



# **Community Action Team (CAT) for Broward County**

## **Request for Letters of Interest (RLI)**

### **Solicitation # 17-002**

**Available: November 15, 2017 – December 11, 2017**

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## I. BACKGROUND

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and was selected by the Florida Department of Children and Families (DCF) as Broward County's managing entity (ME) for mental health and substance abuse services.

BBHC's mission is to advocate and ensure an effective and efficient behavioral health system of care is available in Broward County.

BBHC receives funding from the state through DCF's Office of Substance Abuse and Mental Health. These funds come primarily from federally funded Block Grants. BBHC also pursues and receives funding through state grants and directly from federal grant proposal submissions.

In 2013, the Florida Legislature funded ten pilot Community Action Teams (CAT) programs through Specific appropriation 352-A of the 2013– 2014 GAA. The department was directed as part of the 352-A appropriation to develop a report that evaluates the effectiveness of CATs in meeting the goal of offering parents and caregivers of this target population a safe option for raising their child at home rather than utilizing more-costly institutional placement, foster home care, or juvenile justice services. The results of the pilot indicated the effectiveness of CAT, and in 2014, the Florida Legislature allocated recurring funding for the ten pilot CAT programs and allocated nonrecurring funding for six additional CAT programs. See the CAT Pilot Program evaluation report at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/publications>

## II. STATEMENT OF PURPOSE

BBHC will be selecting a provider to establish and operate a Community Action Team (CAT) to provide services to eligible children and families of the Broward County community.

Community Action Team CAT model: The CAT model is a multi-disciplinary integrated service delivery approach that utilizes a team of individuals (mental health therapist; a psychiatrist or Advanced Registered Nurse Practitioner; a registered or licensed nurse; a case manager; and a therapeutic mentor) to comprehensively address the needs of the young person, and their family, specifically those with a history of multiple treatment failures and who are at risk of out of home placement or a repeat return to out of home placement. CAT members work collaboratively to deliver most of the behavioral health services, coordinate with other service providers when necessary and assist the family in developing or strengthening their natural support system.

Community Action Team funds are used to address the therapeutic needs of the eligible youth or young adult receiving services. The CAT model is based on a family-centered approach in which the CAT team assists parents/caregivers to obtain services and supports, which may include the provision of information and education about how to obtain services and supports and assistance with referrals. The number of sessions and the frequency with which they are provided is set through collaboration rather than service limits. The team is available on nights, weekends, and holidays. In the event interventions are needed that are out of the scope of the team's expertise or qualifications (i.e., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment, etc.) direct linkage is made to specialists, with follow-up from the team.

This flexibility in service delivery is intended to promote a “whatever it takes” approach to assisting young people and their families to achieve their goals.

**Priority practices and approaches for working with young people and their families may include:**

**1. Making it Work:** An Evidenced-based approach to Services for Emerging Adults with Serious Mental Conditions. National Technical Assistance Center for Children’s Mental Health- Georgetown University Center for Child and Human Development.  
<http://gucchdtcenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/YoungAdultWebinarMay2.pdf>

**2. The Transition to Independence Process (TIP)** model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). <http://tipstars.org/Home.aspx>

**3. The Research and Training Center for Pathways to Positive Futures (Pathways)** aims to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective training and dissemination. Their work is guided by the perspectives of young people and their families, and based in a positive development framework.  
<http://www.pathwaysrtc.pdx.edu/about>

**4. Technical Assistance Partnerships for Children and Family Mental Health/ SAMHSA Systems of Care:** The Young Adults of Transition Age Community of Practice provides an opportunity for discussion, collaboration, and the exchange of ideas and resources related to transition-aged youth with mental health challenges currently served by system of care communities.  
<http://www.tapartnership.org/COP/transitionAgedYouth/default.php>

**5. National Wraparound Initiative:** Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) that assists them to live in their homes and communities and realize their hopes and dreams.  
<http://www.nwi.pdx.edu/wraparoundbasics.shtml#whatiswraparound>

**6. Strengthening Family Support for Young People:** Tip sheet for strengthening family support.  
<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>

**7. Positive Youth Development (PYD), Resilience and Recovery:** Actively focuses on building strengthens and enhancing healthy development.  
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>

**8. Florida Statute 394.491** – Guiding principles for the child and adolescent mental health treatment and support system.  
[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=03000399/0394/Sections/0394.491.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=03000399/0394/Sections/0394.491.html)

**9. Youth M.O.V.E. National.** Youth M.O.V.E is a youth led national organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. There are chapters in Florida and opportunities for young people to learn leadership and advocacy skills and to get involved with peers.

