

**Iowa Department of Human Services**

# **Mental Health Block Grant Application**

**For Fiscal year 2010**

**Prepared by:  
Iowa Department of Human Services  
Mental Health and Disability Services Division  
Hoover State Office Building  
Des Moines, IA 50319**



**FY2010**

We are pleased to provide the following guidelines for completing your community mental health block grant application for SFY10. We hope you find the application process and requirements simplified from prior years and look forward to working with you to meet the needs of Iowans.

As discussed during the agency block grant meeting held in March 2009 use of block grant dollars can be quite flexible as long as certain parameters are followed.

**Population Served:** Block grant funding is dedicated to support programs and services for Adults with Serious Mental Illness (SMI) and Children and Youth with Serious Emotional Disturbances (SED).

Please use the target population definitions included in *Attachment 1* to determine whether child or adult consumers meet the criteria for Serious Mental Illness or Serious Emotional Disturbance. A checklist has been provided to assist with making a determination of SED for a child/youth.

**Service and Program Initiatives:** Block grant funds should be used to support the development and implementation of evidence based practices, emerging/promising practices, best practices, or emergency services for adults with Serious Mental Illness and/or children/youth with Serious Emotional Disturbance in a manner that is most likely to promote the principles of recovery and resiliency and optimizes their capacity to live, work, learn and recreate in the communities of their choice. Block grant funding may also be used to cover staff and limited equipment costs involved in this process.

Using federal community mental health block grant funding for the direct provision of services is encouraged as long as the Guidelines provided in *Attachment 2* are followed.

Funds may not be used to provide inpatient services; to make cash payments to intended recipients of health services; to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; to satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of Federal funds; to provide financial assistance to any entity other than a public or nonprofit private entity; to pay for salaries of administrators and supervisors not directly involved in carrying out the practice, and ongoing overhead costs such as space, utilities, clerical services, and accounting services. Block grant funds may not be used to supplant existing resources.

**Iowa Consumer Outcomes Measurement System (ICOMS):**

Agency block grant recipients must collect and report outcomes data as a condition of receiving block grant funding in SFY10 for all individuals with SMI<sup>1</sup> and SED who receive services.

The age of accountability is upon us. We must demonstrate the effectiveness of what we do and the results/outcomes we achieve for those we serve. For too long human services has been

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<sup>1</sup> Includes adults with chronic mental illness. See Attachment 1 for more information.

preoccupied with rigid program requirements and measuring compliance. We must shift our focus to the people we serve and make sure our actions improve lives and not just respond to

existing bureaucracy. Outcomes and results-based approaches are an important tool to accomplish that goal.

There is an Iowa basis for change and measuring outcomes. Our focus on measuring and improving outcomes is based on many compelling factors in Iowa, including the Iowa Accountable Government Act of 2001 (AGA), the Governor's Leadership Agenda, the Department's Strategic Plan, and SAMHSA federal block grant requirements for Iowa to improve outcomes and other reporting requirements. MHDS is committed to using the Iowa Consumer Outcomes Measurement System and measuring and improving outcomes for those we serve.

As you may be aware, MHDS has been researching and evaluating outcomes measurement systems for the past several years. Currently there are two systems available for reporting outcomes for adults with SMI - the Iowa Consortium for Mental Health outcomes system (the existing block grant reporting system), and the Iowa Consumer Outcomes Measurement System which is the newly developed outcomes reporting system. The Iowa Consumer Outcomes Measurement Systems (ICOMS) is currently being piloted by several agencies. These agencies will continue to use ICOMS for block grant outcomes reporting. Agencies who do not use ICOMS will continue to use the Iowa Consortium for Mental Health outcomes system with the expectation that these agencies will transition to the ICOMS reporting. All agencies are expected to transition to using the ICOMS by January 1, 2010.

MHDS is in the process of developing the ICOMS tools for children with SED. The Iowa Consortium for Mental Health outcomes system for children will continue to be required until the new reporting tools are finalized and providers transition to the ICOMS for children.

Effective with SFY11, outcomes data will be collected for all individuals served regardless of severity of illness or funding source.

Block grant funding may be used to cover the staff/staff time, equipment, and/or other costs involved in the outcomes collection and reporting process. MHDS is making training and support for the ICOMS system available on an ongoing basis through the ICMH and the ICOMS vendor (TeleSage).

