorities:** *Section 394.491, F.S.*

**Frequency:** *Ongoing*

**Due Date:** *Not Applicable*

# Purpose

This document provides guidance on Managing Entity implementation of the Children’s Mental Health System of Care (CMHSOC)Expansion and Sustainability Project pursuant to SAMHSA Grant Number1H79SM063422-01. The purpose of the CMHSOC Grant is to improve behavioral health outcomes of children and youth with Serious Emotional Disturbances (SED) and their families. The CMHSOC Grant funds a strategic initiative under which the Department, Managing Entities, subcontracted Network Service Providers, local project teams and other child serving stakeholders collaborate to expand and sustain outreach and access to community-based children’s behavioral health services and supports. CMHSOC project should be implemented in compliance with the core value and guiding principles available at: <http://www.socflorida.com/about.html>

# Managing Entity Project Assignments by County

# The Managing Entity shall implement local CMHSOC projects in each of the designated counties specified in Table 1.

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| **Table 1 – Managing Entity CMHSOC Project Assignments** |
| **Managing Entity** | **County** |
| Big Bend Community Based Care | Gadsden County |
| Holmes County  |
| Jackson County  |
| Washington County |
| Central Florida Behavioral Health Network | Pasco County |
| Pinellas County |
| Lutheran Services Florida | Alachua County |
| Flagler County |
| Putnam County |
| St. Johns County |
| Volusia County |
| Southeast Florida Behavioral Health Network | Okeechobee County  |
| Glades area of Palm Beach County |

# Service Array

 The intent of the CMHSOC project is to expand the availability of and facilitate access to an array of community-based behavioral health services and supports effective in improving outcomes for children and youth with serious emotional disturbances and their families, with the goal of sustainability. The required array of services and supports to be funded by the CMHSOC project, for which those served must have access is outlined in Section III. A.

The Managing Entity shall conduct a community needs assessment to determine the availability of and accessibility to the required CMHSOC-funded service array in each county listed in Section II. In addition, the needs assessment will identify underserved populations eligible to be served by the CMHSOC project to inform the development of outreach and service delivery strategies. The Managing Entity may subcontract for completion of the community needs assessment activities.

The community needs assessment shall solicit community stakeholder input into the availability of and accessibility to the required CMHSOC-funded service array and strategies for addressing service gaps and barriers to accessibility. Based on local need and pre-existing availability of required services, the Managing Entity shall then subcontract for any necessary CMHSOC-Funded Required services identified in the community needs assessments for each location.

## **CMHSOC-Funded Required Mental Health and Support Services**

# Combining pre-existing services and services provided using CMHSOC funds, the service array must consist of, but is not limited to:

### Diagnostic and evaluation services;

### Case Management services with focus on cross-systems care management processes

### Outpatient services provided in a clinic, office school, family’s home or other appropriate community settings) including individual, group and family counseling services; professional consultation; and review and management of medications;

### Crisis Support/Emergency services 24-hour emergency services, seven days a week, including mobile crisis outreach and crisis intervention;

### Intensive home-based services available 24 hours a day, 7 days a week for the children and their families when the child is at imminent risk of out-of-home placement or upon return from out of home placement;

### Intensive day treatment services;

### Respite care;

### Therapeutic foster care services, services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children;

### Assisting the youth in making the transition from services received as a child to the services to be received as an adult; and

### Other recovery support services, such as supported employment; and

### Programs to provide treatment to youth with early onset of SED or Serious Mental Illness (SMI).

## **Other CMHSOC-Funded Allowable Services**

# In addition, the Managing Entity may subcontract for any of the following optional services and other mental health services not specifically referenced in Section III C as Non-CMHSOC-funded Services:

### Screening assessments to determine whether a child is eligible for services;

### Training in SOC development and implementation, including evidence-based, practice-based or community-defined interventions;

### Therapeutic recreational activities;

### Mental health services, excluding residential or inpatient facilities with ten or more beds, that are determined by the individualized care team to be necessary and appropriate and to meet a critical need of the child or the child’s family related to the child’s mental health needs;

### Customized suicide prevention and intervention approaches to promote protective factors and intervene as needed to address the needs of children who have been identified as at risk for suicide;

### Customized suicide prevention interventions which identify children and youth at risk for suicide, including those who need immediate crisis services because of an imminent threat or active suicidal behavior.