<http://www.youthmovenational.org/Pages/mission-vision-purpose.html>

Providers are encouraged to review the Implementation toolkit for guidance on program start-up. Agencies will be expected to implement a program that aligns with the Permanent Supportive Housing (PSH) Fidelity Scale. All documents can be found here:

<http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510> .

Financing will be customized for this program to be successful. Funds under this RLI offer reimbursement for direct service and flexible funds to support other authorized treatment and support services that align with the recovery needs and goals of the children and their families.

Technical assistance will be provided on hiring/training staff as well as guidance as needed with coordinating care via BBHC.

Providers must have experience in serving the children with mental health disorders or mental health and co-occurring substance abuse disorders. Priority will be given to providers who have a strong background in treatment and recovery services for children with juvenile justice involvement, multiple acute care admissions, and those at risk for out of home placements.

Priority will also be given to providers with experience in the evidence based practices listed above. A proposal scoring grid will be utilized by the review committee, and providers who can demonstrate that their agencies are currently using one or more of the above evidence based practices will have priority based on the number they have already incorporated, and further priority to those agencies that can provide fidelity review results for these practices within their programs, also elevating their score.

**Program Goals:** CAT is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health condition. Upon successful completion, the family should have the skills and natural support system needed to maintain improvements made during services.

The goals of the CAT program are to:

1. Strengthen the family system, resulting in youth and young adults living at home and living successfully in the community;
2. Improve school related outcomes such as attendance, grades and graduation rates;
3. Decrease out-of-home placements;
4. Improve family and youth functioning;
5. Decrease substance use and abuse;
6. Decrease psychiatric hospitalizations;
7. Increase health and wellness; and
8. Transition into age appropriate services

### III. ELIGIBILITY CRITERIA:

The following participation criteria are established, and will be included in the CAT contract:

1. Young people ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as:
  - a. being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
  - b. having two or more hospitalization or repeated failures;
  - c. involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or,
  - d. poor academic performance and/or suspensions.
2. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics

### IV. APPLICATION PROCESS

1. Eligible applicants are BBHC pre-qualified entities, who are in good standing with their contract, that have had a physical presence in Broward County, Florida for more than one year and a demonstrated history of providing behavioral health services in the community for at least three (3) years.
2. Written Responses to the RLI:

The narrative portion (not including the required budget documents and any supporting attachments) of the application should be no more than 6 pages and should cover the following:

  - i. **Abstract:** Provide a brief description of your project, as well as a description of your agency's history of implementing evidence-based practices (EBPs) and using fidelity scales.
    - a. What are your agency's reasons and motivations to become a CAT provider?
    - b. How do you support recovery and family success?
  - ii. **Capacity/Readiness:** Describe any efforts your agency has already taken to plan for implementing a Community Action Team.
    - c. What is your agency's organizational readiness for implementing a CAT? What are some strengths your agency has that will support the implementation?
    - d. What are some implementation barriers you anticipate?
    - e. How will you adhere to the fidelity scale? Identify any items with which you may have concerns along with your proposed solutions for addressing those concerns.
  - iii. **Proposed Program:** Describe your proposed Community Action Team program, be sure to address the following:
    - f. Target population – describe your experience serving youth with serious emotional disturbances (SED) and co-occurring children.