**Quarterly Reporting Requirements:**

Collecting accurate data regarding the number and type of consumers served is important. Effective with SFY10, quarterly block grant payments will be tied to quarterly reporting expectations. The following information is required to be reported at the end of each quarter.

Total unduplicated number of adults with SMI served during the quarter by the agency.

Total unduplicated number of children with SED served during the quarter by the agency.

Total unduplicated number of people (regardless of age or illness severity) served during the quarter by the agency, reported by child/adult age categories.

Quarterly Outcomes Reporting (via ICMH outcomes system or ICOMS).

**Application Submission Process:** Agencies submitting SFY10 Applications/work plans should submit a separate application/work plan and budget for each population served (adult/child).

Example Responses to each section have been provided as *Attachment 3* to this document.

Block Grant applications must be submitted electronically to MHDS **by 4:00 pm on July 31, 2009** to Mary Mohrhauser, Community Mental Health Block Grant Coordinator at: [mmohrha@dhs.state.ia.us](mailto:mmohrha@dhs.state.ia.us).

Providers are encouraged to submit their applications prior to the deadline.

**Technical Assistance, Training and Support:** We are pleased to share that the Iowa Consortium for Mental Health will provide technical assistance to agencies again during SFY10. Brenda Hollingsworth is the Consortium contact for accessing technical assistance. She may be reached at 319-353-5436.

**You may also contact:**

Mary Mohrhauser, Community Mental Health Block Grant Coordinator at: 515 - 242 - 6845 or [mmohrha@dhs.state.ia.us](mailto:mmohrha@dhs.state.ia.us)

Pam Alger, MHDS Bureau Chief for Child and Adolescent Services at [palger@dhs.state.ia.us](mailto:palger@dhs.state.ia.us)

Kelley Pennington, MHDS Bureau Chief for Adult Services at [kpennin@dhs.state.ia.us](mailto:kpennin@dhs.state.ia.us)

The SFY10 CMHBG Application is provided on the following pages.

# **Work Plan for Iowa Mental Health Block Grant Funds**

**State fiscal year 2010  
(July 1, 2009 - June 30, 2010)**

**Agency Legal Name (Contractor):**

Address:

City, State, Zip:

Federal ID #:

Counties to be served: (list all)

**Executive Director Name:**

Phone:

Fax:

E-mail:

**Project Manager Name (primary contact):**

Phone:

Fax:

E-mail:

**Additional Contacts (if applicable):**

Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

Role on project:

Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

Role on project

## **Population To Be Served**

This Work Plan is submitted to serve (**Check one of the following**):

\_\_\_ Adults with serious mental illness (SMI)

\_\_\_ Children and adolescents with serious emotional disturbances (SED)

*Note: Agencies must submit a separate work plan and budget for using block grant funds to serve adults with SMI and children/adolescents with SED.*

### **1. Description of project and how block grant funding will be used.**

Provide a brief description (short paragraph) of the program or project you propose and how you intend to use the funding.

**2. Describe your intended target population.** If there are any specialty population characteristics in addition to SMI or SED, please describe here. Include relevant specific information in terms of targeted age, diagnoses, cultural characteristics, other population characteristics.

**3. Describe what you propose to do with the grant funding.** Briefly describe core components and activities. If your proposal is based on a specific guiding model describe in this section.

**4. Describe what outcomes you propose to achieve.** List your goals, the measures you will use, and performance targets you expect to achieve.

**5. Budget** (Please use attached spreadsheet for actual budget):

**6. Budget Narrative:** Brief description of how you calculated your expenses.

**Salary Support (and benefits):**

**Direct Services:**

**Travel:**

**Education and Training:**

**Equipment:**

**Supplies:**

**Other expenses:**

**Attachment 1**  
**Definitions for “SMI” and “SED”**

**Attachment 1**  
**Definitions for “SMI” and “SED”**

The Public Health Services Act requires that states establish definitional criteria to identify adults with serious mental illness and children with serious emotional disturbance. Federal guidance allows states to be broader than, but not more restrictive than the federal definitions for serious mental illness and serious emotional disturbance.

**Target Population Definitions for Adults**

**Adults with Serious Mental Illness (SMI)<sup>2</sup>:**

Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons who meet all three of the following:

- 1). Are age 18 and over.
- 2). Who currently have, or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness.
- 3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

The definition states that "adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illnesses.

