

**System of Care
Children's Community Behavioral Health (CCBH) Funds
Guidance Document FY11**

Document Updated for SFY 11 July 9, 2010

For July 1, 2010 through June 30, 2011

Executive Summary

The framework for the System of Care (SOC) initiative describes the Ohio Family and Children First (OFCF) Cabinet's commitment to implement a coordinated continuum of services and supports for all children and families, with an emphasis on behavioral health care. SOC is a broad, flexible array of effective services and supports that focus on family-centered practice, community-based services, strengthening the capacity of families, and providing individualized services. SOC involves an organized, coordinated network (i.e., Family and Children First) that integrates services/supports, planning, coordination and management across multiple levels.

The OFCF Cabinet recognizes full implementation of a SOC is a long-term process that requires extensive cross-system policy integration and resource alignment. With limited funding, the Cabinet's current priorities reflect an incremental approach to advancing a comprehensive array of needed services for Ohio's children and families. The foundational SOC components for SFY 2011 are:

- Children's Community Behavioral Health (CCBH)
- Family-Centered Services and Supports (FCSS)
- Early Childhood Mental Health Consultation (ECMHC)
- Behavioral Health-Juvenile Justice (BH/JJ) projects.

This Guidance Document and all documents related to the four SOC components above are available through the ODMH website, Office of Children's Services, System of Care page (from the ODMH home page at <http://mentalhealth.ohio.gov> type "system of care" in the search box, then select the first document) and the Ohio Family and Children First website at <http://www.fcf.ohio.gov>, select "Initiatives," then select "System of Care."

I. CCBH Component Goals

This component of SOC focuses on the provision of effective community treatment services needed to maintain children and youth (ages 0 through 17) in their homes and communities. **The priority population is children and youth who have intensive behavioral health needs and/or who are at risk of removal from an early care and education setting, or are at risk of removal from their homes or communities due to behavioral health issues.**

II. Program Guidelines & Requirements

The CCBH funds can support clinical intervention and treatment, clinical programs that address gaps in treatment services, and wraparound services. This component requires collaborative planning led by the ADAMH / CMH / ADAS Board in partnership with the FCFC in order to best address local needs consistent with the Board's ODMH / ODADAS Community Plan.

Services provided with CCBH funds can include: clinical intervention and treatment for children and youth ages 0-17; early childhood mental health treatment (as defined in Appendix 1); Intensive Home Based Treatment (as defined in Appendix 1); co-occurring mental health and substance abuse treatment; substance abuse treatment; trauma-informed care; clinical programs that address gaps in treatment services, and wraparound services.

While home and community based services are to receive priority, CCBH funds can also be used for "out of home treatment" in therapeutic or treatment foster care, in a residential treatment facility licensed by ODMH (or certified by ODMH to provide mental health services on site), or in a psychiatric hospital.

CCBH services are designed to be child-centered, family-driven, and are to be provided in the least restrictive environment to meet the treatment needs of the child or youth.

For more information, see "Expenditures allowed and not allowed" on page 3.

III. Fiscal Guidelines & Requirements

Source and amount of funds

These funds have been allocated under Ohio's Biennial Budget. The recipients of funds agree to comply with all requirements of the State of Ohio, the Ohio Department of Mental Health and its Office of Fiscal Administration, the ODMH Community Allocation Guidelines, and this Guidance Document.

CCBH funds are from ODMH budget line item 404, in the amount of \$6.5 million dollars for SFY11. For more information about the sources of and amounts of funds for other SOC Components, see the SOC Budget Table on the ODMH and OFCF websites' System of Care page.

Official name for auditors

The official name of these funds is "SOC: Children's Community Behavioral Health Funds."

Availability of funds

The availability of these funds and state fiscal requirements are subject to current and future budget directives from the State of Ohio for FY11.

Allocation process

CCBH funds are allocated by ODMH to the ADAMH / CMH / ADAS Boards through the ODMH budget process and Community Allocation Guidelines (posted on the ODMH website). These funds are allocated to Boards and are not apportioned by county, in order to allow maximum flexibility for the use of these funds in multi-county Board areas.

