ODMHSAS Guidelines for Child, Youth, Young Adults & Families

Requirements for Child, Youth, Young Adults and Families Provider Contracts, including SOC

FY2019
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DEFINITIONS

ABC - Attachment and Biobehavioral Catch-up

ABCC – A Better Chance Clinic

A-CRA – Adolescent Community Reinforcement Approach

Active Participant – a participant active in Family Drug Court at any point during the month of interest and whose information has been updated in DC Webs in the past 60 days including participants who may have graduated or have been terminated from the court during the month of interest. This also includes any participant that is absent without leave for less than 30 days.

ASI - Addiction Severity Index
Behavioral Health Crisis - Refers to an immediate significant disturbance of emotional, behavioral, or psychiatric functioning that is best served by an immediate response with the child and their caregivers.

BHA - Behavioral Health Aide as defined in Administrative Rule 450:1-1-1.1.

BISSS – Behavioral Intervention Services in School Setting

CADC - Certified Alcohol and Drug Counselor

Call - Refers to land line or mobile telephone calls into the Call Center from any family, youth, school, police, or other source requesting CMRS-Children’s Mobile Response and Stabilization Services for one or more children under 25 experiencing a behavioral health crisis. Available 24 hours a day, 7 days a week, 365 days a year.

CARE Project – Comprehensive Approaches to Recovery Enhancement Grant

CC — Care Coordinator

CF – Celebrating Families – evidence-based program that is an intergenerational, family skills building curriculum designed to support and maintain recovery from substance abuse and addiction; improve the health and well-being of children and family members; and increase family reunification. The program strengthens family life and is comprehensive, developmentally appropriate, and relevant for diverse cultures and includes all family members.

Children - any individuals between 0 and 21 years of age

CLAS – Cultural and Linguistically Appropriate Standards; national guidelines for providing culturally and linguistically appropriate services

Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT) - is to address the impact of secondary exposure produced by professional helping role with person who have experienced trauma. It combines theoretical basis with operational skills to assist clinicians and supervisors in addressing the issue in the day to day working milieu.

CPS - Certified Prevention Specialist

CRA - Community Reinforcement Approach

Deferred Call – A call in which the family requests that an MRT respond face to face to the emergency at a later time.

Early Childhood Mental Health Consultation (ECMHC) – A capacity building and
problem solving intervention implemented in early childhood settings. A professional consultant with infant/early childhood mental health (ECMH) expertise develops a collaborative and reflective relationship with a consultee(s) within a program in order to enhance the quality of young children’s social and emotional affective environments. Consultation aims to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among young children and their families.

ECMHC Advisory Committee – Committee comprised of representatives from Oklahoma State Department of Health Child Guidance Service (Warmline), OKDHS Child Care Services, and the ODMHSAS, including the Early Childhood Mental Health Consultant/Mentor and the Infant and Early Childhood Services Manager. This committee leads the activities of the ECMHC Network including training, support, review of consultant applicants and evaluation. The committee is tasked with the strategic plan for ECMHC and is aligned within the Oklahoma Infant and Early Childhood Mental Health State Strategic Plan.

ECMHC Network – Network of consultants across participating agencies as well as private practitioners who meet qualifications to provide ECMHC.

Early Childhood Mental Health Consultant/Trainer (ECMHC/T) - A licensed mental health provider with expertise in infant and early childhood mental health and experience providing consultation and support to providers in group care. The ECMHC/T co-facilitates the ECMHC orientation and provides training, technical assistance and mentoring to consultants within the ECMHC network to assure fidelity toward a best practice ECMHC model.

Embedded Care Coordinator- provides service coordination to youth identified in the child welfare system. The Care Coordinator is responsible for comprehensive and intense coordination of behavioral health services for children in custody who have complex psychosocial needs. Responsible for serving 8 to 10 youth at any given time. Provides, facilitates, coordinates and follows up on behavioral health care that is based on the strengths, needs and cultural of the youth and shall include family involvement.

Family Drug Court Treatment Provider – service provider contracted by ODMHSAS to perform assessment and treatment services to Family Drug Court participants.

FEP – When people are early in their experience with symptoms of psychosis as defined in the DSM V (excluding psychotic symptoms related to substance use or medical conditions) and early in their experience with treatment.

**GAIN** - Global Appraisal of Individual Needs

**GAIN SS** - Global Assessment of Individual Need Short Screener

**GPRA** – the Government Performance and Results Act

**Hours of Mobility** - Refers to the hours for which CMRS-Children’s Mobile Response and Stabilization Services providers are expected to provide the capacity for a mobile response in the community when necessary: 24 hours a day, 7 days a week, 365 days a year.

**Infant and Early Childhood Mental Health Co-leads (also referred to as IECMH Co-leads)** - ODMHSAS and OSDH personnel responsible for providing leadership to support infant and early childhood mental health efforts through oversight of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan and Project LAUNCH.

**LBHP** — Licensed Behavioral Health Professional as defined in Administrative Rule 450:1-1-1.1.

**LMHP** — Licensed Mental Health Professional as defined in Title 43A 1-103(11)

**Manager of Infant and Early Childhood Services** —one of the two Infant and Early Childhood Mental Health Co-leads who also serves as the Project Director for the SOC² Grant and will serve as the primary point of contact between the Contractor and the ODMHSAS.

**National Wraparound Initiative (NWI)** - The National Collaborative tasked with the development of nationally recognized and accepted wraparound tools, training materials and standards.

**OKDHS** - Oklahoma Department of Human Services

**OKFDC** – Oklahoma Family Drug Court

**Oklahoma Child Care Warmline** – Statewide program that provides telephone support and consultation to child care providers. Serves as the access point to request consultation services and maintains all data and information regarding referrals to the network. The Warmline Coordinator oversees assignment of referrals to consultants in the network and assures that referrals meet contract eligibility criteria.

**ONIT** – Oklahoma *Now is the Time* Initiative.

**O-YAY** - Oklahoma Young Adults and Youth Initiative

**PCIT** - Parent Child Interaction Therapy
Project LAUNCH (Linking Action for Unmet Needs in Child Health) – A grant program of the federal Substance Abuse and Mental Health Administration, seeks to promote the wellness of young children birth to age eight. Project LAUNCH focuses on improving the systems that serve young children with the goal of helping all children reach physical, social, emotional, behavior and cognitive milestones. This grant was awarded to the Oklahoma State Department of Health (OSDH) with ODMHSAS as the Early Childhood State Wellness Partner.

PRSS — Peer Recovery Support Specialist as defined in Administrative Rule 450:53.

RA1SE NAVIGATE Early Treatment Program – Promising practice, coordinated specialty care approach created by Dr. John Kane funded by the National Institutes for Mental Health. Recommended by SAMHSA for implementation by states. This program was designed to treat people who are experiencing psychosis related to mental illness, specifically schizophrenia and schizoaffective disorder.

SED - Serious Emotional Disturbance

SF – Strengthening Families – evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children, and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

SMI and SED (State and Federal Block Grant Definition) - Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over; (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.

System of Care (SOC) Best Practice Model - (as established by SAMHSA through the National Technical Assistance Center for Children’s Mental Health) is a comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbance and their families. It is youth guided, family driven, community based, needs driven and culturally competent. A local community team, with significant parent
representation and involvement, serves as the primary coordinating body regarding the needs of children and families to be served.

System of Care: Strengthening Our CareNet (SOC²) —Grant awarded to the Department by the Substance Abuse and Mental Health Services Administration (SAMHSA). A large focus of this grant is to improve access to and the quality of mental health services for infants, young children, and their caregivers statewide.

**T-ASI** - Teen Addiction Severity Index

**TFCBT** – Trauma Focused Cognitive Behavioral Therapy

**The ASAM Criteria** - American Society of Addiction Medicine Patient Placement Criteria

**Transition to Independence Process (TIP)** - A best practice process developed by the National Network on Youth Transition for Behavioral Health. It is a practice model for youth and young adults with emotional/behavioral difficulties to: a) engage them in the planning process of their own future; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to the relevant transition domains of employment/career, educational opportunities, living situation, personal effectiveness and wellbeing, and community-life functioning.

**Trauma-Focused Cognitive Behavioral Therapy** - An empirically supported treatment for traumatized children. The goal of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is to help address the unique biopsychosocial needs of children who have significant behavioral or emotional problems that are related to traumatic life events, and their parents or primary caregivers. It combines trauma-sensitive interventions with cognitive behavioral therapy.

**Triage of calls** - Refers to the process of collecting information from callers to determine if an emergency response is required and facilitating the proper response.

**Warmline Transfer** - Refers to the act of establishing a three-way conference call including the caller, the crisis call specialist, and the CMRS-Children’s Mobile Response and Stabilization Services provider followed by the crisis call specialist dropping out of the call after having made introductions and transferring relevant information to the caller and the CMRS-Children’s Mobile Response and Stabilization Services provider.
**Wraparound** - The high fidelity Wraparound process is a way to help families with complex needs stay connected as a family and to help the child stay in the community. It empowers the child and family to learn how to utilize natural and formal supports successfully. The Wraparound process is driven by the family and their team of natural and formal supports.