**Adults with Chronic Mental Illness (CMI):**

Iowa code also defines adults who have chronic mental illness. As the definitional criteria for chronic mental illness (CMI) is somewhat more restrictive than the criteria for serious mental illness, adults with CMI are considered to be included within the target population of adults with SMI. Outcomes data should be collected and provided for this population.

*"Chronic mental illness"* means the condition present in persons aged 18 and over who have a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness typically meet at least one of the following criteria:

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<sup>2</sup> Federal Register: June 24, 1999 (Volume 64, Number 121). Pages 33890-33897 or Online via GPO Access [wais.access.gpo.gov][DOCID: fr24jn99-67] pursuant to Section 1912 (c) of the Public Health Services Act.

1. They have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
2. They have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

In addition, people with chronic mental illness typically meet at least two of the following criteria on a continuing or intermittent basis for at least two years:

1. They are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. They require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
3. They show severe inability to establish or maintain a personal social support system.
4. They require help in basic living skills.
5. They exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from these criteria could still be considered to be a person with chronic mental illness.

## **Target Population Definition for Children and Youth**

The Iowa definition for SED is consistent with and somewhat broader than the federal definition. As federal guidance allows states to be broader than, but not more restrictive than the federal definition, it is only necessary to use the Iowa definition for SED.

### **Children with Serious Emotional Disturbance (SED)**<sup>3</sup>

Children or youth who meet the criteria for Serious Emotional Disturbance are children or youth who have:

"...a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American Psychiatric association that results in a functional impairment. Serious emotional disturbance does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder."

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<sup>3</sup> Iowa Code Section 225C.51

## **Related Definitions in Iowa Code Section 225C.51:**

**Child(ren):** Child or children means a person who is under eighteen years of age.

**Youth:** Youth means a person eighteen years of age or older but under twenty-two years of age who met the criteria for having a serious emotional disturbance prior to the age of eighteen.

**Functional Impairment:** "*Functional impairment*" means difficulties that substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and that substantially interfere with or limit the person's role in or functioning in family, school, or community activities. "*Functional impairment*" includes difficulties of episodic, recurrent, and continuous duration. "*Functional impairment*" does not include difficulties resulting from temporary and expected responses to stressful events in a person's environment.

### ***Other interpretive guidelines:***

Serious Emotional Disturbance also includes:

- children and youth with serious emotional disturbance who have co-occurring substance abuse, developmental disability, autism spectrum disorders or other specialty health care needs,
- children and youth with serious emotional disturbance who are at risk for, involved with, and/or returning to the community from other more restrictive settings, such as psychiatric hospitals, substance abuse treatment facilities, foster family homes, foster group care, emergency shelters, psychiatric medical institutions for children, mental health institutes, or detention centers, and
- children and youth whose mental or emotional condition, whether chronic or acute, represents a danger to themselves, or others.

*NOTE: Please see SED Criteria Form on the following pages. The criteria follows the definition in Iowa code above, but has been formatted into a checklist. Agencies are encouraged to use this form for consistency in determining whether children or youth meet the criteria for serious emotional disturbance.*

**Iowa Department of Human Services**  
**Criteria for Serious Emotional Disturbance (SED)**

The term serious emotional disturbance refers to a diagnosed mental health condition that substantially disrupts a child's ability to function socially, academically, and/or emotionally.

Complete the following checklist to determine if the youth has SED.

_____ Name of Youth	_____ Name of Agency
_____ Evaluator Signature	_____ Date

**Check yes or no on #1 - 3 to determine if the youth has SED:**

YES	NO	1. AGE:
___	___	The child is under age 18, or:
___	___	The youth is 18 or older, but under the age of 22 met the criteria for having a serious emotional disturbance prior to the age of 18.

YES	NO	2. DURATION and DIAGNOSIS:
___	___	The child or youth currently has a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the most current DSM.
		Serious emotional disturbance does not include substance abuse and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

Diagnosis \_\_\_\_\_

**Iowa Department of Human Services**  
**Criteria for Serious Emotional Disturbance (SED)**

YES

NO

3. FUNCTIONAL IMPAIRMENT

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The disorder must have resulted in functional impairment which substantially interferes with or limits the child or youth's role or functioning in family, school, or community activities.

Functional impairment is defined as difficulties (internalizing and externalizing) that substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills that substantially limit the person's role in or functioning in family, school, or community activities. Functional impairment includes difficulties of episodic, recurrent, and continuous duration.