- g. Identified special population priorities, e.g. children at-risk of out-of-home placements Transition Age Youth (14-21), individuals who are involved with Department of Juvenile Justice/Criminal Justice, LGBTQI, minority groups. Describe how you will adapt your implementation of the CAT to meet the unique needs of the population groups you will serve.
- h. Provide the physical location of your program. Describe the challenges that you foresee in serving individuals throughout the county and what you intend to do to address those challenges.
- i. Describe how you will implement your start-up in terms of staffing, caseload sizes, referrals, and outreach.
  - i. Number to be served in the program in the first year
  - ii. Staff to be hired/already hired (supervisor, employment specialists)
- j. Explain your plan for integrating Youth Peer Specialists and Family Peer Specialists and/or youth/family advocates.
- k. Identify the evidence based practices you will be using in your program.
- l. Explain how your agency addresses challenges with recruitment and retention of professional staff.
- m. **Partnerships:** It is highly recommended for applicants to request Support Letters from their community partners or show other documents to support this information. Describe your current partnerships with the Children’s System of Care in Broward County, and mutual implementation efforts with the following agencies:
  - o Behavioral Health;
  - o Prevention;
  - o Community Based Care entity (CBC);
  - o Recovery Support;
  - o Department of Juvenile Justice;
  - o Transition Age Youth Service Providers;
  - o Employment Service Providers;
  - o Broward County Schools
- n. **Medicaid:** Describe whether you currently have contracts with the Medical Management Agencies (MMAs), and if so, with whom. If you have no such contracts, describe your current plans and/or efforts to apply.
- o. **Broward County Homeless Continuum of Care (CoC):** If you currently do not have a partnership with your local CoC, describe the steps you plan to take to develop one.

## V. OTHER SELECTION CRITERIA

Address the following throughout the narrative of your proposal:

- a. Agency CEO/Executive Director’s commitment to participate in an organizational change process to implement a CAT including participation in fidelity evaluation processes.
- b. Leadership commitment to have local mental health staff, housing staff, consumers, family members, and employers participate in an agency established “Leadership Team/Steering Committee”.
- c. Strength of the agency’s work plan for building consensus and implementing a CAT.
- d. Strength of the agency’s recovery practices.

- e. Strength of the agency with incorporating individuals with lived experience in their workforce.
- f. You must include an acknowledgement statement that monthly and quarterly outcome data will be a requirement of participation, as well as periodic site visits for technical assistance.

## **VI. PROPOSED STAFFING**

Provide a detailed line item budget for the first year of the program, assuming full capacity. Each program must be able to hire at least the adequate number of the following professionals to serve the planned capacity:

- Licensed mental health counselor or clinical social worker
- Psychiatrist or Advanced Registered Nurse Practitioner
- Registered or Licensed Practical Nurse
- Case Manager
- Therapeutic Mentor/Peer

Provide a detailed description of the roles and supervisory responsibility of each staff member.

## **VII. SCREENING AND ASSESSMENT**

An initial assessment shall be required to be completed within 30 days of admission with the young person and their family to identify treatment needs, strengths and preferences of the child and family; for developing an individualized Plan of Care. As with best practice models such as Systems of Care and Transition to Independence (TIP) approaches, the screening and assessment process focuses on identifying competencies and resources as well as needs across multiple life domains, such as education, vocation, mental health, substance use, primary health, and social connections. Providers are encouraged to use a variety of reliable and valid screening and assessment tools as part of the assessment process, with emphasis on co-occurring mental health and substance use disorders. Additionally, providers are encouraged to gather collateral information, such as school records, mental health and substance abuse evaluations and treatment history, and level of cognitive functioning to develop a comprehensive understanding of the young person's and their family's circumstances.

- a. Describe your screening and assessment process and the screening and assessment tools you will be utilizing.

## **VIII. TREATMENT PLANNING PROCESS**

The treatment planning process serves to identify short-term objectives to build long-term stability, resiliency, family unity, and illness management. A comprehensive, team-based approach is increasingly seen as the preferred mechanism for creating and monitoring treatment plans and is consistent with the CAT program. There is evidence that outcomes improve when youth and families participate actively in treatment and their involvement is essential at every phase of the treatment process, including assessment, treatment planning, implementation, and monitoring and outcome evaluation. Working as a team, the young person, family, natural supports (as desired by the young person and family), and professionals can effectively support individualized, strength-based and culturally competent treatment.

- a. Describe your proposed treatment planning process and provide examples of proposed treatment planning formats.

## IX. OTHER APPLICATION REQUIREMENTS

- a. Agencies may only submit one (1) Response to this RLI.
- b. Agencies responding must submit **one original (1) and five copies (5)** of their response by the due date and time.
- c. The maximum award per Response is: \$750,000
- d. Provide a line-item budget, including proposed personnel (name, credentials, years of experience with employment services, years of experience with MHSA population), for costs associated with provision of the work described within this RLI.
- e. Include a breakdown of your proposed units of service including:
  - i. Definition of Units to be Provided;
  - ii. Number of clients to be served;
  - iii. Estimated number of units per client; and
  - iv. Estimated cost per unit type.