**YAT** - Young Adults in Transition that are between the ages of 18-25

**Young Adults** - any individuals between the ages of 16-25.

**Young Children** – Children age 0-5 and/or their caregivers.

**Youth** - any individuals between the ages of 13-17

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**SYSTEMS OF CARE (SOC)**

**Contract Requirements**

The SOC Contract Statements of Work state that all services provided will be pursuant to the ODMHSAS Guidelines for SOC (this document). Contracted services are identified in section IV (COMPENSATION) of each provider’s Contract. The service title is listed as the Contract Line in that section. Please refer to provider specific service title(s) below for related Contract requirements.

**Systems of Care Fixed Rate Services**

**SOC – Behavioral Intervention Services in Schools (BISS)**

This contract shall provide funding for behavioral health intervention services for children or youth (up to age 21) within a school setting, who have been identified by the school as having a behavioral health issue that is interfering with academic success. The goal of this program is to assist schools with improving academic and behavioral outcomes for these students.

**WORK REQUIREMENTS**

- Contractor shall employ a full-time Behavioral Health Aide (BHA) to provide the following services and supports for individuals admitted into the program:
  - Life skills remedial training in the home, school or community setting;
Training and remediation of children and the families on behavioral, interpersonal, communication, self-help, safety, substance use decisions, and daily living skills;

Support, and reinforcement of skills learned throughout the treatment process;

The acquisition of knowledge and skills necessary to understand and address specific needs relation to the mental illness and treatment;

Development and enhancement of specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management;

Assistance in understanding crisis plans and plan of care;

Training on medications or diagnoses;

Interpreting choice offered by service providers; and

Assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Contractor shall provide services and supports at a level necessary for students to successfully maintain in a classroom setting, and services shall be provided in a timely fashion.

PERFORMANCE MONITORING

Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by Contractor as well as any other services otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

SOC – School Based Core Services for Children

This Contract is to provide school based behavioral health services to children and youth.

WORK REQUIREMENTS

Contractor shall provide school based behavioral health services to children and youth in partnership with schools and/or child care centers.
• The Contractor shall participate in the local Systems of Care Community team, and create awareness of their services.

• Individuals fulfilling the terms of this contract shall attend any applicable meetings or trainings as determined necessary by the Department.

PERFORMANCE MONITORING

• The Contractor shall provide a cumulative outcome report to their ODMHSAS staff liaison monitoring their program by June 15th. The cumulative report shall include:
  ▪ Total number of students who received school-based services under this contract;
  ▪ How many students completed;
  ▪ How many dropped out and why;
  ▪ Number referred for further services;
  ▪ Age, gender, and grade level of each student served;
  ▪ Long-term and short-term goals for upcoming year;
  ▪ Description of Contractor’s program;
  ▪ How Contractor evaluated success or improvement with their students in the program;
  ▪ Results of the Contractor’s needs assessment; and
  ▪ School names and cities.

• Contractor shall report on the Department's information system, in accordance with Department policy, all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the appropriate contract source code, based on the payer for the specific service delivered. Any service not billed to another payer and reported accordingly shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.
SOC – Transition Youth

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Oklahoma Now is the Time (ONIT) Initiative. The ODMHSAS will support Contractor in developing an integrated array of services and supports for persons ages 16-25 with serious mental health and co-occurring conditions as they transition to adulthood.

Persons served through the ONIT will experience an increase in: 1) stable housing; 2) a job with a living wage; 3) continued education and meeting educational goals; 4) dependable transportation; 5) linkages to community resources; 6) number of days sober and drug free; 7) improved relationships with family and others; and 8) wellness and recovery as measured by decreases in symptoms and increases in activities that support mental and physical well-being. Those with a history of engagement with law enforcement will experience a decrease in number of arrests.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop the Oklahoma Now is the Time Initiative, to include the following:
  - Provide Project Direction through the systems of care framework.
  - Maintain a minimum of one (1) FTE Youth Transition Care Coordinator.
  - Maintain a minimum of one (1) FTE peer support specialist who will conduct a variety of outreach activities and will support the recovery of the individuals being served.
  - Each two person team shall carry a caseload with a maximum of twenty-five individuals.
  - Maintain a minimum of a (.5) FTE job coach who will provide supported education and employment related services to young people enrolled in the ONIT program.
  - Create and maintain a Youth/Young Adult Group.
  - Participate in SAMHSA-required data collecting and reporting for performance assessment.
- Maintain connection with the community team for the local system of care to guide the project and to measurably strengthen coordination of services and supports at the community level.

- Maintain ONIT staff training in Wraparound and TIP.

- Utilize outcomes reports generated by the University of Oklahoma E-TEAM for continuous quality improvement of the ONIT.

- Maintain a budget for the ONIT project and submit any changes beyond 10% for any line item for approval by ODMHSAS ONIT project staff.

- Ensure that ONIT Staff are utilizing the GAIN Short Screener to screen for substance abuse related needs with every young adult who is referred for services.

- Attend related training and/or meetings as determined by ODMHSAS.

- Services pursuant to Department funding shall be reported through the Department’s approved data collection system.

PERFORMANCE MONITORING

- The ODMHSAS will monitor the performance of Contractor. This will include monitoring of outcomes reports for achievement of desired objectives as outlined in above, adherence with Project Timeline included in the grant application, and successful completion of activities listed above.

- Contractor shall report on the Department’s information system all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this contract attachment shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

SOC - Wraparound

Contractor shall furnish the necessary resourced to provide wraparound services to children, youth and families of young persons, up to age 21 with mental health, substance use, or co-occurring issues. Services shall be based on the core components and philosophy of the Wraparound Best Practice Model and National Wraparound Initiative. The contractor will follow all mandatory guidelines of Oklahoma Systems of Care.
WORK REQUIREMENTS

- Direct Wraparound services shall be provided using high fidelity Wraparound. A monthly average number of children, as identified by ODMHSAS, will be enrolled and receiving services. Contractor’s caseload will not fall below 75% capacity for longer than three consecutive months.
  
  ▪ Individual services shall be provided under the direction of a child and family team, made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, and the development of a family driven interagency treatment plan.

- Contractor will ensure that families receive: 1) easy access to mental health services and supports; 2) evaluation, assessment and treatment; 3) intensive coordination of services and supports; and 4) family support and training.
  
  ▪ This task shall be accomplished through facilitation and coordination or services by a care coordinator and/or family support provider in collaboration with informal and formal supports, with guidance and assistance from the local Project Director.

- Individuals fulfilling the terms of this contract shall attend Wrap101 training and follow the ODMHSAS wraparound coaching requirements to complete the credentialing process. Contractor shall also attend and participate in any applicable meetings or trainings as determined necessary by the Department.

PERFORMANCE MONITORING

- Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by Contractor as well as any other services otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.
Systems of Care Sole Source Services

SOC – Active Parenting Training & Consultation

This contract is to address the mental health needs of Oklahoma’s children and families in the 0-5 age range. The ODMHSAS and OSU’s Department of Human Development and Family Science will partner to provide training and workforce development for Oklahoma-based providers in the Active Parenting: First 5 Years Training curriculum.

The Extension Parenting Specialist will act as the primary point of contact with the Project Director of the SOC² Grant through ODMHSAS.

WORK REQUIREMENTS

- Contractor shall coordinate with OSU’s Department of Human Development and Family Science to plan and offer training to providers across the state in the Active Parenting: The First 5 Years.

- Contractor shall provide any needed materials and supplies for the students who are enrolled in these trainings.

- Contractor shall coordinate and work with IBEaR through OSU to conduct an evaluation of the students who participate in the Active Parenting: First 5 Years Training to measure student learning. Additionally, the Department shall work directly with the students after they complete the workshop to gather data from the parents and caregivers that they are utilizing the First 5 Years curriculum with and provide de-identified data to OSU’s Department of Human Development and Family Science so that they may use this data as part of their ongoing evaluation efforts.

SOC – Behavioral Health Aide Evaluation

Under the direction of the Oklahoma Systems of Care (OKSOC) Senior Project Director, the University of Oklahoma Educational Training, Evaluation, Assessment and Measurement (E-TEAM), Division of Public and Community Services, University Outreach, hereafter referred to as the Evaluator, will perform administrative and analytical duties to manage the design and implementation of the OKSOC Behavioral Health Aide evaluation in conformance to guidance given by the OKSOC management.

The Evaluator will appoint a lead researcher as the single Point of Contact (POC) for the evaluation project who will assume full accountability for the evaluation project and will respond in a timely manner to the needs of the OKSOC Senior Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including
tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing.