Youth that would have met functional impairment criteria without the benefit of treatment or other support services are included in this definition.

Which of the following functional areas has been disrupted as a direct result of the child's mental health condition?  
**(Examples are *not* intended to be all inclusive, and more than one can be marked).**

School (for example: exhibiting behaviors that interfere with the child's ability to perform such as inattentive in class, unable to sit in one place, unable to concentrate, withdrawn at school to the point that the child's ability to function at school is impacted, accumulating sick days as a result of being overwhelmed/depressed which places the student at risk for truancy, in-school suspension, out-of-school suspension).  
Describe \_\_\_\_\_  
\_\_\_\_\_

Family (for example: at-risk of out-of-home placement, physical aggression at home, suicidal, isolative and withdrawn to the point that a child or youth is not engaging in day to day family activities)  
Describe \_\_\_\_\_  
\_\_\_\_\_

**Iowa Department of Human Services**  
**Criteria for Serious Emotional Disturbance (SED)**

- Community (for example: impairment necessitates law enforcement contact such as child is running away due to delusional symptoms; child or youth is unable to or has serious difficulty participating in regular community and/or peer activities due to behavior, isolating from peers). Describe: \_\_\_\_\_  
\_\_\_\_\_

**EXCLUSIONS: Functional impairment does not qualify if it is a temporary response to stressful events in the youth's environment. Functional impairment also does not qualify if it can be attributed solely to intellectual, physical, or sensory deficits.**

Child/Youth meets the criteria for SED:	YES _____	NO _____
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**Attachment 2**  
**Guidelines for use of community mental health block**  
**Grant funds for direct provision of services**

**Attachment 2**  
**Guidelines for use of community mental health block**  
**Grant funds for direct provision of services**

Community mental health block grant funds may be used to pay for direct services as long as specific guidelines are followed because many services can be reimbursed through other resources. If services can be paid by other sources it is the obligation of the provider to seek reimbursement through these other resources rather than to use block grant dollars.

**GUIDELINES:**

1. Agencies are encouraged to use community mental health block grant funds for services that are not typically reimbursed by third party payors. Examples include, but are not limited to, necessary direct services for parents of children when the child is not present; consultation to a child's teacher or other educational staff regarding meeting the mental health needs of the child in the educational setting; and/or mental health consultation to family members or others who are involved in the treatment and/or services of an adult consumer.
2. Community mental health block grant funds can be used to provide direct services that are not funded through other resources if the need for the service is identified and included in the individual service plan. Use of block grant funding for services for adults with SMI and children and youth with SED who are uninsured, underinsured and not eligible for county funding is very appropriate.
3. All services should be billed to appropriate third party payer when available. Third party sources include but are not limited to: private insurance, hawk-i, the Iowa Plan, other Medicaid resources, CMH Waiver, Medicare, the County as identified in the County Management Plan, and/or other resources dedicated to funding of services before community mental health services block grant funding is used to pay for services.
4. Agencies are expected to help consumers and parents of children apply for other available third party resources (as referenced above). At any time a consumer obtains third party resources, those resources are expected to replace block grant funding to support the reimbursable service needs of the adult or child consumer.
5. An adult consumer's or parent's unwillingness or inability to complete an application for Medicaid or hawk-i is not sufficient reason to use community mental health block grant funds for services that could otherwise be covered by that payer.
6. Community mental health block grant funds cannot supplant existing resources dedicated to the funding of services.

## **Attachment 3**

# **Example Responses**

## **Attachment 3 – Example Responses**

### **ADULT WORK PLAN EXAMPLE**

#### **1. Description of Project and How Block Grant Funding will be used.**

Our agency proposes to use the adult block grant funding in two areas:

- 1). Enhance agency capacity to identify and serve adults who experience serious mental illness with co-occurring substance abuse disorders; and to
- 2) To enhance agency capacity to collect and utilize consumer-reported outcomes.

#### **2. Describe your intended target population.**

**Co-occurring Initiative:** The specific target population includes those adult clients with co-occurring SMI and substance abuse disorders. We are also specifically interested in doing a better job at identifying and serving these types of clients among our growing Latino population, as we have reason to believe that they are being underrepresented among the clients we serve relative to our counties' current demographics.

**Outcomes Initiative:** The targeted population for the outcomes reporting initiative is all adults served by agency who agree to participate in the ICOMs Survey.

