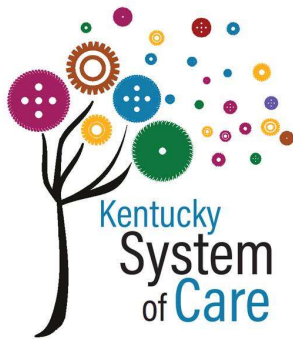


System of Care FIVE



- Federal Requirements
- Grant Activities

Presented by Vestena Robbins, DBHDID, and Carol Cecil, KPFC



- ▶ Funded by the Substance Abuse & Mental Health Services Administration (SAMHSA)
- ▶ Funded through the Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (**System of Care Expansion & Sustainability Grant, statewide**) - state application
- ▶ Funded for up to 4 years at up to \$3,000,000 per year
- ▶ Match requirement

Grant Basics



- ▶ Awarded to Department for Behavioral Health, Developmental & Intellectual Disabilities
- ▶ Co-administered by Children's Behavioral Health and Recovery Services Branch within the Division of Behavioral Health & Commissioner's Office
- ▶ Start date September 30, 2019
- ▶ Requires service delivery to begin no later than 4 months after the project award

Grant Basics

- ▶ Improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families
- ▶ Support the implementation, expansion, and integration of the **SOC approach**
- ▶ Provide mental health and related recovery support services to children and youth with SED
- ▶ Create a sustainable infrastructure and services



System of Care Expansion & Sustainability Grant Purpose

- ▶ Build upon progress made in developing comprehensive SOC by focusing on
 - sustainable financing,
 - cross-agency collaboration,
 - the creation of policy and infrastructure, and
 - the development and implementation of evidence-based and evidence-informed services and supports.

System of Care Expansion & Sustainability Grant Purpose

A **System of Care** is

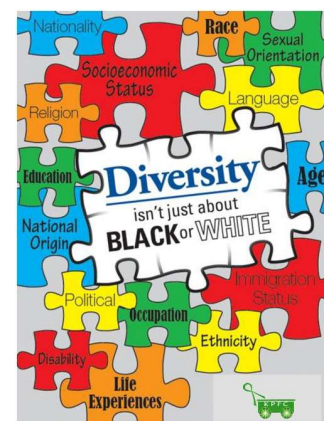
- ✓ a spectrum of effective, community-based services and supports
- ✓ for children and youth with or at risk for mental health or other challenges and their families,
- ✓ that is organized into a coordinated network,
- ✓ builds meaningful partnerships with families and youth,
- ✓ and addresses their cultural and linguistic needs,
- ✓ in order to help them to function better at home, in school, in the community, and throughout life.

SOC Approach

SOC VALUES

The SOC should be:

- ▶ Youth- and Family-driven
- ▶ Community-based
- ▶ Culturally- and Linguistically-responsive
- ▶ Trauma-informed*



- ▶ Provide culturally competent, evidence-based behavioral health services.
- ▶ Implement reporting and monitoring processes to ensure that resources are invested both at the state and community levels.
- ▶ Implement services, supports, and mechanisms to promote and sustain youth and family participation at all levels of the SOC.
- ▶ Develop or enhance existing state &/or governance structures that are responsible for decision-making at the policy level with the ability to provide authority and accountability for the SOC.

Required Activities

- Develop a strategic financing plan by the end of Year 2 and implement the plan no later than the beginning of Year 3.
- Development of infrastructure and the delivery of services
 - ❖ Funds must be used to
 - Create an infrastructure
 - Facilitate access to required services and supports
 - Provide required mental health and related recovery support services

Required Activities

Facilitate access to, and provide, required services and supports:

- ▶ Diagnostic and evaluation services;
- ▶ Cross-system care management processes;
- ▶ Individualized service plan development inclusive of caregivers;
- ▶ Community-based services;
- ▶ 24/7 Emergency services;
- ▶ 24/7 Intensive home-based services;
- ▶ Intensive day treatment services;
- ▶ Respite care;
- ▶ Therapeutic foster care;
- ▶ Therapeutic group home services caring for not more than ten children;
- ▶ Transition services and supports;
- ▶ Family and youth advocacy and peer support services

- ▶ Collaborate with existing federal grant programs and/or interagency teams serving the same population of focus.
- ▶ Develop collaborative partnerships across child-serving agencies and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings.
- ▶ Review and revise policies and regulations to improve service delivery.
- ▶ Adopt and/or enhance computer system, management information system, electronic health records, etc., to document and manage client needs, care process, integration with related support services, and outcomes.