WORK REQUIREMENTS

- Ensure the BHA/BISS evaluation adheres closely to the expectations of OKSOC management including procedures for collection, entry, management, and storage of data.

- Maintain at least one support staff member at the E-TEAM to act as an evaluation liaison and technical support person for BHA staff. This person complements and backs up the primary Evaluator and shares the burden of visiting, training, and supporting local SOC site staff.

- Conduct site visits at each of the OKSOC sites that provide Behavioral Health Aides as a part of the partnership with OSDE to coordinate and provide training for site (and school staff, if requested) on BISS evaluation, data, and results.

- Provide telephone support and in-person support when requested throughout the school year. Elicit and process suggestions and feedback on evaluation features and problems, seeking line staff and ODMHSAS input, throughout the year.

- Implement BHS evaluation modifications to the OKSOC Youth Information System to collect data on referrals, enrollment, services, and outcomes. Develop monthly reports for the BISS sites to monitor service provision.

- Perform analyses of the BHA evaluation results and oversee revisions and improvements to the data collection process, if necessary.

- Report evaluation findings on the BISS project to the stakeholders, including family members, personnel of the lead agency and collaborating child-serving agencies, clinical staff, and members of the State Legislature. Produce periodic and ad hoc reports for the OKSOC community.

- Use evaluation findings to update stakeholders about OKSOC project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.

PERFORMANCE MONITORING

- Contractor shall provide an annual report of activities carried out pursuant to the Statement of Work.
SOC – Building Early Relationships Training & Consultation

This contract is to address the mental health needs of Oklahoma’s children and families in the 0-5 age range. The ODMHSAS and OSU’s Institute for Building Early Relationships (IBEaR) will partner to provide training and workforce development for Oklahoma-based mental health clinicians in Infant and Early Childhood Mental Health.

The Director of IBEaR at OSU will act as the primary point of contact with the Project Director of the SOC² Grant through ODMHSAS.

WORK REQUIREMENTS

- Contractor shall complete a needs assessment and then develop and offer up to 132 field hours of infant mental health workforce development.

- Contractor shall continue to coordinate reflective supervision for each of the clinicians who have been enrolled in HDFS 5343 previous semesters. This reflective consultation will be with an IMH specialist and count towards their needed hours of reflective consultation for infant mental health endorsement through OKAIMH (Oklahoma Association of Infant Mental Health).
  
  - Contractor shall hire and pay the reflective consultants. The reflective consultants will be IMH endorsed at levels 3 or 4 (or the equivalent) so it will count toward IMH endorsement.
  - Reflective consultation will continue for the contract period with up to 50 hours under the current contract as funding permits.
  - The clinicians participating will be linked to OKAIMH to help with pursuing IMH endorsement.

- Contractor shall coordinate and execute an evaluation of the workforce development program. The goal of the evaluation will be to assess the impact of the workforce development on the participating clinicians and agencies as it relates to their knowledge, understanding, and comfort level with infant mental health. It will additionally provide information for areas of needed adaptation as the workforce development program continues into additional contract years. OKDMH and IBEaR will collaborate on papers and presentations sharing findings of the evaluation within academic, professional, and other channels.

PERFORMANCE MONITORING

- Contractor shall provide a bi-annual report of activities carried out pursuant to this SOW.
**SOC – Child Parent Psychotherapy Training & Consultation**

Contractor shall provide training and consultation to support professional development throughout the state through the Project LAUNCH and SOC² Grants to focus on supporting the relationship needs of families with infants and young children. This training will also support the workforce development goals of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.

**WORK REQUIREMENTS**

- Contractor shall provide Child Parent Psychotherapy Training to licensed clinicians and supervisors from around the state.
- Contractor shall provide ongoing consultation calls to training attendees.
- Contractor shall provide suggestions regarding sequencing of the training with consideration of the training goals.
- Contractor shall provide appropriate materials relevant to the training.
- Contractor shall provide evaluation of the trainings.
- Contractor shall provide follow-up to the Department to provide feedback and improvement of the services provided.
- The Department shall advertise and recruit participants who are qualified to attend all of the trainings.
- The Department shall provide space, AV equipment and copies of materials to support training with Contractor.
- The Department shall provide CEUs for licensed mental health professionals and verification of participation for all others.
- The Department shall assure staff is on site and available to provide administrative support during the training period.

**SOC – Children’s Call Center**

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Systems of Care (OKSOC) believes that a Statewide Children’s Mobile Response and Stabilization Services System is essential to our
goals of keeping children at home, in school and in their community. Our ultimate goal is that all Oklahoma’s children and youth with serious emotional disturbances will have easy and early access to all the services and supports necessary in order to remain in their own homes, in their own communities, safely and successfully with hope for the future. The Contractor shall administer, operate and monitor a Children’s Mobile Response and Stabilization System – Call Center. The call center will operate 24 hours per day, 365 days per year.

WORK REQUIREMENTS

- The Contractor must maintain the capacity to answer and appropriately respond to calls 24-hours a day, 365 days a year. The Contractor must also maintain the capacity to respond to multiple simultaneous calls at all times. Calls may be received from multiple sources including but not limited to children, caregivers, hospital emergency rooms, police, school personnel, and care providers.

  - The Call Center is the entry point for access to the CMRS-Children’s Mobile Response and Stabilization Services for children and youth in the State of Oklahoma. The Call Center receives calls, collects relevant information from the caller, determines the initial response that is needed, and links the caller to the information or service required. This will include, at times, callers who may be suicidal, or calls regarding individuals who are at risk for suicide.

    - In addition to these primary functions, the Call Center also collects data regarding calls received, triage responses and referrals to CMRS-Children’s Mobile Response and Stabilization Service providers and provides data as needed.

  - The Contractor will maintain multilingual crisis call specialists and Telephone Device for the Deaf (TDD) access available to callers. When a multilingual crisis call specialist is not available, a translation service is used to handle the call. To ensure continuity of the call, calls transferred to CMRS-Children’s Mobile Response and Stabilization Service provider sites with a translator will maintain use of the accessed translator through the conclusion of the call.

  - The Contractor will ensure that calls are handled in the following manner:

    - Crisis calls will be answered in three (3) rings or less, or within 35-45 seconds with call report sent to ODMHSAS
monthly.

- The abandonment rate for crisis calls (measured daily and then averaged over the course of a month) with a target of less than 5%, with call report sent to ODMHSAS monthly.

- A follow-up call will be made within 72 hours, with a report sent to ODMHSAS monthly.

- Up to 3 attempts will be made to reach a caller for follow up. Of the callers reached, 80% will rate their experience as positive/helpful as demonstrated by client satisfaction questionnaires randomly distributed and collected by the Contractor.

- Contractor shall ensure that all Call Center staff participate in ongoing training provided through regular refresher trainings, inservices and case discussions. The ODMHSAS, or a designee, will provide specialized crisis training as needed. All staff handling CMRS calls shall be professionals trained to respond to crisis calls appropriately and document the necessary information during the call.

- The contractor will retain clinical supervision to oversee the clinical components of Call Center operations 24 hours per day. Supervising Clinicians must be licensed mental health practitioners (Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psychologist, or Advanced Practice Registered Nurse) unless otherwise approved by ODMHSAS.

- Supervising Clinicians are responsible for monitoring and supervising the performance of Call Center staff as well as providing consultation and training to staff and clinical oversight of Call Center activities.

- Supervising Clinicians shall be available either on site or by phone at all times to answer questions and to assist with difficult circumstances.

- The contractor will maintain the capacity to continue Call Center operations in the event of an emergency or unforeseen circumstance that prevents the use of their existing Call Center site. The contractor will have the capacity to manage such
emergency situations for up to 72 hours. If the situation preventing use of its existing site persists beyond 72 hours, ODMHSAS will be notified.

- Contractor shall ensure that all Call Center operations are guided by the following ODMHSAS approved protocols:

  - All calls will be managed according to the triage protocols and the parameters of call response described above. Call Center staff must make every effort to collect sufficient information to determine which of the following responses is required:

    - The call requires immediate contact with 911 for police/emergency services dispatch due to the presence of serious and imminent risk of harm. In such cases, the crisis call specialist documents the phone number of the caller, if available, and patches the call to the appropriate police department.

    - In the event the caller disconnects from the call, if possible the call is traced and the appropriate police department is notified.

    - If the call involves risk of suicide it is expected that the specially trained crisis call specialist will remain on the call and assess for imminent risk and the level of safety of the individual and, when appropriate, patch the call to 911 to initiate a safety check.

    - The call requires an immediate contact with a local CMRS-Children's Mobile Response and Stabilization Services provider to arrange for an immediate mobile response due to the presence of a child in behavioral health crisis, and the need for CMRS-Children's Mobile Response and Stabilization Services. In such situations, the contractor must make every effort to collect the minimum information necessary to make a triage decision and facilitate an effective transfer CMRS-Children's Mobile Response and Stabilization Service providers.