## X. AUDIT REQUIREMENTS AND FISCAL SOUNDNESS

Applicants must submit one (1) copy of their most recent annual financial statements (within 180 days after the close of the applicant's most recent fiscal year-end) that have been audited by a Certified Public Accounting (CPA) firm licensed to do business in the State of Florida and prepared in accordance with Generally Accepted Accounting Principles (GAAP) and standards contained in Government Auditing Standards and OMB 1-133. Applicant agencies with annual total revenues of less than \$500,000 may submit their most recent annual financial statements that have been reviewed or compiled by a CPA firm licensed to do business in the State of Florida and prepared in accordance with GAAP. The Independent Auditor's Report must contain an unqualified audit opinion without expressing "going concern" disclosures and the Statement of Financial Position must show positive Net Assets.

## XI. DUE DATE – FATAL FLAW

**All responses to this RLI are due Monday December 11, 2017 on or before 12:00 Noon. Failure to timely deliver submissions is a fatal flaw rendering the submittal non-responsive and illegible for consideration.**

## XII. PRE-BID CONFERENCE

Participation in the **Pre-Bid Conference on Wednesday November 22, 2017 11:00 a.m.** at Broward Behavioral Health Coalition, 1715 Southeast 4<sup>th</sup> Avenue, Fort Lauderdale, FL 33316 is ***recommended but not required***. However, it will be the only opportunity for verbal discussion of questions and answers about this RLI solicitation.

After the close of the Pre-Bid Conference, there will an opportunity for **submission of additional written questions by email on or before Wednesday November 29, 2017 12:00 p.m.**

In order to ensure that your question is readily identifiable the subject line of the email must include the RLI number. **A summary of all written questions and answers will be posted on the BBHC website at [www.bbhcflorida.org](http://www.bbhcflorida.org) on Thursday November 30, 2017.** It will be your responsibility to check for and obtain such information.

### **XIII. PERFORMANCE MEASURES AND OUTCOMES**

All data will be entered into the Provider Portal or any other data collection systems specified by BBHC. Performance outcome data will be tracked in the Mental Health Performance Outcome (PERF) and the Children Functional Assessment Rating Scale (CFARS).

In addition, a provider must be able to track individual outcome data as described below. A quarterly outcome form will be sent to the selected provider with details on submission:

CAT providers will be contractually required to submit a CAT Quarterly Supplemental Data Report to provide additional information related to diversion from out-of-home placements, involvement in gainful activities for individuals not enrolled in school or vocational programs, and scoring of the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R).

The information below provides guidelines for reporting the information and why it is needed.

#### **1. Individuals diverted from out-of-home placement:**

The primary goal of the CAT program will be to retain eligible youth at home with their families who would otherwise be at risk of placement outside the home by placement within the community at a juvenile justice facility, a residential mental health treatment center (RTC) or a dependency care home. The required quarterly reporting shall identify where those eligible youth were residing at the time of admission to the CAT program, where they reside during the program, and their residential status at discharge from the program. The CAT provider will be required to provide data about how well the CAT program is addressing this goal, and provide information to identify those best/effective practices as well as opportunities for improvement.

The circumstances listed below under each placement type are not exhaustive, but rather provide guidelines by which providers may utilize to determine if a youth/young person is at high risk of an out-of-home placement at the time of admission.