Disbursement of funds

ODMH will automatically send quarterly allocations to each Board, and draw down requests are no longer required.

Local administration and management

The ADAMH / CMH / ADAS Boards are responsible for administering and managing these funds at the county level consistent with local needs. In counties with a separate ADAS Board (Butler, Lorain and Mahoning), CCBH funds will be allocated two-thirds to the ADAMH or CMH Board and one-third to the ADAS Board.

The Board shall negotiate and administer contracts for CCBH programs and services. The Board may subcontract program management to other public or private organizations. Subcontracts remain subject to all requirements that accompany these funds, and as referenced in this Guidance Document.

Expenditures allowed and not allowed

Allowable expenditures include: clinical intervention and treatment for children and youth ages 0-17, early childhood mental health treatment (as defined in Appendix 1), Intensive Home Based Treatment (as defined in Appendix 1), wraparound (as defined in Appendix 1), Medicaid match, out of home treatment (as defined in Appendix 1), clinical programs that address gaps in treatment services, wraparound services, and as match for other federal treatment programs.

CCBH funds cannot be used for any "administrative expenses" (as defined in Appendix 1). However, administrative expenses CAN be built into treatment providers' usual and customary rates for the services and programs they provide to youth and families with CCBH funds.

CCBH funds cannot be used to supplant any existing funds allocated to children's behavioral healthcare.

Mid-year report

The Projected Expenditure Form (PEF) is the only mid-year report required during FY11. This report is to be filed by the Board, and includes all counties in multi-county Board areas. It is due February 1, 2011, and must be filed electronically through the ODMH website "System of Care" page.

Redistribution of unused funds:

Based on the PEF filed with ODMH, funds that Boards anticipate not being able to expend by June 30, 2011 will be redistributed to other Boards after March 1, 2011 to maximize utilization of all available dollars before the fiscal year end on June 30, 2011. Boards can be considered to receive redistribution of unused funds only if their PEF is filed by the due date. The total funds returned shall be divided by the number of Boards requesting additional funds, and an equal amount of funds shall be distributed to each requesting Board that timely filed its PEF, up to the maximum amount of additional funds requested by each Board.

Requirement to expend or encumber funds

All services must be provided by June 30, 2011, and the expenditures of these funds must reflect the actual costs of services delivered. All funds must be spent or encumbered by Boards and their contract agencies by June 30, 2011, or if not they must be returned to the state, per state regulations. For more information, see "Return of Unspent Funds" below.

Deadline for processing financial transactions at year end

The processing of all financial transactions associated with these funds must be completed by July 15, 2011.

Return of unspent funds

Any funds drawn down but not spent by June 30, 2011 must be returned to the state as soon as possible in compliance with state regulations. Make the check payable to "Treasurer, State of Ohio" and mail it to the attention of the ODMH Fiscal Administrator in Section VI below.

IV. Required Reports

The Projected Expenditures Form (PEF) is the only mid-year report. It is to be filed by the Board, and includes all counties in multi-county Board areas. It is due February 1, 2011. A copy is attached as Appendix 2.

The Annual Report can be filed by the Board or its designee, and a separate report must be filed for each county in multi-county Board areas. This report must include the amount of CCBH funds spent on Medicaid match in each county (not each Board area). It is due August 1, 2011. A copy is attached as Appendix 3.

Both reports must be filed electronically through the ODMH website, System of Care page. Please do not send ODMH a hard copy of either report.