    - The call does not require an immediate crisis response and is best served by providing the caller with information and/or referral contacts utilizing the existing community resources and referral database and call management protocols. This triage option and call management protocol shall be applicable during all hours of Call Center operations.

- The contractor must regularly obtain information and input from
consumers for the purpose of monitoring consumer satisfaction and developing/maintaining a consumer friendly service. The feedback from these processes must be reported to ODMHSAS quarterly via data submission and a written narrative summary of the process and obtained outcomes.

- The contractor will maintain an active program of quality improvement activities to maximize program effectiveness. Quality improvement activities shall include but not be limited to periodic live monitoring of calls by the Call Center supervisor, and monitoring and review of; call volume, average speed to answer, average length of call, abandoned calls and case audits. An internal quality improvement team will convene regularly to review Call Center operations.

- Contractor shall ensure that the ODMHSAS designated target population is served.

- The target population for CMRS-Children’s Mobile Response Statewide Call Center is any child or youth in the community who is in the midst of a psychiatric, behavioral, or emotional crisis for which an immediate/emergent response is required. The target population will include the children and youth who are:
  
  - Uninsured;
  - Enrolled in SoonerCare/Medicaid;
  - Involved with OKDHS Child Welfare Services;
  - Involved with OJA Juvenile Justice Services;
  - Receiving behavioral health services from a community provider;
  - In a foster or adoptive home or group home;
  - Children or youth who’s needs of the situation exceeds the parent’s, guardian’s or caregiver’s strengths and capacity to maintain the present living environment and external supports are required;
  - Presenting in psychiatric crisis in a hospital emergency department and in need of continued stabilization and follow-up care upon discharge;
  - Experiencing a psychiatric, behavioral, or emotional crisis in a school, after school program or other community setting;
  - Any child or youth in the community experiencing a psychiatric, behavioral, or emotional crisis regardless of their insurance or citizenship status; or
  - Any child or youth in the community experiencing
escalating behavior(s) and, without immediate stabilization, he or she is likely to be at risk for placement disruption or out of home/community placement.

- Children residing in a psychiatric inpatient unit, sub-acute unit or residential treatment facility, or a Psychiatric Residential Treatment Facilities (PRTF) are not eligible for CMRS-Children’s Mobile Response and Stabilization Services.

- The contractor will work closely with the ODMHSAS contract manager and staff for maintaining an annual statewide marketing campaign. The Call Center with ODMHSAS approval will design, produce, and distribute CMRS-Children’s Mobile Response and Stabilization Services marketing materials including customizable brochures, magnets, posters and other materials, annually. All materials will be developed as a state-wide generic CMRS-Children’s Mobile Response and Stabilization Services. Additionally, the contractor will utilize their existing website, e-newsletters, and other readily available, low cost methods of expanding public awareness of CMRS-Children’s Mobile Response and Stabilization Services. These statewide marketing activities must be coordinated with the local outreach and education activities performed by each of the local CMRS-Children’s Mobile Response and Stabilization Services providers and ODMHSAS contract manager. The number of materials and costs associated with printing and distribution will be discussed annually and approved by the ODMHSAS contract manager.

- The Contractor will submit individual, client level data to the ODMHSAS approved data collection site or other system as required by ODMHSAS. The data must use the conventions and logic as determined by ODMHSAS to ensure accurate, unduplicated client counts. This data will be sent to ODMHSAS and/or the designated vendor(s) at an interval specified by ODMHSAS. The reports generated from that data will be utilized by the contractor in ongoing quality assurance activities to improve the delivery of service to callers.

PERFORMANCE MONITORING

- Contractor shall provide a quarterly written report of the activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as the Department may require.

COMPENSATION

- Expenses may include the following:
  - Staff salaries and fringe benefits;
- Rent, utilities and maintenance;
- Telephone and communication equipment;
- Marketing, outreach activities;
- Program supplies and equipment;
- Program furniture;
- Staff education and training;
- Other direct expenses required by the contract;
- Indirect costs not to exceed 17.5%. All indirect cost is to be fully disclosed on content.

**SOC – Children’s Mobile Response & Stabilization**

Contractor shall provide the resources necessary to operate a Mobile Response and Stabilization System for children, youth and young adults and their families, up to the age of 25. The Mobile Response and Stabilization System is a mobile intervention service for children, youth, and young adults experiencing behavioral health emergencies. Mobile intervention services shall include, but not be limited to: community-based rapid emergency crisis stabilization for individuals with immediate, overwhelming behavioral problems that severely impair their ability to function in the community; community-based emergency intervention for other behavioral health emergencies; collaboration with community stakeholders to help ensure client success; outreach and engagement for crisis intervention service recipients who are not existing clients; follow-up care to promote continued stabilization; coordination of care; and other community-based activities to enhance access, service quality, child and family outcomes, and stakeholder satisfaction.

**WORK REQUIREMENTS**

- Contractor shall provide a Mobile Response and Stabilization System for children, youth and young adults up to the age of 25. These children, youth and young adults shall be eligible regardless of payer source or ability to pay. Exclusions include youth in Residential Treatment Facilities, Inpatient Hospitals.

  - Contractor shall maintain capacity to respond to emergency calls from the target population within their geographic service area 24 hours a day, 7 days a week, 365 days a year.
    - The Contractor shall have a published telephone number accessible on a 24 hour basis, seven days a week.
    - The Contractor must have the ability to handle and respond to multiple calls at one time.
    - The Contractor must respond to calls within 1 hour of the call, unless the call is identified as a deferred call.
The Contractor must respond to deferred calls within 24 hours of call.

- Contractor shall maintain capacity to staff a **Mobile Response Team (MRT)** 24 hours a day, 7 days a week, 365 days a year to provide on-site, face-to-face emergency response to assist with behavioral health emergencies through the provision of face to face mobile intervention services designed to deescalate the emergent situation, prevent placement disruption, inpatient hospitalization, detention and homelessness. The overall goal is restore the youth and family to a pre-emergency level of stabilization.

- Contractor shall ensure that the following staffing requirements are met:
  
  - Face-to-face emergency response shall be provided by a Care Coordinator, Family Support Provider, Peer Recovery Support Specialist, Behavioral Health Aide or other qualified staff, with immediate access to a Licensed Mental Health Professional (LMHP).
    - Immediate access to a LMHP is defined as face to face access or access through an on-call system (e.g. telehealth).
    - Face-to-Face emergency interventions that take place in a hospital emergency room are to be provided by a LMHP.
  
  - Mobile Response and Stabilization teams of two or more staff is preferred, but an exception can be made by a LMHP according to the policy of the Contractor.
  
  - At a minimum, staff should have training in crisis theory, risk assessment, and trauma informed interventions for the developmental levels being served (this includes any core training required by the ODMHSAS), and the ability to provide trauma informed, systems-based and strengths-based approaches for the assessment of children and adolescents in crisis.
    - Training requirements include: Cultural Linguistic Competency; Traumatic Stress and Trauma Informed Care; Functional Assessment; Crisis and Safety Planning; Motivational Interviewing; NIMH, Columbia, Crisis Assessment, Planning and Intervention for
 Contractor shall ensure that children, youth and families accessing mobile response and stabilization teams are able to access referral and linkage assistance for evaluation and assessment for mental health and substance use disorder services; and have access to a comprehensive array of behavioral health treatment and support services.

- MRTs shall provide crisis diversion, resource support, stabilization and care coordination for emergency situations that are not a mental health or substance use crisis.
  
  ✓ When emergencies rise to a level needing a clinical intervention, MRTs shall access an LBHP via telehealth or face to face.

- MRTs shall respond to emergent situations and attempt to work with the family to de-escalate and connect with follow up services, while linkages for community based services and/or the Wraparound process are established. This can include, but is not limited to:
  
  ✓ Functional assessment to help the family to determine immediate challenges and the resources needed to overcome those challenges, including communication and coping skills to help prevent future emergencies.
  ✓ Developing a plan for emergencies to aid in preserving the stabilization.
  ✓ Follow-up appointments and planning, completing releases for engaging informal supports (Schools, OJA, DHS, etc.)

- If the emergency is not a mental health or substance use crisis, and the MRT is not successful in deescalating the situation, the MRT will attempt to locate a respite provider for the child or youth. Flex funding will be available for assistance with brief respite. For children in state custody, a protocol will be followed, notifying the OKDHS caseworker who will utilize mental health
consultation to determine the next best placement option immediately.

- When an emergency is determined to be a clinical crisis, the MRT will Link with an LBHP and the LBHP will conduct an assessment in order to determine if there is a mental health or substance use crisis that is of immediate danger to self or others. If so, prior authorization will be issued by OHCA at that time and the MRT will work locally to get the child and family to the closest children’s crisis center or inpatient facility bed available. The family or law enforcement will then transport the child or youth to the inpatient facility. The MRT will at that time make a referral to link the family with a local HH/Wraparound agency to begin preparing the family for reunification, and begin working with the inpatient facility on discharge planning. This will enable return to the community as seamlessly and quickly as possible.