Allowable Activities

- Address behavioral health disparities
- Consider adopting a tobacco-free policy and promote abstinence from all tobacco products.
- Use grant funds only for services to individuals not covered by public or commercial health insurance or those for whom coverage is unaffordable.
- Facilitate health insurance application & enrollment process for uninsured clients.
- Consider other systems from which a recipient may be eligible for services.
- Implement policies & procedures that ensure other sources of funding are utilized first.
- Address the behavioral health needs of returning veterans and their families in designing and developing programs.

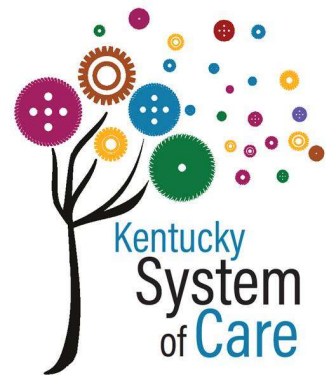
- ▶ Government Performance and Results (GPRA) Modernization Act of 2010 requires grantees to collect and report data so that SAMHSA can meet its reporting obligations
 - Program Indicators
 - Service recipient performance measures
- ▶ SAMHSA's Performance Accountability & Reporting System (SPARS)
- ▶ Disparity reduction in access, service use, and outcomes
- ▶ Performance Assessment
 - Performance Measures
 - Progress toward stated Goals and Objectives
 - Annual Progress Report



Data Collection & Performance Measurement

SOC FIVE aims to improve behavioral health outcomes for children and youth (birth to age 21) *who meet criteria for SED* and their families and who have *child welfare involvement*.

Overarching Mission of SOC FIVE



Kentucky
System
of Care

Severe Emotional Disability Criteria

A child or transition-age youth with a clinically significant disorder that is listed in the current edition of the DSM and that:

a. Has limitations* in at least 2 of the following 5 areas: self-care, interpersonal relationships, family life, self-direction, and education

*must have persisted for at least 1 year or are at risk of continuing for 1 year without intervention;

b. Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact;

c. DCBS has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or

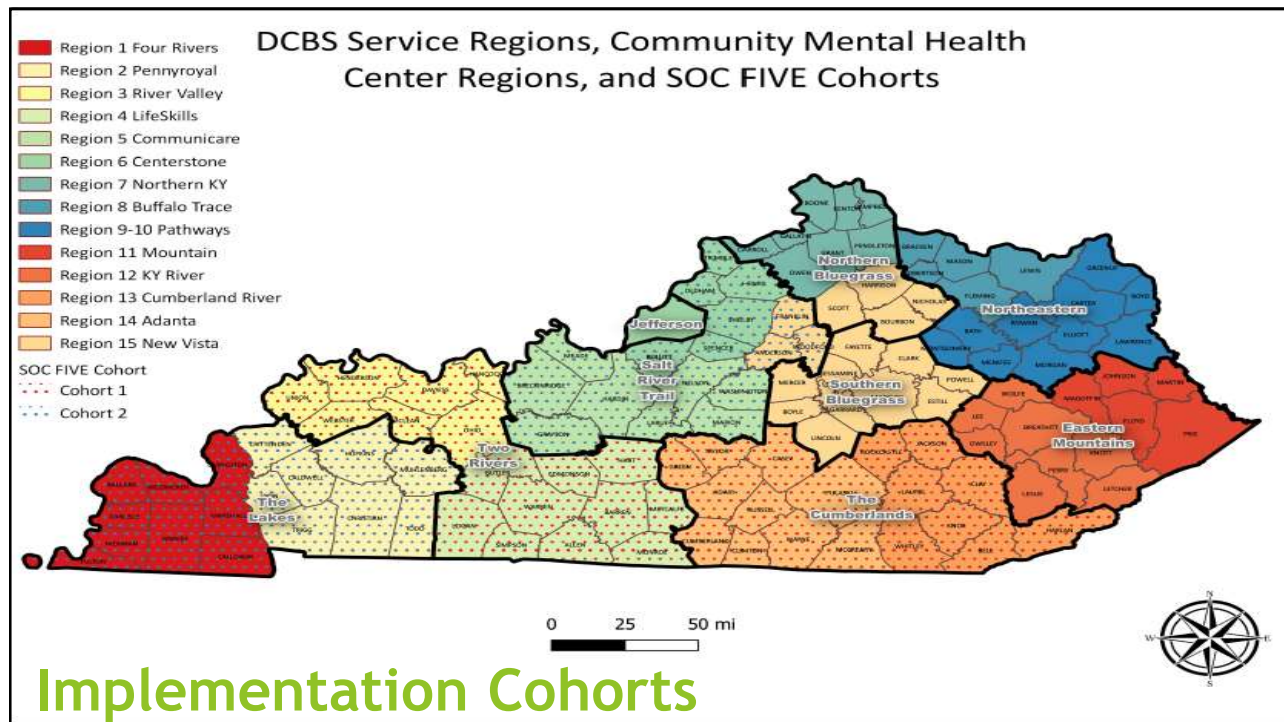
d. Is under 21 meeting the criteria of paragraph a. above & was receiving services prior to age 18 that must be continued for therapeutic benefit.