- Residential mental health treatment (includes therapeutic group home level of care)
- Has a recommendation from a psychologist/psychiatrist for placement in residential mental health treatment facility?
- Has a recommendation from a Qualified Evaluator for placement in residential treatment (Child Welfare)?
- Has previously been placed in residential treatment
- Parent/legal guardian is requesting placement in a residential mental health treatment center
- DJJ Commitment Placement
- DJJ charges - current charges, long history of charges

- Previous placement in DJJ commitment placement
- Children ages 12 and under with current/previous DJJ charges
- Child Welfare
- Open case with child welfare (including investigations)
- Previous open services case with child welfare
- Previous placement in out of home care by child welfare

**2. Gainful Activity for Individuals not enrolled in School or Vocational Program:** The required quarterly reporting of gainful activities for youth ages sixteen (16) and older who are not enrolled in school or vocational programs provides information about how the CAT program is assisting them to become self-sufficient. Gainful activities for these youth and young adults should focus on employment, continued education, vocation training and certification, work readiness and skill development related to obtaining and keeping a job, and career planning. These types of activities are a good opportunity for the Therapeutic Mentor to assist the young person to identify their personal goals and develop a plan to move forward in achieving them. Examples of enrichment activities include, but are not limited to, employment and supported employment; internships and apprenticeships; linkage to and services from entities such as Vocational Rehabilitation; and activities that support career planning, occupational research, and assessment.

**3. North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R):** CAT providers will begin using the NCFAS to assess the functioning of the person served by CAT and their family upon admission and at discharge and inform service planning.

#### **XIV. SELECTION PROCESS**

All RLI responses will be evaluated by a Rating Committee comprised of community subject matter experts. A numerical scoring evaluation is used to identify the strongest proposal. Once that proposal is identified, the Rating Committee will make a funding recommendation. BBHC retains the right to accept, modify, negotiate or reject terms of any responses to this RLI.

At any time during the selection process, BBHC reserves the right, in its sole and complete discretion, to:

- (1) conduct face-to-face interviews with any, all, or selected applicants;
- (2) require submission of additional or revised responses;
- (3) terminate negotiations or re-open negotiations with any applicant and
- (4) take other administrative actions necessary to finalize funding awards.



BBHC shall further have the right in its sole discretion in the best interest of BBH to reject any and all responses or waive any minor irregularity or technicality in the responses received. BBHC further reserves the right without prejudice to reject any or all proposals.

**XV TIMETABLE**

<b>ACTIVITY</b>	<b>TIMEFRAME</b>
Dates Available:	<b>November 15 through December 11, 2017</b>
Solicitation Conference (Pre-Bid Conference)	<b>November 22, 2017 11:00 a.m. – 12 Noon at:</b> Broward Behavioral Health Coalition 1715 Southeast 4 <sup>th</sup> Avenue Fort Lauderdale, FL 33316
Submission of Written Questions	<b>November 29, 2017 by 12 Noon, via email to:</b> <a href="mailto:Providers.bbhc@CONCORDIABH.COM">Providers.bbhc@CONCORDIABH.COM</a>
Posting of Responses to Written Questions	<b>November 30, 2017</b>
<b>Deadline for Receipt of RLI Responses</b>	<b>December 11, 2017 by 12:00 Noon at:</b> Broward Behavioral Health Coalition 1715 Southeast 4 <sup>th</sup> Avenue Fort Lauderdale, FL 33316
Public Meeting – Opening of RLIs	<b>December 11, 2017 2:00 p.m. at:</b> Broward Behavioral Health Coalition 1715 Southeast 4 <sup>th</sup> Avenue Fort Lauderdale, FL 33316
Review of RLI Submissions	<b>December 12 - 15, 2017</b>
Bidders Negotiations	<b>December 18 - 21, 2017</b>
Recommendation of Selected Provider to Board of Directors	<b>January 18, 2018</b>
Notice of Award	<b>January 19, 2018</b>
Contract Negotiations	<b>January 22-25, 2018</b>
Contract Start Date	<b>February 1, 2018</b>

## **XVI. TERMS OF AGREEMENT**

The initial term of service for contracts awarded under this procurement is February 1, 2018 through June 30, 2018 (5 months). At the sole discretion of BBHC, two (2) optional renewals for the period of July 1, 2018 through June 30, 2019 and July 1, 2019 through June 30, 2020 may be authorized, but are contingent upon availability of funding, agency viability, positive performance, and successful re-negotiation of all terms.

## **XVII. BACKGROUND SCREENING**

All staff who work in direct contact with children and adults, including employees and volunteers, must comply with Level 2 background screening and fingerprinting requirements in accordance with Chapter 435, 402, and Sections 943.0542, 984.01, 39.001, and 1012.465, Florida Statutes, and Broward County background screening requirements, as applicable. The program must maintain staff personnel files which reflect that a screening result was received and reviewed to determine employment eligibility prior to employment and throughout participation in this program.