- If the LBHP has difficulty making a final determination, an inpatient LBHP at the OHCA will be accessible to make the final assessment of whether an acute level of inpatient mental health care is immediately necessary.
- The MRT shall make contact with inpatient facility within 48 hours after inpatient admission to discuss discharge planning of those who go inpatient or a residential setting.

- Follow-up care and coordination of services by the MRT after the emergency intervention will last up to 72 hours, to promote continued stabilization. There is also an option to continue to follow-up for 8 weeks, as needed. All follow-up must be under close supervision of an LBHP.

- Contractor shall create an organized system to deliver post emergency services to child and family.
- These services shall be designed to promote continued stabilization of the family system and minimize the movement of children from one living arrangement to another, including within foster homes; prevent inappropriate hospitalization or re-hospitalization; improve
the functioning of children in all life domains, including social, behavioral, emotional and educational; respond to the individual needs of families and children, focusing on the importance of their participation in treatment; provide timely, on-site access to assessment and evaluation in a wide array of settings; and manage appropriate levels of risk and disruption in the home and community.

PERFORMANCE MONITORING

- Department will monitor the performance of the contractor in conjunction with systems partners, will be accountable for concrete outcomes that reflect the commitment to maintaining ties among children, families, and communities while delivering effective clinical care and support services for children with emotional and behavioral challenges. Desired outcomes include:

  - Improved clinical outcomes and emotional/behavioral stability.
  - Improved permanency in community placements.
  - Reduced re-admissions to acute psychiatric hospitals.
  - Improved crisis management and stability in living environments for families and caregivers.
  - Improved educational performance and overall social functioning for children.
  - Reduction in delinquent behavior among youth involved with services.
  - Improved access to assessments and evaluations and improved access and timeliness of service delivery in all settings, including youth in detention centers or juvenile shelters.
  - Improved satisfaction and increased participation in treatment by families and children.

SOC – Circle of Security Parenting Facilitator Training & Consultation

Contractor shall provide two Circle of Security® Parenting© Facilitator Trainings for mental health and other professionals working with and on behalf of families with infants and young children. These trainings will support professional development throughout the state through the SOC² Grant to focus on supporting the relationship needs of families with infants and young children. These trainings also support the workforce development goals of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.
WORK REQUIREMENTS

- Contractor shall provide one trainer for two separate offerings of the 4-day Parenting Facilitator Training.

- Contractor shall provide a registration page for ODMHSAS to register their attendees on the COSI web page.

- Contractor shall provide a template for advertisement that can be printed or emailed.

- Contractor shall organize delivery of DVDs, facilitators’ manuals, parent handout templates, workshop handouts, certificates of completion and information for CEUs.

- Contractor shall reimburse the Department for costs incurred. The items for reimbursement to the agency are; administrative costs, postage and associated operating expenses.

- The Department shall advertise and recruit participants through the COS® approved advertisement template and provide Contractor with a short list of local accommodations and dining for the Contractor to include on the registration page.

- The Department shall provide space, AV equipment and copies of materials to support training with Contractor.

- The Department shall provide CEUs for licensed mental health professionals and verification of participation for all others.

- The Department shall assure staff is on site and available to provide administrative support during the training period.

SOC – DC:0-5 Training & Consultation

Contractor shall provide trainings and consultation to support professional development throughout the state through the SOC² Grant to focus on supporting the relationship needs of families with infants and young children. This training will also support the workforce development goals of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.
WORK REQUIREMENTS

- Contractor shall provide two separate offerings of the two day DC: 0-5 trainings for mental professionals working with and on behalf of families with infants and young children.

- Contractor shall provide qualified trainers to carry out the trainings.

- Contractor shall provide suggestions regarding sequencing of the trainings with consideration of the training goals.

- Contractor shall provide appropriate materials relevant to the trainings (including copies of the DC: 0-5 for both of the two day workshops).

- Contractor shall provide evaluation of the trainings.

- Contractor shall provide follow-up to the Department to provide feedback and improvement of the services provided.

- Contractor shall offer follow-up technical assistance calls to training participants on a regular basis; mutually agreed upon by SOC^2 staff and 0-5 trainers.

- The Department shall advertise and recruit participants who are qualified to attend all of the trainings.

- The Department shall provide space, AV equipment and copies of materials to support training with Contractor.

- The Department shall provide CEUs for licensed mental health professionals and verification of participation for all others.

- The Department shall assure staff is on site and available to provide administrative support during the training period.

SOC – Diversion

This contract is to provide funding to develop the capacity of OKDHS to provide diversion services by identify, link and divert children with mental health and substance abuse needed to the appropriate behavioral health services, by linking with Oklahoma Systems of Care.
WORK REQUIREMENTS

- Contract shall employ a full time person with the responsibility of planning, coordinate and develop diversion process of persons with mental health and substance abuse treatment needs involved in the child welfare system. Works closely with Oklahoma Systems of Care and the Oklahoma Department of Mental Health and Substance Abuse Services, to refer and link children, youth and their families with mental health and substance abuse treatment needs to appropriate community based programs and other needed services.

- Duties and Responsibilities
  
  - Assures compliance with the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services standards and best practice requirements.
  
  - Facilitate cross agency communication between ODMHSAS and OKDHS
  
  - Develop a screening and referral and linkage process within OKDHS to divert children to local SOC.
  
  - Develop a diversion process for children on the CW group home waiting list.
  
  - Develop a referral and linkage process for diverting youth.
  
  - Guides the development of the diversion process for youth involved in Child Welfare.
  
  - Facilitates communication and understanding between CW staff and OKSOC providers.
  
  - Facilitates collaborative efforts with agencies serving children, and youth and their families.
  
  - Develops program protocol that establishes policy and practice for multi-system collaboration.
  
  - Develops, guides, and assists data collection and monitoring process.
  
  - Promotes open communication and efficiently seeks resolutions to issues and concerns across systems.
• Analyzes and interprets data.
• Prepares and distributes reports.
• Presents data and conclusions as appropriate.
• Ensures protection of confidentiality as defined in 42 CFR Part 2 and HIPPA knowledge, skills and abilities.
• Exceptional leadership skills; demonstrated leadership and project management experience associated with successful and innovative program development.
• Knowledge of and experience in working with behavioral health and child welfare systems, and community agencies and organizations.
• Strong time management and organizational skills; ability to conduct several projects simultaneously.
• Excellent program management and development skills.
• Superior oral and written communication skills; ability to express ideas clearly, both orally and in writing.
• Ability to collaborate across systems to address operational and service issues.
• Exceptional interpersonal skills and ability to efficiently interact across systems.
• Ability to maintain accurate and detailed documentation.

PERFORMANCE MONITORING

• Services provided pursuant to Department funding shall be reported through the Department’s approved data collection system.

SOC – Early Childhood Mental Health Consultation: Child Care & Wraparound

The Contractor will provide consultation services on children’s behavioral health to the following:

Approved licensed child care providers, Head Start/Early Head Start Programs, and Pre-K/Kindergarten programs (serving children up until their 6th birthday) as requested through the Oklahoma Child Care Warmline Coordinator. Each center
will be allotted up to 16 hours of consultation and if additional time is needed, the consultant can apply for an extension.

Wraparound providers supporting families of children age 0-5. Wraparound providers will need to get approval from their supervisors prior to requesting early childhood mental health consultation.

**WORK REQUIREMENTS**

- Contractor shall provide specified consultation services which support relationship-based care in approved licensed child care centers and family child care homes.

  - Consultant qualifications require professional licensure or under supervision for licensure in one of the following fields:
    
    o Child Psychiatry;
    o Clinical Psychology;
    o Clinical Social Work;
    o Marriage and Family Therapy; or
    o Professional Counselor (LPC)

  - Consultation services may include:
    
    o Classroom assistance to model guidance techniques with challenging behavior exhibited by young children.
    o Support with applying trainings on behavior and guidance models into daily practice.
    o Classroom observation with feedback to the director and staff to develop goals for change.
    o Suggestions about classroom layout and structure that promote social and emotional development and minimize challenging behavior.
    o Help in locating materials for use in the classroom and with families.
    o Assistance with parent meetings and help linking families with outside services when needed.
    o Assistance with management issues including staff relationships and team building.
    o In-service training for staff on children’s social and emotional development when the need for such training is identified through the consultation process.

- Contractor shall provide specified consultation services which support
best practices with infants and young children age 0-5 for Wraparound providers working in counties being served by their host agency.