V. Timelines

Date	Item
July 1, 2010	State fiscal year and annual funding period begins
February 1, 2011	Deadline to electronically file Projected Expenditure Form through ODMH website
June 30, 2011	Deadline to provide services and expend or encumber all funds. State fiscal year and annual funding period ends.
August 1, 2011	Deadline to electronically file CCBH Annual Report through ODMH website

VI. People to Contact if Questions

For questions about programs, allowed expenditures, reports, and re-allocation of funds, please contact the CCBH Program Administrator:

Linda Garrick
Mental Health Administrator
Office of Children's Services
Ohio Department of Mental Health
30 E. Broad Street, 8th Floor
Columbus, Ohio 43215-3430
Phone: 614-752-9303
linda.garrick@mh.ohio.gov

For questions about fiscal processes and receipt of funds, please contact the CCBH Fiscal Administrator:

Audra Terrell
Fiscal Administration
Ohio Department of Mental Health
30 E. Broad St., 11th Floor
Columbus, Ohio 43215-3430
Phone 614-466-9980
Fax 614-644-9116
audra.terrell@mh.ohio.gov

VII. Appendices

Appendix 1: CCBH Definitions
Appendix 2: CCBH Projected Expenditure Form
Appendix 3: CCBH Annual Report

**System of Care
Children's Community Behavioral Health (CCBH) Funds
Definitions FY11**

For July 1, 2010 through June 30, 2011

Administrative expenses - means the following types of expenses if NOT paid as part of direct services to youth and families: payroll, fringe benefits, rent, utilities, equipment, construction, renovation, public awareness, professional development, and any other indirect or overhead expenses. CCBH funds cannot be used to pay for any administrative expenses as defined in this way. However, these and other administrative expenses CAN be built into treatment providers' usual and customary rates for the services and programs they provide to youth and families with CCBH funds.

Child with multi-systemic needs - a child who has needs in two or more of the following service systems (but need not be enrolled or receiving services from either or both systems): substance abuse, child welfare, education, juvenile justice, mental health, mental retardation / developmental disabilities. In order to utilize FCSS funding, children/families must receive service coordination through the county Families and Children First Council.

Dina Small Group Therapy – is a small group therapy treatment program for ages 4 – 8 that is delivered in 2-hour weekly small group sessions lasting 20-22 weeks.

Early Childhood Mental Health Treatment – is defined as any of the following: Play Therapy, Dina Small Group Therapy, Filial Therapy, Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, Therapeutic Daycare/Preschool.

Emerging Best Practice – see definition of "Promising Practice"

Evidence-Based Practice (EBP) – is a clinical intervention or administrative approach developed from the integration of the strongest scientific evidence with clinical expertise and client values. EBPs include approaches for which there is clear evidence showing improved client outcomes. Evidence to support EBPs consistently demonstrates effectiveness over time for addressing a given situation, specified client population or client/family need. The evidence includes studies based on rigorous research designs and expert guidelines based on extensive and substantial research.

Family and Children First Council (FCFC) - the local FCFC in each county, as defined in ORC 121.37(B). FCFCs administer the Family Centered Services and Supports (FCSS) component of SOC.

FCFC Service Coordination - a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex problems. The process is family focused and strengths based and is responsive to the culture, race and ethnicity of the family. It results in a unique set of community services and natural supports individualized for the child and family and based on the child and family's perceptions of their strengths and needs to achieve a positive set of outcomes. The purpose of service coordination is to provide a venue for families to meet the need for services and supports which may not have been adequately addressed within traditional agency systems.

Filial Therapy - facilitates the interpersonal and emotional development of the child and provides parents with the training and experience in a comprehensive set of parenting skills. The child's and the parent's mastery of the skills and behaviors of the play session can be transferred to appropriate settings outside the play sessions.

Functional Family Therapy - a proprietary program with a mandatory licensing fee. For description, see www.fffinc.com/WhatIs.aspx

Intensive Home Based Treatment - defined in the ODMH Certification Standards for Community Mental Health Agencies at http://b9962ed140049a571a710839f1f71c989aaf09ce.gripelements.com/licensurecert/rules_cert_standards/5122-29-28.pdf

Multi-Systemic Therapy - a proprietary program with a mandatory licensing fee. For description, see www.mstservices.com/overview_a.pdf

Operating expenses – see administrative expenses.