#### **3. Describe What You Propose to do**

##### **For our co-occurring initiative:**

In quarter 1, we plan to:

- Identify the co-occurring leadership process improvement team
- Provide them with, and have them read, discuss, and plan the implementation of the “NIATx Workbook: An Introduction to the NIATx Model of Process Improvement”(ref: <https://www.niatx.net/Content/ContentPage.aspx?NID=171>)
- Provide them with the basic textbook on motivational interviewing (Miller and Rolnick, 2001), and provide the time for them to read and begin to discuss it.

By Quarter 2: we anticipate:

- Completing a COMPASS evaluation (ref: [http://web.mac.com/caczia/ZiaPartners.com/Tools/Entries/2009/3/1\\_COMPASS™\\_Original\\_Version.html](http://web.mac.com/caczia/ZiaPartners.com/Tools/Entries/2009/3/1_COMPASS™_Original_Version.html))
- Complete the NIATx “walkthrough process”
- Have the leadership team digest and disseminate the information gleaned from these two activities to all staff and to our advisory board and other stakeholders as appropriate
- Have the leadership team develop a set of strategic recommendations based on these activities and the ensuing discussions with stakeholders
- Have at least 2 staff participate in MINT-certified (ref: <http://www.motivationalinterview.org/training/index.html>) introductory-level motivational interviewing training

By Quarter 3: we anticipate:

- Develop a draft timeline for implementation of the strategic recommendations developed in quarter 2, and vet this with board and other stakeholders.
- Implement at least one of the strategic recommendations developed in quarter 2,
- Have at least 2 staff participate in MINT-certified (ref: <http://www.motivationalinterview.org/training/index.html>) intermediate-level motivational interviewing training

By Quarter 4: we anticipate:

- Finalize implementation timetable for strategic recommendations
- Implement at least a second recommendation developed in quarter 2

**For our outcomes initiative:**

By Quarter 1: we anticipate:

- Purchasing and setting up at least one workstation for consumer-based outcomes using the ICOMS (e.g., touchscreen, computer, etc)
- Have administrative staff trained on ICOMS
- Identify ICOMS “superusers” among clinical staff, and have them participate in training

By Quarter 2: we anticipate:

- Begin implementation of ICOMS for all adults SMI clients undergoing new evaluations
- Have clinical “superuser” do in-service training to other clinical staff

By Quarter 3: we anticipate:

- Develop the capacity to incorporate ICOMS into our electronic record system
- Develop a strategy for having all existing adult SMI clients to access and utilize ICOMS system

By Quarter 4: we anticipate:

- Collect ICOMS routinely on our existing population.

**4. Describe What Results You Propose to Achieve. Describe or list specific goals or intended outcomes of this service or program.**

**Provide what measures you will use and what your target results are:** This is how you know if your strategies are working. Describe how you will measure your results and what specific results you expect to achieve.

**For the Co-Occurring Initiative:**

**If the result (goal) proposed is:**

To increase access to, and appropriateness of services for individuals with co-occurring disorders

**An indicator of success could be:**

Expanding staff awareness and understanding of co-occurring disorders through providing specific training to staff.

**And, this can be measured by (what measure the agency will use):**

The number of staff completing training on co-occurring disorders

**And, you could identify a target result of:**

98% of all direct care staff will be trained on working with individuals and families with co-occurring disorders in 12-months.

**For the Outcomes Initiative:**

**If the result (goal) proposed is:**

Improve agency capacity to track consumer outcomes.

**An indicator of success could be:**

Consumer completion of the ICOMS survey.

**And, this can be measured by (what measure the agency will use):**

The number of consumers who completed ICOMS surveys upon intake.

**And, you could identify a target result of:**

50% of new intakes of adults with SMI will have completed an ICOMS intake assessment.

**5. Budget**

**6. Budget Narrative**

**Salary Support (and benefits):** Briefly describe the primary roles, responsibilities and activities of staff receiving ongoing salary support

***Co-occurring initiative:***

2 staff will take responsibility for the co-occurring leadership process improvement team. They will each have 10% salary support for this effort. They will oversee and take primary responsibility for achieving each of the goals and activities outlined above.

***Outcomes initiative:***

Administrative staff will receive 5% salary support. This person will enter the identifying data for the ICOMS forms.