- Consultant qualifications require professional licensure or under supervision for licensure in one of the following fields:
  - Child Psychiatry;
  - Clinical Psychology;
  - Clinical Social Work;
  - Marriage and Family Therapy; or
  - Professional Counselor (LPC)

- Consultation services may include:
  - Assistance to model guidance techniques with challenging behavior exhibited by young children.
  - Support with applying trainings on behavior and guidance models into daily practice.
  - Observation with feedback to the Wraparound staff and caregivers to develop goals for change.
  - Suggestions about routines and supports that promote social and emotional development and minimize challenging behavior.
  - Help in locating materials for use with Wraparound providers and with families.
  - Assistance with parent meetings and help linking families with outside services when needed.
  - In-service training for staff on children’s social and emotional development when the need for such training is identified through the consultation process.

- Professionals who meet requirements to be a consultant shall participate in the seven (7) hour orientation training provided by members of the ECMHC Advisory Committee. Training shall be provided at no cost.

- Consultants who have an active ECMHC case(s) shall participate in monthly consultation calls facilitated by the ECMHC Advisory Committee.

- Contractor shall make available to staff additional opportunities for support from the ECMHC Advisory Committee through telephone, email and on-site consultation to assist in the provision of mental health consultation services.
• Contractor shall assure that at least one member of the clinical supervisory staff participates in the seven (7) hour orientation training so that best practice can be supported locally and contract dollars are used appropriately.

• Professionals who meet requirements to be a consultant shall be mentored by the ECMHC/T through a minimum of the first referral and as needed to assure implementation of the best practice ECMHC model.

• The Contractor agrees to provide community support services including, but not limited to:
  ▪ Facilitating identified staff and relevant administrative staff/supervisor(s) in attending orientation and other training which supports the provision of ECMHC services.
  ▪ Facilitating staff participation in mentoring and technical assistance activities with the Early Childhood Mental Health Consultant/Trainer as indicated/needed.
  ▪ Facilitating staff participation on monthly technical assistance calls of the ECMHC Network to enhance the quality of services delivered to early childhood programs as required by the evidence based practices identified by ODMHSAS.
  ▪ Facilitating staff participation in monthly reflective supervision/consultation groups.
  ▪ Facilitating staff attendance at local, regional or state meetings for the purpose of improving interagency collaboration and service delivery.
  ▪ Facilitating preparation and travel time for staff related to the provision of ECMHC.

PERFORMANCE MONITORING

• Contractor shall submit monthly reports of consultant activities by the 15th of the following month. Reports shall be submitted to:
  ▪ Child Care Consultation: The Oklahoma Child Care Warmline
  ▪ Wraparound: The Manager of Infant and Early Childhood Services

• Contractor shall participate in all evaluation activities as required by
ODMHSAS, the Oklahoma Child Care Warmline, and the ECMHC Advisory Committee.

- Contractor shall participate in site visits with the ODMHSAS point of contact and the ECMHC Advisory Team twice annually and include identified consultants and supervisory staff.

COMPENSATION

- The hourly rate for ECMHC is $69.48/hour and the hourly rate for travel associated with ECMHC is $65.52/hour.

- Funding shall be reimbursed on a monthly basis upon receipt, and ODMHSAS approval, of an invoice and monthly written report of activities referenced above.

SOC – Early Intervention Outreach

Contractor shall provide outreach in the community to young children who are at risk of developing Serious Emotional Disturbance (SED) and/or that already meet the criteria for SED, as well as young adults who may have experienced their first episode of psychosis within the last two years. The goal will be to identify and engage people from both groups and connect them with needed services and supports as soon as possible for early intervention.

WORK REQUIREMENTS

- As a part of early intervention efforts, Contractor shall provide the staff and resources needed to accomplish the following:

  - Conduct outreach activities, including street and community outreach, to identify and engage young children who are at risk of developing SED and/or that might already meet the criteria for SED as well as young adults who may have experienced their first episode of psychosis within the last two years.

  - Link eligible individuals with services through Wraparound/Service Coordination and/or NAVIGATE Initiatives. If individuals do not meet eligibility criteria for services through Wraparound/Service Coordination or NAVIGATE Initiatives, will link with other community services.

  - Provide follow-up on linkages to ensure that a successful connection has been made.
Attend related training and/or meetings as determined by ODMHSAS related to serving young children who are at risk of developing SED and/or that might already meet the criteria for SED, as well as young adults who are at risk of experiencing (and/or have experienced) their first episode of psychosis within the last two years.

Assure that all levels of staff attend training specific to the 0-5 training, including but not limited to clinician(s) attending DC 0-5 training, staff attending training necessary to provide group to caregivers of children 0-5 using an approved curriculum, and Family Support Provider(s) attending training necessary to be familiar with supporting families with small children.

PERFORMANCE MONITORING

- The Contractor will provide monthly reports that will include:
  - The number of children age 0-5 (and/or caregivers of children age 0-5) and the number of young adults contacted during the month.
  - The number of children age 0-5 (and/or caregivers of children age 0-5) and the number of young adults contacted who were linked with Wraparound/Service Coordination and/or NAVIGATE Initiatives.
    - The number of children age 0-5 (and/or caregivers of children age 0-5) and/or young adults linked with Wraparound/Service Coordination and/or NAVIGATE Initiatives who were determined eligible and successfully admitted to a Wraparound/Service Coordination and/or NAVIGATE program.
  - The number of children/caregivers of young children and/or young adults contacted that were not eligible for services through Wraparound/Service Coordination and/or NAVIGATE Initiatives (including any referred to Wraparound/Service Coordination and/or NAVIGATE that were determined ineligible).
    - The reason the children and/or young adults were determined ineligible for Wraparound/Service Coordination and/or NAVIGATE.
    - The type of programs/services the children and/or young adults that were determined ineligible for
Wraparound/Service Coordination and/or NAVIGATE were linked with.

- The number of staff who attended training in the month being invoiced for and the title(s) of the trainings attended.

**SOC – Embedded Care / Mobile Crisis**

This contract is to provide 24 hour, 7 day per week assistance by telephone or face to face mobile response and stabilization and embedded intense care coordination for children and adolescents in the child welfare system with behavioral health and complex psychosocial needs.

**WORK REQUIREMENTS**

- Contractor shall provide a Mobile Response and Stabilization System for children, youth and young adults up to the age of 25. These children, youth and young adults shall be eligible regardless of payer source or ability to pay. Exclusions include youth in Residential Treatment Facilities, Inpatient Hospitals.

  - Contractor shall maintain capacity to respond to emergency calls from the target population within their geographic service area 24 hours a day, 7 days a week, 365 days a year.

    - The Contractor shall have a published telephone number accessible on a 24 hour basis, seven days a week.
    - The Contractor must have the ability to handle and respond to multiple calls at one time.
    - The Contractor must respond to calls within 1 hour of the call, unless the call is identified as a deferred call.
    - The Contractor must respond to deferred calls within 24 hours of call.

  - Contractor shall maintain capacity to staff a **Mobile Response Team (MRT)** 24 hours a day, 7 days a week, 365 days a year to provide on-site, face-to-face emergency response to assist with behavioral health emergencies through the provision of face to face mobile intervention services designed to deescalate the emergent situation, prevent placement disruption, inpatient hospitalization, detention and homelessness. The overall goal is restore the youth and family to a pre-emergency level of stabilization.

  - Contractor shall ensure that the following staffing requirements are met:

    - Face-to-face emergency response shall be provided by a Care Coordinator, Family Support Provider, Peer Recovery Support
Specialist, Behavioral Health Aide or other qualified staff, with immediate access to a Licensed Mental Health Professional (LMHP).

- Immediate access to a LMHP is defined as face to face access or access through an on-call system (e.g. telehealth).

- Face-to-Face emergency interventions that take place in a hospital emergency room are to be provided by a LMHP.

  - Mobile Response and Stabilization teams of two or more staff is preferred, but an exception can be made by a LMHP according to the policy of the Contractor.

  - At a minimum, staff should have training in crisis theory, risk assessment, and trauma informed interventions for the developmental levels being served (this includes any core training required by the ODMHSAS), and the ability to provide trauma informed, systems-based and strengths-based approaches for the assessment of children and adolescents in crisis.

  - Training requirements include: Cultural Linguistic Competency; Traumatic Stress and Trauma Informed Care; Functional Assessment; Crisis and Safety Planning; Motivational Interviewing; NIMH, Columbia, Crisis Assessment, Planning and Intervention for LBHP; and Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SIBIRT).

- Contractor shall ensure that children, youth and families accessing mobile response and stabilization teams are able to access referral and linkage assistance for evaluation and assessment for mental health and substance use disorder services; and have access to a comprehensive array of behavioral health treatment and support services.

  - MRTs shall provide crisis diversion, resource support, stabilization and care coordination for emergency situations that are not a mental health or substance use crisis.

  - When emergencies rise to a level needing a clinical intervention, MRTs shall access an LBHP via telehealth or face to face.

  - MRTs shall respond to emergent situations and attempt to work with the family to de-escalate and connect with follow up services, while linkages for community based services and/or the Wraparound process are established. This can include, but is not limited to:
Functional assessment to help the family to determine immediate challenges and the resources needed to overcome those challenges, including communication and coping skills to help prevent future emergencies.