Out-of-home treatment overnight – for which CCBH funds can be used is limited to the following: therapeutic or treatment foster care, residential treatment facilities licensed by ODMH (or licensed by other and certified by ODMH to provide mental health services on site), or psychiatric hospitals

Parent Child Interaction Therapy - is an evidence-based treatment supported by over 20 years of research and practice by PCIT practitioners and researchers throughout the United States. PCIT is a mastery-based therapy that averages 14 sessions. The intervention uses a two-stage approach aimed at relationship enhancement (Child Directed Interaction or CDI) and child behavior management (Parent Directed Interaction or PDI). PCIT focuses on improving the caregiver-child relationship and increasing children's positive behaviors. For info, see www.pcit.org

Partial hospitalization - defined in the ODMH Certification Standards for Community Mental Health Agencies at http://b9962ed140049a571a710839f1f71c989aaf09ce.gripelements.com/licensurecert/rules_cert_standards/5122-29-06.pdf

Play Therapy - the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help prevent or resolve psychosocial difficulties and achieve optimal growth and development for children ages 0 - 6.

Promising Practice – is a clinical intervention or administrative approach that has evidence to demonstrate effectiveness in addressing a given situation, specified client population or client/family need. Promising Practices are identified from evaluation results that clearly link positive outcomes to the practice. Experts believe the practice has the potential to become an Evidence Based Practice. However, the results that support a promising practice have not yet been proven by the strongest or highest level of scientific evidence.

System of Care (SOC) – defined in the Executive Summary.

Therapeutic Daycare/Preschool – a structured program for children ages 0-6 that provides stability, nurturance and behavior management in a therapeutic environment for children experiencing emotional and/or behavioral challenges.

Trauma Focused Cognitive Behavioral Therapy – is an evidence-based treatment developed and tested by Drs. Esther Deblinger, Judith Cohen, and Anthony Mannarino to help children and their caregivers overcome the negative effects of traumatic life events. TF-CBT is a clinic-based, short-term treatment that teaches children skills in stress management, cognitive processing, communication, problem solving, and safety. It is essential that the child's primary caregiver participates in the treatment in order to enhance parenting skills and manage caregivers' own reactions to the child's trauma.

Trauma informed care - conveys a purposeful, therapeutic approach to individuals exposed to trauma, and can operate on many levels. Trauma informed care facilitates healing by specifically addressing the biological, neurological, psychological, social and/or societal consequences of trauma. Prerequisites for a trauma informed system of care involves: 1) administrative commitment to change, 2) universal screening, 3) staff training and education, 4) hiring practices and 5) review of policies and procedures.

Wraparound – is a nationally recognized process for youth with serious emotional disturbances and their families. Wraparound is a specifically prescribed set of principles and protocols for strength-based, individualized, and family-driven care coordination and collaborative planning.

The wraparound process is a way to improve the lives of consumers who have complex needs. It is not a program or a type of service. The process is used to help communities develop individualized plans of care. The actual individualized plan is developed by a Wraparound Team, typically comprised of four to ten people who know the consumer best, including the consumer and their family. The team should be no more than half professionals.

The plan is needs-driven rather than service-driven, although a plan may incorporate existing categorical services if appropriate to the needs of the consumer. The initial plan should be a combination of existing or modified services, newly created services, informal supports, and community resources, and should include a plan for a step-down of formal services.

This plan is family centered rather than child centered. The parent(s) and child are integral parts of the team and must have ownership of the plan. No planning sessions occur without the presence of the child and family.

The plan is based on the **unique strengths, values, norms, and preferences** of the child, family, and community.

The plan is focused on typical needs in life domain areas that all persons (of like age, sex, culture) have. These life domains are: family, living situation, financial, educational/vocational, social/recreational, behavioral/emotional, psychological, health, legal, cultural, safety, and others.

All services and supports must be culturally competent and tailored to the unique values and cultural needs of the child, family, and the culture with which the family identifies.