## **XVIII. CONE OF SILENCE**

Interested applicants responding to this solicitation, or persons acting on their behalf, may not contact any employee or board member of BBHC, Concordia, or DCF concerning any aspect of this RLI, except through submission of questions as described in Section XI of this RLI. This Cone of Silence begins upon the RLI release on November 15, 2017 until the posting of Award notice on January 19, 2018. Violation of this provision may be grounds for disqualification from the selection process for this RLI.

## **XIX. APPEAL PROCESS**

Protests, appeals, and disputes are limited to procedural grounds.

An applicant that is aggrieved by a procedural determination in the competitive process may file a written claim to appeal, protest, or dispute the determination within seventy-two (72) hours following the receipt of written notification from BBHC of the applicant's failure to advance to the next step of review due to a critical flaw, or within seventy-two (72) hours following BBHC's notice of the solicitation decision or funding award on the BBHC website. A formal written protest shall be filed within ten (10) days after the notice of protest is filed and shall state with particularity the facts and law upon which the protest is based.

Calculation of the 72-hour deadline for filing of the notice of protest shall not include weekends or BBHC holidays in the calculation of such deadline.

Protests, appeals, or disputes may only challenge a procedural matter related to the solicitation and may not challenge discretionary matters such as the relative weight of the evaluation criteria or the formula specified for assigning points contained in the solicitation. A protest, appeal, or dispute is limited to challenging errors in procedural due process, errors in mathematical calculations, or omissions to score sections by the review team.

Protests, appeals, or disputes must comply with BBHC Procurement Policy and Procedures, posted on the BBHC website, [www.bbhcflorida.org](http://www.bbhcflorida.org).

Failure to timely submit a notice, written protest or bond within the required time frame shall constitute a waiver of such party's right to protest.

When protesting, appealing, or disputing a decision, the protestor must post a bond equal to one percent (1%) of BBHC's estimated contract amount. The bond is not to be filed with the notice of appeal, protest, or dispute, but must be filed with the formal written protest, appeal, or dispute within the ten (10) day period for filing same. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, the BBHC shall provide the estimated contract amount to the protestor within 72 hours after the notice of protest, appeal, or dispute has been filed. The estimated contract amount is not subject to protest. The bond shall be conditioned upon the payment of all cost and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. Failure to file the proper bond at the time of filing the formal protest, appeal, or dispute will result in a rejection of the protest. In lieu of a bond BBHC may accept a cashier's check, official bank check, or money order in the amount of the bond.

## **RESOURCES:**

### **Screening and Assessment Resources**

1. The California Evidenced-based Clearinghouse for Child Welfare – Assessment ratings and how to determine if an assessment is reliable and valid. <http://www.cebc4cw.org/assessment-tools/assessment-ratings/>
2. The REACH Institute offers a listing of mental health screening tools, assessments and tool kits. <http://www.thereachinstitute.org/screening-tools.html>
3. Screening and assessment resources for co-occurring mental health and substance use disorders. □ The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions and offers a compendium of validated screening and assessment instruments and tools for mental and substance use disorders. <http://www.integration.samhsa.gov/clinical-practice/screening-tools> □ SAMHSA Co-occurring Center for Excellence – Integrated Screening and Assessment <http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx> □ Alcohol & Drug Abuse Institute - University of Washington: Info Brief: Co-Occurring Disorders in Adolescents. Provides an extensive list of resources related to screening, assessment and integrated treatment. <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf>
4. Technical Assistance Partnership for Child and Family Mental Health/SAMHSA: Mental Health FAQs: □ Screening and Assessment – Differentiates between screening and assessment and offers a comprehensive listing of substance abuse and mental health screening instruments.