Developing a plan for emergencies to aid in preserving the stabilization.

Follow-up appointments and planning, completing releases for engaging informal supports (Schools, OJA, DHS, etc.)

- If the emergency is not a mental health or substance use crisis, and the MRT is not successful in deescalating the situation, the MRT will attempt to locate a respite provider for the child or youth. Flex funding will be available for assistance with brief respite. For children in state custody, a protocol will be followed, notifying the OKDHS caseworker who will utilize mental health consultation to determine the next best placement option immediately.

- When an emergency is determined to be a clinical crisis, the MRT will link with an LBHP and the LBHP will conduct an assessment in order to determine if there is a mental health or substance use crisis that is of immediate danger to self or others. If so, prior authorization will be issued by OHCA at that time and the MRT will work locally to get the child and family to the closest children’s crisis center or inpatient facility bed available. The family or law enforcement will then transport the child or youth to the inpatient facility. The MRT will at that time make a referral to link the family with a local HH/Wraparound agency to begin preparing the family for reunification, and begin working with the inpatient facility on discharge planning. This will enable return to the community as seamlessly and quickly as possible.

- If the LBHP has difficulty making a final determination, an inpatient LBHP at the OHCA will be accessible to make the final assessment of whether an acute level of inpatient mental health care is immediately necessary.

- The MRT shall make contact with inpatient facility within 48 hours after inpatient admission to discuss discharge planning of those who go inpatient or a residential setting.

- Follow-up care and coordination of services by the MRT after the emergency intervention will last up to 72 hours, to promote continued stabilization. There is also an option to continue to follow-up for 8 weeks, as needed. All follow-up must be under close supervision of an LBHP.

- Contractor shall create an organized system to deliver post emergency services to child and family.
✓ These services shall be designed to promote continued stabilization of the family system and minimize the movement of children from one living arrangement to another, including within foster homes; prevent inappropriate hospitalization or re-hospitalization; improve the functioning of children in all life domains, including social, behavioral, emotional and educational; respond to the individual needs of families and children, focusing on the importance of their participation in treatment; provide timely, on-site access to assessment and evaluation in a wide array of settings; and manage appropriate levels of risk and disruption in the home and community.

• Service Coordination – Provides high intense youth and family planning facilitated by a care coordinator. The Care Coordinator engages the child welfare staff, identified youth and their families in planning. The Plan of Care will address, but not limited to treatment planning, plan for community stabilization/crisis, and permanency, and must include natural supports. The Care Coordinator will carry an assigned caseload and will deliver services singly or as part of a team and maintain accurate and timely clinical service records, prepare and provide accurate reports; and submit data in an accurate and timely manner. The Care Coordinator works in a professional team environment and strong organizational skills are essential. The position requires variable schedules including evening and weekend hours.

• Contractor shall provide a full time Embedded Care Coordinator for each county assigned or a combination of two counties, who at the very least, shall have a Bachelor's degree with experience in the human service field, case management certification, Behavioral Rehabilitative Specialist training, Wrap 101 and a proven ability in self-direction and initiative. The Care Coordinator:
  ▪ Must be available to staff cases with Child Welfare staff regularly.
  ▪ Assists the child and his/her family to access mental health, substance abuse and other needed social services, educational services and other services, and supports the child and his/her family in meeting the needs and objectives of the Plan of Care.
  ▪ Provides services to include: assessment/ evaluation of service needs; identifying team members involved with the child, planning meetings, developing a plan of care based on strengths and needs with the team.
  ▪ Obtains and arranges for formal services from agencies and informal services in the community.
  ▪ Monitors the Plan and revises as needed, ensuring that services from providers are being provided as called for in the Plan of Care by agencies.
that have agreed to participate in the plan, advocating for the client, and providing emergency interventions.

- Provides access to mobile crisis services (i.e. Mobile Crisis Stabilization).

- Provides services through face-to-face contact and telephone contact with the child, family, informal and formal supports, and service providers and may be provided anywhere in the community.

Duties and Responsibilities:

- Identify and engage youth and families (when there is no identified family one should be created).

- Conduct a functional assessment crisis/safety plan on the problematic behaviors. The plan should be developed and updated to often to assure placement stabilization.

- Work with the child welfare staff to identify permanency planning for that youth.

- Work with the youth, family and child welfare staff to identify needs and desires.

- Refer and link the youth to the appropriate behavioral health service and other needed services.

- Conduct thorough and ongoing child/family strengths and needs assessments, utilizing the program specific protocol.

- Develop and implement successful behavior management techniques specific to the youth and family’s needs.

- Conduct educational activities that promote client understanding of treatment issues.

- Interfaces with Child Welfare staff, the courts and other partners regarding child well-being, stability, safety and case planning.

- Plan for transition by making sure the child and family have reached a level of stability and is engaged with ongoing treatment provider in their community:
  
  - Plan for client discharge/termination, including helping the family plan and prepare.
- Link and make sure proper engagement of families to community resources.

- Maintain clinical records in a timely manner following agency standards.

- Is available to work after hours, weekends and on-call on a rotating basis.

- Perform other duties as assigned which are consistent with the general responsibilities of the position.

- Maintain timely progress notes that reflect movement towards client goals.

- Provide or arranges for transportation of youth and family to appointments as necessary.

- The Embedded Care Coordinator shall work with local providers to engage and provide individualized services. These services include, but are not limited to, mentoring, physical health care, therapy, individual and group rehabilitation, medication management, psychiatry and other resources and supports as needed.

- Contractor shall ensure that youth and their families receive the following:
  - Easy access to mental health services and supports.
  - Intensive coordination of resources, services and supports.
  - Education, support and training.

- Contractor shall ensure that individuals fulfilling the terms of this contract attend Wrap101 training, follow ODMHSAS wraparound coaching requirements to complete the credentialing process, and also attend and participate in any applicable meetings or trainings as determined necessary by the Department.

PERFORMANCE MONITORING

- Department will monitor the performance of the contractor in conjunction with systems partners, will be accountable for concrete outcomes that reflect the commitment to maintaining ties among children, families, and communities while delivering effective clinical care and support services for children with emotional and behavioral challenges. Desired outcomes include:
  - Improved clinical outcomes and emotional/behavioral stability.
- Improved permanency in community placements.
- Reduced re-admissions to acute psychiatric hospitals.
- Improved crisis management and stability in living environments for families and caregivers.
- Improved educational performance and overall social functioning for children.
- Reduction in delinquent behavior among youth involved with services.
- Improved access to assessments and evaluations and improved access and timeliness of service delivery in all settings, including youth in detention centers or juvenile shelters
- Improved satisfaction and increased participation in treatment by families and children.

**SOC – Engaging Minority Children/Youth Training & Consultation**

Contractor shall provide training and consultation to assist community service and resource providers with understanding how to successfully engage and serve minority children, and youth from birth up to age 25 who are experiencing behavioral health related challenges, and their caregivers.

**WORK REQUIREMENTS**

- Contractor shall provide technical assistance, training, and consultation to designated regional sites, on topics such as outreach and engagement, issues faced by young adults who are homeless or who are at risk of being homeless, and issues faced by young adults who identify as LGBT.
  - Contractor shall provide four (4) trainings during the contract period.

- Contractor shall participate in related planning and meetings as determined by ODMHSAS.

**SOC – Expansion**

The System of Care (SOC) Best Practice Model (as established by SAMHSA through the National Technical Assistance Center for Children’s Mental Health) is youth guided, family driven, community based, needs driven and culturally competent. ODMHSAS has chosen this best practice model as the model for Oklahoma Systems of Care. The ODMHSAS contractor shall furnish the necessary resources to develop a local system of care with wraparound services for American Indian youth at greatest risk of out-of-home placement.

**WORK REQUIREMENTS**

- Indian Health Care Resource Center shall serve as the SOC contractor for the greater Tulsa area, serving the American Indian population. Contractor
will incorporate appropriate cultural interventions as necessary to serve the American Indian community.

- Contractor shall establish and maintain an internal project team consisting of the Medical Director, Director of Behavioral Health, Project Director and Director of Planning and Development.

- Contractor shall employ or contract with a local Project Director, who will establish and regularly convene an American Indian advisory team to guide the project, with support and assistance from the state Project Director, state SOC staff, and State Advisory Team.

- The Project Director will be responsible for, and have the authority to carry out, the coordination of persons providing services for the project and the day to day operations of the project.

- Contractor, through the local Project Director and community team will develop and implement a plan for significant family involvement on all levels of the project.

- The local Project Director shall oversee the development of a Community Based SOC Team. This community team shall be comprised of tribal leaders, elders, parents of children with serious emotional disturbance, community service providers as outlined in the core standards, and other community stakeholders who desire to create a responsive children's behavioral health system.

- The confidentiality of clients shall be strictly enforced, in accordance with applicable laws and regulations.