**System of Care
Children's Community Behavioral Health (CCBH) Funds**

Projected Expenditures Form FY11

For July 1, 2010 through June 30, 2011

Due: February 1, 2011

This is a report of the ADAMH / CMH / ADAS Board that must be filed electronically through the ODMH website, System of Care page. From the ODMH home page at <http://mentalhealth.ohio.gov>, enter "system of care" in the search box. On the System of Care page, scroll down to the CCBH section and select "Projected Expenditure Form" (PEF).

Boards can be considered to receive additional funds only if the PEF is filed by the due date.

Board Name: _____

Fund Source	Amount of original allocation	Amount of original allocation anticipated to be expended by June 30, 2011	Amount of original allocation anticipated NOT to be expended by June 30, 2011		Amount requested in excess of original allocation
Children's Community Behavioral Health 404 funds					
Early Childhood Mental Health Consultation	Please include this information in the Early Childhood Mental Health Interim Reports				
Behavioral Health / Juvenile Justice 404 RFP funds					

Boards unable to expend all of their allocation by June 30, 2011 are required to return the unused portion of their allocation without penalty, either during the fiscal year or after the end of the fiscal year. It is the intent of the Department to redistribute any unused funds prior to the end of the fiscal year. Redistribution of unused funds will be at the discretion of ODMH. Redistributed funds must be expended by June 30, 2011. For more information, see CCBH Guidance Document, Section III: Fiscal Guidelines and Requirements.

Certification: By filing this form with ODMH, the Board's Executive Director certifies that these are reasonably accurate estimates consistent with approved allocations and contracts.

Board Executive Director's Name	Date
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**System of Care
Children's Community Behavioral Health (CCBH) Funds**

Annual Report FY11

For July 1, 2010 through June 30, 2011

Due August 1, 2011

Instructions:

This report must be filed electronically through the ODMH website. From the ODMH home page at <http://mentalhealth.ohio.gov>, enter "system of care" in the search box. On the System of Care page, scroll down to the CCBH section and click on "Annual Report". Reports submitted by other means cannot be accepted.

Include in this report only information about Children's Community Behavioral Health funds from budget line item 404.

Please have your answers ready to complete this report in a single session.

An * below indicates a question for which a response is required.

Report questions:

*1. County Name (choose one). Please remember that a separate report is required for each county within a multi-county board area.

*2. Name of organization submitting report

*3. Name of individual submitting report

*4. Email address:

*5. Phone number:

*6. Amount of CCBH funds spent in this county in FY11:

*7. Describe your county's model for planning, decision making and distribution of SOC / CCBH funds. Include in this description how you collaborate with your local Family and Children First Council and other community organizations, as applicable: Describe your county's model for planning, decision making and distribution of CCBH funds. Include in this description how the Board collaborates with your local Family and Children First Council and other community organizations, as applicable:

8. Describe any noteworthy achievements accomplished with CCBH funds in your county this year:

*9. Were CCBH funds used to pay Medicaid match? If yes, how much?

*10. Were CCBH funds used during FY11 to provide any of the following? Check either yes or no for each item below, as applicable:

A. Early Childhood Mental Health Treatment:

1. Play Therapy
2. Dina Small Group Therapy
3. Filial Therapy
4. Trauma-Focused Cognitive-Behavioral Therapy
5. Parent-Child Interaction Therapy
6. Therapeutic Daycare / Preschool

B. Intensive Home-Based Treatment

C. Multi-Systemic Therapy

D. Functional Family Therapy

E. Mental health services provided in schools

F. Co-occurring mental health and substance abuse treatment

G. Substance abuse treatment

H. Out of home treatment overnight:

1. Therapeutic or treatment foster care
2. Residential treatment facility licensed by ODMH (or certified by ODMH to provide mental health services on site)
3. Psychiatric hospital

I. Other

11. Specify "Other" from above

After you exit the electronic report or click the "Done" button you will not be able to return to the report. Therefore, be sure to have your answers ready to complete the report in a single session. Otherwise, you will need to start over again.

If you would like a copy of this report for your records, please print before you click the "Done" button. By clicking the "Done" button, you are submitting the report. Thank you!