<http://www.tapartnership.org/content/mentalHealth/faq/01screening.php> □ What's the Difference between screening and assessment for a substance use disorder?  
<http://www.tapartnership.org/content/substanceAbuse/faq/screening01.php>

5. Casey Life Skills assessment is a free practice tool and framework developed for working with youth in foster care; however, it is beneficial for any young person. It is a self-assessment of independent living skills in eight areas that takes about 30 minutes to complete online and provides instant results. <http://lifeskills.casey.org/>

### **Treatment Planning for Young People with Behavioral Health Needs**

1. The Transition to Independence Process (TIP) model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD). <http://tipstars.org/Home.aspx>
2. Technical Assistance Partnership for Child and Family Mental Health/SAMHSA - Youth Guide to Treatment – Planning a Better Life. A practical treatment planning guide developed by and for youth and young adults that encourages young people to take an active role in their treatment and treatment planning process.  
[http://www.tapartnership.org/docs/Youth\\_Guide\\_to\\_Treatment.pdf](http://www.tapartnership.org/docs/Youth_Guide_to_Treatment.pdf).
3. Achieve My Plan (AMP) - The AMP study is testing a promising intervention that was developed by researchers at Portland State University, in collaboration with young people who have mental health conditions, service providers and caregivers. Tip sheets for meeting facilitators and young people, the Youth Self-efficacy/Empowerment Scale and Youth Participation in Planning Scale and a video entitled Youth Participation in Planning can be found at: <http://www.pathwaysrtc.pdx.edu/proj-3-amp>
4. Youth Involvement in Systems of Care: A Guide to Empowerment - The mission of this Guide is to educate professionals and adults who work with young people on the importance of engaging and empowering youth. The Guide can be found at:  
[http://www.tapartnership.org/docs/Youth\\_Involvement.pdf](http://www.tapartnership.org/docs/Youth_Involvement.pdf)
5. Family and Youth Participation in Clinical Decision Making. American Academy of Child and Adolescent Psychiatry.  
[http://www.aacap.org/aacap/Policy\\_Statements/2009/Family\\_and\\_Youth\\_Participation\\_in\\_Clinical\\_Decision\\_Making.aspx](http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx)
6. Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use and Co-Occurring Mental Health Disorders. Georgetown University Health Policy Institute  
[http://gucchdtacenter.georgetown.edu/resources/Recovery\\_Report\\_Adolescents%20-%20FINAL.pdf](http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents%20-%20FINAL.pdf)
7. The Wraparound Approach in Systems of Care.  
<http://www.oregon.gov/oha/amh/wraparound/docs/wraparound-approach-soc.pdf>

8. Community-based Approaches for Supporting Positive Development in Youth and Young Adults: RTC Pathways.  
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>
9. Making it Work: An Evidenced-based approach to Services for Emerging Adults with Serious Mental Conditions. National Technical Assistance Center for Children's Mental Health-Georgetown University Center for Child and Human Development.  
<http://gucchdtcenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/YoungAdultWebinarMay2.pdf>
10. The Research and Training Center for Pathways to Positive Futures (Pathways) aims to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective training and dissemination. Their work is guided by the perspectives of young people and their families, and based in a positive development framework.  
<http://www.pathwaysrtc.pdx.edu/about>
11. Technical Assistance Partnerships for Children and Family Mental Health/ SAMHSA Systems of Care: The Young Adults of Transition Age Community of Practice provides an opportunity for discussion, collaboration, and the exchange of ideas and resources related to transition-aged youth with mental health challenges currently served by system of care communities.  
<http://www.tapartnership.org/COP/transitionAgedYouth/default.php>
12. National Wraparound Initiative - Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) that assists them to live in their homes and communities and realize their hopes and dreams.  
<http://www.nwi.pdx.edu/wraparoundbasics.shtml#whatiswraparound>
13. Strengthening Family Support for Young People: Tip sheet for strengthening family support.  
<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>
14. Positive Youth Development (PYD), Resilience and Recovery: Actively focuses on building strengthens and enhancing healthy development.  
<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>
15. Section 394.491, F.S. – Guiding principles for the child and adolescent mental health treatment and support system.  
[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=03000399/0394/Sections/0394.491.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=03000399/0394/Sections/0394.491.html)
16. Youth M.O.V.E. National. Youth M.O.V.E is a youth led national organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. There are chapters in Florida and opportunities for young people to learn leadership and advocacy skills and to get involved with peers.  
<http://www.youthmovenational.org/Pages/mission-vision-purpose.html>



17. Providers are encouraged to review the Implementation toolkit for guidance on program start-up. Agencies will be expected to implement a program that aligns with the PSH Fidelity Scale. All documents can be found here: <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510> .