Child Welfare Involvement



For this project, child welfare-involved families are those for whom a child abuse and/or neglect investigation results in a substantiation or services-needed finding and for whom DCBS does not have custody.



READY, SET, GOAL  

Goal 1: Enhance interagency infrastructure to support the implementation, expansion, and integration of the System of Care approach for the population of focus.

- ▶ Each RIAC within the geographic catchments will maintain at least one activity in their Action Plan specific to the population of focus.
- ▶ Regional GMITs (R-GMIT) will meet at least monthly throughout the life of the grant and identify at least one member to attend State GMIT monthly meetings.
- ▶ R-GMITs will collect, review and report evaluation data and use data for continuous quality improvement.

Goal 2: Improve availability of, and access to, high quality, culturally- and linguistically-competent, evidence-based/evidence-informed (EB/EI) mental health services for the population of focus in the geographic catchments.

- ▶ R-GMIT will ensure a referral pathway for children and families with a substantiation or services-needed finding for mental health functional assessment (CANS & FAST).
- ▶ Regional behavioral health providers funded by the grant will participate in EB/EI Learning Collaboratives that correspond with contracted services.
- ▶ Annually, R-GMIT will identify and recruit individuals from the local system of care to attend BBI training.
- ▶ R-GMIT will ensure provision of culturally- and linguistically competent, evidence-based required mental health services.
- ▶ Local DCBS and contracted behavioral health provider agencies in the geographic catchments will conduct Secondary Traumatic Stress Informed Organizational Assessment and develop an accompanying action plan.



Goal 3: Implement strategies to promote and sustain the voice of children, youth, and their families with child welfare involvement at all levels of the system of care.

- ▶ R-GMIT will connect families to the KPFC Peer Support Centers.
- ▶ KPFC Peer Support Centers will implement at least two targeted outreach and engagement strategies for birth, foster, adoptive, relative and fictive kin parents/caregivers.
- ▶ KPFC Peer Support Centers will convene at least two family- and youth-led focus groups to inform child welfare transformation efforts.
- ▶ R-GMIT and contracted behavioral health providers will promote and sustain youth and family participation at all levels of the system of care.

Notices of Funding Opportunity (NOFO) will be issued to increase the availability of, and access to, required services that are nonexistent or limited

Guidelines for NOFO

- Population of focus
- Contracts with licensed, non-profit treatment providers in the participating geographic catchments
- CMHCs serving their designated geographic catchments will be given priority over CMHCs applying outside of their designated geographic catchments
- Collecting data and submitting reports will be required
- Match is required for all contractors

Match

- ▶ Years 1 - 3
 - ▶ 1:3 match
 - ▶ \$1 Kentucky funds/in-kind for every \$3 received through grant funds
 - ▶ Year 4
 - ▶ 1:1 match
 - ▶ \$1 Kentucky funds/in-kind for every \$1 received through grant funds
- ▶ Staff time not covered by federal funds working toward this population of focus.
 - ▶ Participant meeting time to work toward infrastructure or services for this population not covered with federal dollars.
 - ▶ Travel expenses to attend a SOC-related meeting, training or function.
 - ▶ Supplies utilized by contracting agency to support the infrastructure or services related to this population.
 - ▶ Other non-federal grants that support the SOC activities or population

- ▶ DBHDID
 - ▶ Project Director*
 - ▶ Family Engagement Coordinator*
 - ▶ SOC Implementation Specialists (housed in DCBS regional offices)
- ▶ EKU
 - ▶ HFW Implementation Specialists
- ▶ KFPC
 - ▶ SOC Family Leadership Coordinator
 - ▶ SOC Youth Leadership Coordinator
 - ▶ Training Coordinator (.5)

SOC FIVE Funded Staff

*Required staff

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