Clinical “superuser” will receive 10% salary support: This person will participate in training and serve as a local resource to our providers.

## CHILD WORK PLAN EXAMPLE

### **1. Description of Project and How Block Grant Funding will be used.**

#### ***Intensive Care Coordination/ Wraparound Initiative:***

Our agency proposes to use the child and adolescent block grant funding in the following manner:

- 1). Enhance agency capacity to identify and serve children and adolescents who experience serious emotional disturbance in community-based settings.
- 2). Implement Wrap Around planning as the intensive treatment planning process for children and adolescents with SED and their families. Utilize intensive care coordination services to facilitate the Wraparound planning process, to reconvene the Wraparound teams, to provide needed monitoring of the Wraparound plan/process, provide ongoing monitoring of child/family progress, to coordinate and integrate services identified in the Wraparound plan across providers and agencies, and to be available to provide/coordinate crisis services. This will include provision of and/or coordination of crisis services in community settings to children and youth involved in the project in order to reduce inappropriate referrals to law enforcement, reduce the likelihood for mental health commitment, and to reduce residential or other high end treatment options.

### **2. Describe your intended target population.**

The target population is children and youth identified as experiencing serious emotional disturbance (SED) ages 6-21 identified through the mental health center, education, juvenile justice and other community partners as meeting the criteria for SED and who would benefit from participation in the Wraparound process and receiving intensive care coordination.

**Number of People estimated to be served:** The agency expects to serve an unduplicated annualized estimate of 20 - 25 children and their families through intensive care coordination with Wraparound in SFY 2010 (based on intensive care coordination and a caseload average of 15 children and their families).

### **3. Describe What You Propose to do**

#### ***Implementing the Intensive Care Coordination/ Wraparound Initiative:***

##### **Quarter 1:**

- Dedicate/hire 1.0 FTE to provide intensive care coordination.
- Dedicate the agency's 4 child therapists to participate in the Wraparound initiative (i.e. receive related training, utilize technical assistance, otherwise participate in implementing the Wraparound initiative, etc.)
- Provide training to community partners and mental health center staff on the Wraparound process.

- Wraparound training will include targeting education/educational staff as primary partners for implementing wraparound planning and related services.
- Mental Health Center staff will participate in training on Positive Behavioral Supports in order to implement Wraparound in the school setting.
- Mental Health Center staff will receive training on mobile crisis services and develop a plan to provide such service in the targeted service area.
- Develop community partnerships through an SED planning committee comprised of family members of children with SED, local stakeholders, mental health providers, education, juvenile justice, child welfare, and other entities involved with children and youth with SED. This group will meet at least once per quarter to review implementation, provide feedback, and guide further efforts.
- The agency will use the Mental Health Consortium Outcomes Reporting System for children as the tool to measure and monitor the child's status and success with community tenure. The agency will transition to the child ICOMS reporting once that system is developed. During the first two quarters data will be collected to identify a baseline that will be the basis for calculating performance improvement in subsequent quarters.
- 15 children and their families will receive Intensive Care Coordination with wraparound services.\*

### **Quarter 2:**

- Continue wraparound training with community partners.
- Continue training on school-based wraparound and PBIS integration.
- Mental Health Center will provide mobile crisis services to clients that participate in intensive care coordination services when such services are part of the individualized treatment plan.
- Mental health center staff will receive technical assistance for how to utilize the outcomes reporting to "gauge" the status of children receiving intensive care coordination with Wraparound.
- Convene community SED stakeholder meeting, review progress toward goal of implementing intensive care coordination with wraparound.
- 15 children and their families will receive Intensive Care Coordination with wraparound services.\*

### **Quarter 3**

- Receive ongoing technical assistance regarding wraparound and PBIS from the contracted trainer and other national experts. These activities will be summarized and reported in the quarterly reporting to MHDS.
- Review outcomes data collected from intensive care coordinators to identify strengths and needs and provide feedback to parents and the individual wraparound teams.
- Convene community SED stakeholder meeting, review progress toward goal of implementing intensive care coordination and wraparound planning.
- Mental Health Center will provide outreach into the home and in other community locations and mobile crisis services to clients that participate in intensive care coordination services when identified in the individualized treatment planning/Wraparound planning process.
- 15 children and their families will receive Intensive Care Coordination with wraparound services.\*

### **Quarter 4-**

- Complete technical assistance process with contracted trainers and share information with stakeholders