## **Recommended Non-CMHSOC-funded Services**

# Funds from this program cannot be used to provide non-mental health services. Nonetheless, non-mental health services play an integral part in the individualized service plan of each child. The Managing Entity must facilitate the provision of such services through coordination, memoranda of understanding or other agreements with relevant agencies and providers. These services include, but are not limited to:

### Educational services, especially for children and youth who need to be placed in special education programs;

### Health services, especially for children and youth with co-occurring chronic illnesses;

### Substance abuse prevention and treatment services, especially for youth with co-occurring substance abuse problems;

### Protection and advocacy, including informational materials for children with a serious emotional disturbance and their families.

# Managing Entity Responsibilities

## All participating Managing Entities shall subcontract with CMHSOC-funded Network Services Providers for the provision of any service(s) identified as a gap in the community needs assessments to ensure access by persons served to the full range of CMHSOC-Funded Required Mental Health and Support Services as listed in Section III.A. These subcontracts shall require the Network Service Providers to:

### Adopt the Wraparound Approach, as described in Section VI, for case management and the coordination of care;

### Participate in training on the Wraparound Approach provided by trainers designated by the Department;

### Comply with standardized protocols for data collection, reporting and the sharing of relevant client data with CMHSOC project evaluators designated by the Department;

### Expand team-based discharge and transition planning processes for youth in residential care and youth transitioning to adult services;

### Identify parents eligible for the Quality of Care interviews conducted by the CMHSOC project evaluators designated by the Department;

### Incorporate trauma screening, trauma treatment, and trauma informed approach to care into the service system; and

### Ensure that no fewer than 90% of clients served through the CMHSOC Project per quarter are enrolled in the State and if eligible, the National Evaluations;

### Collect National Outcome Measure (NOM) data using the SERVICES TOOL - Child or Adolescent Respondent Version and Caregiver Respondent Version and enter into SPARS in accordance with the requirements of the CMHS Child Client Level Services Measure Question-by-Question (QxQ) Guide. Completion is done at admission, every 6 months and at discharge.

#### The SERVICES TOOL - Child or Adolescent Respondent Version and Caregiver Respondent Version is available at: <https://spars.samhsa.gov/sites/default/files/Ref-376_CMHS_Client-Level%20Services%20Tool_Children-Adolescents-Caregivers.pdf>

#### The CMHS Child Client Level Services Measure Question-by-Question (QxQ) Guide is available at: <https://spars.samhsa.gov/content/data-collection-tool-resources>

###  Collect data necessary for the Children’s Mental Health National Evaluation of Child and Family Outcomes and enter data in the portal maintained by Westat at admission, six months, and 12 months or discharge;

###  These subcontracts may include funds for Incidental Expenses, pursuant to Rule 65E-14, F.A.C., and subject to Managing Entity approval procedures, excluding services specifically referenced as not grant fundable in Section III. C. The cumulative total amount of service dollars expected to be used for Incidental Expenses must be approved by the Department prior to any expenditures.

## In coordination with the System of Care Coordinator, the Managing Entity shall:

### Engage community partners to create local CMHSOC planning teams or coordinating councils tasked with infrastructure development and financing planning activities;

### Create or support existing regional forums to discuss leveraging resources at the community level;

### Implement an expansion plan for Network Service Provider adoption of culturally and linguistically relevant principles and practices using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care available at: <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf/>;

### Increase stakeholder awareness of existing funding sources so that behavioral health staff and families have a comprehensive list of available resources; and

### Involve youth and families in CMHSOC quality assurance, quality improvement, monitoring, and evaluation activities;

### Track local CMHSOC performance on the following required process measures and submit to the Department’s designated evaluators in accordance with the established template and process. The Department’s designated evaluators will in turn use these data to complete and submit the *Infrastructure, Development Prevention and Mental Health Promotion (IPP Survey)* quarterly to SAMHSA.

#### The number of people in the mental health and related workforce trained in mental health-related practices activities that are consistent with the goals of the grant;

#### The number of youth, family members, and peers who provide mental health related services as a result of the project; and

#### The number of agencies and organizations that entered into formal written inter-agency agreements to improve practices and activities as a result of the grant.