- Intensive Care Coordination with wraparound is fully functional within the mental health center and other community settings where families choose to use it.
- Continue to review outcomes data collected from intensive care coordinators to identify strengths and needs and provide feedback to parents and to individual wraparound teams.
- Mental Health Center will provide mobile crisis services to clients that participate in intensive care coordination services when such services are part of the individualized treatment plan.
- Convene community SED planning committee to review implementation, lessons learned, and plans for further implementation/expansion.
- 15 children and their families will receive Intensive Care Coordination with wraparound services.\*

\* SFY 10 total served: Care Coordinator Caseload will be limited to 15 children and their families. The agency expects to serve an unduplicated annualized estimate of 20 - 25 children and their families through intensive care coordination with Wraparound in SFY 2010.

**4. Describe What Results You Propose to Achieve. Describe or list specific goals or intended outcomes of this service or program.**

**If the result (goal) proposed is:**

Children and youth participating in the Wraparound and Intensive Care Coordination services will remain living with their families and not move to group, residential or other more restrictive types of placement or treatment settings.

Children and youth participating in the Wraparound and Intensive Care Coordination services will successfully participate in school.

Reduce the unnecessary involvement of children and youth participating in Wraparound and Intensive Care Coordination services with law enforcement, the juvenile court system, or other legal proceedings for the purpose of addressing their mental health disorder.

**An indicator of success could be:**

The children/youth served through the program will remain living in their own homes.

The children/youth served through the program will attend school regularly.

The children/youth served through the program will experience reduced or disciplinary action at school.

The children/youth served through the program will experience reduced law enforcement contact and reduce involvement with juvenile court services.

The children/youth served through the program will receive services without need for Chapter 229 committal proceedings.

**And, this can be measured by (what measure the agency will use):**

The number of children/youth who remained living in their own homes compared to those who move to group, residential or other more restrictive placement or treatment settings.

Positive school attendance based on the percentage of days children/youth attend school compared to absences.

Tracking school detentions, expulsions, and suspensions of children/youth served.

The number of children/youth served who are without law enforcement/juvenile court involvement compared to the number of children/youth served who have law enforcement/juvenile court involvement.

The number of children/youth who receive services without need for Chapter 229 committal filings compared to those served who experience Chapter 229 committal filings.

**And, you could identify a target result of:**

90% of those served will remain living in their own homes.

Children and youth receiving service during the reporting period will attend school 90% or more of required school days.

80% of the children/youth served will not experience school suspension or expulsion.

75% of those served will experience reduced law enforcement contact and/or reduced involvement with juvenile court services.

Children and youth receiving intensive care coordination/ Wraparound during the reporting period will be diverted from involuntary commitment proceedings 98% of the time.

NOTE: the data referred to above is collected through the existing Consortium Outcomes tool and would be included in the new ICOMS tools under development.

## **5. Budget**

## **6. Budget Narrative**

### ***Intensive Care Coordination/ Wraparound Initiative:***

**Salary Support (and benefits):** MH Block grant funds will support an full time FTE to provide intensive care coordination services.

**Direct Service:** PCIT involves two sessions where the therapists meet with the parent without the child present.

Block grant funds will be used to cover the costs of the 4 child therapists to participate in the Wraparound planning process of the children who are on their caseload and are also served through this initiative since participation in Wraparound planning cannot be billed to insurance. This will include funding support for the time of therapists to travel to the home community of the child and family where the Wraparound planning meetings occur.

As the county provides funding support for therapy for children who do not have insurance or qualify for Medicaid, it is not necessary to use block grant funds for direct service costs of therapy for families who do not have insurance or other third party resources.

**Travel:** Travel expenses are largely related to the home and community outreach of the intensive care coordinator. Some mileage support will be needed for the 4 therapists, when they participate in Wraparound meetings in the home community of the children and families they serve.

**Education and Training:** Funding will be used to support a Wraparound training for agency staff and local community partners, including local educational staff.

Funding will also be used to train the agencies intensive care coordinator and 4 child therapists to participate Positive Behavioral Support Training.

**Equipment:** Funding will be used to maintain a cell phone for the intensive care coordinator.

**Supplies:** NA

NOTE: The agency will provide in kind support for the new intensive care coordinator. In kind support includes office space, office equipment (i.e. phone, computer, other administrative supplies) administrative support, supervisory support, etc.