### Submit quarterly reports to the Department and the Department’s designated evaluators using Template 20 – CMHSOC Quarterly Report.

### Determine who is most appropriate to collect data for the National Evaluation. Ensure that data is collected and submitted through the Children’s Mental Health Initiative (CMHI) National Evaluation Portal at baseline, six months, and 12 months or discharge, whichever comes first. The data tools and respondents for the Child and Family Outcome Study are:

#### Respondents

1. Primary Caregivers for children 5-17 years’ old
2. Youth ages 11 to 17
3. Young adults ages 18-21

#### Data tools

1. Administrative data – Youth, young adult, caregiver interviews
2. Pediatric Symptom Checklist – Youth, young adult, caregiver interviews
3. Columbia Impairment Scale – Youth, young adult, caregiver interviews
4. Caregiver Strain Questionnaire – caregiver interview

 Required Reporting

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| **Summary of Required CMHSOC Project Reporting**  |
| **Name of Report** | **Method for Reporting** | **Who Completes Report/Tool** | **Due Date** |
| **IPP Survey** - Infrastructure, Development Prevention and Mental Health Promotion (see IV. B. 6.)  | Submit data to the designated evaluators via a template to be provided by evaluators.  | SOC Coordinator and ME | DCF designated evaluators to determine due dates Due to SAMHSA quarterly  |
| **Template 20 – CMHSOC Quarterly Report** (see IV. B. 7) | Complete and submit Template 20 to CMHSOC Project Director – Qasimah.Boston@myflfamilies.com  | SOC Coordinator and ME | Quarterly by the 20th day of the month following each quarter |
| **SERVICES TOOL - Child or Adolescent Respondent Version and Caregiver Respondent Version**(see IV. A. 9) | *SERVICES TOOL Child/Adolescent or Caregiver Combined Respondent Version and submission of* data into SPARS | Case manager/care coordinator completes and enters data into SPARS |  Data to be entered into SPARS within 30 days of completion of the instrument  |

# Local CMHSOC Project Team

## In addition to subcontracting with Network Service Providers for CMHSOC-funded services, Central Florida Behavioral Health Network and Southeast Florida Behavioral Health Network will staff or subcontract for the following positions essential to managing the activities of this project:

## 1.0 FTE CMHSOC Local Coordinator responsible for

### Oversight of all aspects of the local CMHSOC project;

### Facilitating collaboration by local partners, including child welfare, education, juvenile justice, substance abuse, primary care and family organizations engaged in the project and

### Coordinating local CMHSOC meetings and projects.

## 1.0 FTE CMHSOC Local Parent Coordinator responsible for

### Providing peer support to parents served by the project;

### Facilitating parent participation in project activities and the Wraparound Approach;

### Advocating for the parent perspective in routine operations; and for the development of chapters of formalized family-run organizations; and

### Providing consultation and training for project partners to improve the effectiveness of parent-to-professional partnerships.

## 0.5 FTE CMHSOC Local Youth Coordinator responsible for

### Outreach efforts, training, and mentoring to youth with SED or SMI in project activities; and

### Facilitating the development of formalized youth-based advocacy groups.

# The Wraparound Approach

The Wraparound Approach is a care coordination model for children with complex needs associated with a SED and their families. The approach involves an intensive, individualized care planning and management process, structured team meetings, and the provision of community–based treatment and supports services dictated by the needs and preferences of the child and their family. The ten basic principles of Wraparound are available at: <http://nwi.pdx.edu/>

# Resources

More information on the CMHSOC can be viewed at the following web sites:

## Toolkit for Expanding the SOC Approach

## <https://gucchd.georgetown.edu/products/ToolkitSOC.html>

## The TA Network – The Natl. Technical Assistance Center for Children’s Behavioral Health <https://tanetwork.pro/index.cfm>

## Systems of Care - A Framework for Systems Reform in Children’s Mental Health <https://gucchd.georgetown.edu/products/SOCIssueBrief.pdf>

## 4. SAMHSA’s 2015 Children’s Mental Health Initiative Report to Congress <https://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf>

## University of Maryland School of Social Work – The Institute for Innovation and Implementation

## <https://theinstitute.umaryland.edu/>