- The local Project Director, in collaboration with the community team, shall develop a strategic plan for the implementation of the project utilizing the best practice model. The plan shall include an organizational structure such as committees, identify the steps necessary to implement the SOC project, and include strategies for ongoing community development, project sustainability, and the continuous evaluation of family and community needs.

- The local Project Director, in collaboration with the community team, will follow the established program eligibility guidelines. These include American Indian children and youth ages 0-21 with serious emotional disturbance or co-occurring issues who are at-risk of out of home placement, who are having difficulties in two or more life domains, and who are receiving services from multiple social service providers.
• Direct Wraparound services shall be provided using the SOC best practices model to an average standard caseload of 15 children for each Care Coordinator during the contract period.

• Individual services shall be provided under the direction of a child and family team, and made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, respite care, use of flexible funds, and the development of a family driven interagency treatment plan.

• Recommendations for the utilization of flexible funds shall be determined by the child and family team for each child receiving services. Use of flex funds shall follow the ODMHSAS Guidelines for Use of Flexible Funds. Any Flex Fund expenditures of $500.00 or more must receive the prior approval of the State SOC Project Director or the Director of Children, Youth and Family Services.

• Contractor shall ensure that required local and national evaluation instruments are administered to youth and their families receiving services. In addition, the contractor shall ensure that data is reported to the SOC Lead Evaluator each month following established timelines and methods.

• Contractor shall provide ODMHSAS a proposed annual project budget for review and approval for the next fiscal year by June 15th. This proposal and any subsequent revisions shall be developed through consensus of the community team and contractor.

• Contractor shall submit a monthly financial statement comparing current monthly expenditures to budgeted monthly amounts. Contractor will also follow SOC invoicing instructions.

• The local Project Director or designee will submit monthly written reports to the State Project Director or their designee to ensure coordination and communication.

• Project personnel will attend and participate in state SOC meetings and training as required by ODMHSAS to ensure coordination with the state SOC staff and general communication and functioning of the state wide initiative.

• Contractor will take all steps necessary to maximize 3rd party reimbursement including utilizing Medicaid and 3rd party insurance, and will report all Medicaid Revenue on their monthly financial statement.
• Contractor will provide a work space for up to 16 hours per week for the Systems of Care Tribal/Custody Liaison who will provide technical assistance to interested tribal and American Indian Communities across the state to plan, implement and evaluate systems of care.

PERFORMANCE MONITORING

• Successful performance will be monitored through:
  ▪ An annual formal site review and report conducted by state SOC staff;
  ▪ Review of monthly data and evaluation reports by state SOC staff;
  ▪ Review of records pertaining to SOC (both clinical and financial) will be subject to review by ODMHSAS and other agencies funding the project;
  ▪ Monthly review and approval of invoices; and
  ▪ Review of monthly Project Director’s Report.

COMPENSATION

• Invoices may be held until the current reporting month’s data report shows an eighty percent (80%) completion rate for all baseline and follow up assessments due for the month. This applies to all SOC ODMHSAS contracted communities once data collection has begun. Consideration will be given for special circumstances.

**SOC – Generic Host Agency**

Contractor is responsible for coordinating and sustaining a local system of care utilizing the System of Care (SOC) Best Practice Model (as established by SAMHSA through the National Technical Assistance Center for Children’s Mental Health), as defined below.

Contractor shall serve as lead coordinator, facilitator, and fiscal agent for SOC projects located in counties designated by the ODMHSAS. Contractor will ensure the development and ongoing operation of a culturally competent SOC project using the best practice model, as described above. This task shall be accomplished through facilitation and coordination by a local Project Director in collaboration with the community team, with guidance and assistance from the state Project Director, state SOC staff, and State Advisory Team.
WORK REQUIREMENTS

- Direct Wraparound services shall be provided using high fidelity Wraparound. A monthly average number of children, as identified by ODMHSAS, will be enrolled and receiving services. The Contractor’s contract dollar amount could be affected if the average caseload falls below 75% capacity for longer than three consecutive months.
  - Individual services shall be provided under the direction of a child and family team, made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, respite care, use of flexible funds, and the development of a family driven interagency treatment plan.

- Contractor will ensure that families receive: 1) easy access to mental health services and supports; 2) evaluation, assessment and treatment; 3) intensive coordination of services and supports; and 4) family support and training.
  - This task shall be accomplished through facilitation and coordination of services by a care coordinator and/or family support provider in collaboration with informal and formal supports, with guidance and assistance from the local Project Director.

- Individuals fulfilling the terms of this contract shall attend Wrap101 training and follow ODMHSAS wraparound coaching requirements to complete the credentialing process. Contractor shall also attend and participate in any applicable meetings or trainings as determined necessary by the Department.

- Contract will follow the Oklahoma Systems of Care guidelines, policies, procedures and practices provided in the Oklahoma Systems of Care Toolkit.

- Contract will support families of children and youth with emotional disturbance or co-occurring disorders to establish and support family and youth groups.

- Contractor shall employ a part time (20 hrs/50%), or full time (40 hrs/100%) local Project Director per site, who will be responsible for, and have the authority to carry out the supervision of persons providing services for the project and the day to day operations of the project.

- Contractor will ensure that the local Project Director shall initiate and ensure the development of a Community Based SOC Team. This community team shall be comprised of parents of children with emotional
disturbance, community service providers as outlined in the core standards, and other community stakeholders who desire to create a responsive children’s behavioral health system.

- The local Project Director, in collaboration with the community team, shall develop a strategic plan for the implementation of the project utilizing the best practice model. The plan shall include an organizational structure, identify the steps necessary to implement the SOC project, and include strategies for ongoing community development, youth guided family driven, cultural and linguistic competence, project sustainability, and the continuous evaluation of youth, family and community needs that will address disparities and access to services. The plan shall also include significant family involvement on all levels of the project.

- The local Project Director, in collaboration with the community team, will follow the established program eligibility guidelines. These include children and youth ages 0-21 with emotional disturbance or co-occurring issues who are at risk of out of home placement, who are having difficulties in two and more life domains, and who are receiving services from multiple social service providers.

- A monthly average of 15 children for each Care Coordinator will be enrolled and receiving services.

- Recommendations for the utilization of flexible funds shall be determined by the child and family team for each child receiving services. Use of flex funds shall follow the ODMHSAS Guidelines for Use of Flexible Funds. Any Flex Fund expenditures of $500.00 or more must receive the prior approval one of the State SOC Project Directors or the Director of Children, Youth and Family Services.

- Contractor shall ensure that required evaluation instruments are administered to youth and their families receiving services. In addition, the contractor shall ensure that data is reported to the SOC Lead Evaluator each month following established timelines and methods.

- Contractor shall report all services provided to a child and his or her family in the project through the Department’s approved data collection system. Contractor’s records pertaining to SOC (both clinical and financial) will be subject to review by ODMHSAS and other agencies funding the project.

- Contractor shall provide ODMHSAS a proposed annual project budget for review and approval for the next fiscal year by June 15th. This proposal and any subsequent revisions shall be developed through consensus of the community team and contractor.
• Contractor shall submit a monthly financial statement comparing current monthly expenditures to budgeted monthly amounts. Contractor will also follow SOC invoicing instructions.

• Contractor will ensure that the local Project Director or designee will submit monthly written reports to the State Project Directors or their designee to ensure coordination and communication.

• Contractor will ensure that Project personnel will attend and participate in meetings and training as required by ODMHSAS to ensure coordination with the state SOC staff and general communication and functioning of the state wide initiative.

• Contractor will take all steps necessary to maximize 3rd party reimbursement including utilizing ODMHSAS fee for service dollars, Medicaid and 3rd party insurance.

• Contractor will report all Revenue on their monthly financial statement.

• Contractor shall utilize the wraparound event form for all wraparound events that take place with each family receiving service. Wraparound event information shall be entered into the YIS System.

PERFORMANCE MONITORING

• Successful performance will be monitored through:
  
  ▪ An annual formal site review and report conducted by state SOC staff;
  
  ▪ Review of monthly data and evaluation reports by state SOC staff;
  
  ▪ Monthly review and approval of invoices; and
  
  ▪ Review of monthly Project Director's Report.

COMPENSATION

• Invoices may be held until the current reporting month's data report shows an 80% completion rate for all baseline and follow up assessments due for the month. This applies to all SOC ODMHSAS contracted communities once data collection has begun. Consideration will be given for special circumstances.
SOC – Infant & Early Childhood Mental Health Training & Consultation in Children’s HH & SOC Programs

Contractor shall provide training and consultation to Children’s Health Home and System of Care Providers across the state related to infant and early childhood mental health (IECMH) as a component professional development within the System of Care: Strengthening our CareNet (SOC²) Grant to help develop an early childhood system of care statewide which focuses on supporting the needs of families with infants and young children. This training and consultation also supports the workforce development goals of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.

WORK REQUIREMENTS

- Contractor shall provide lectures, workshops, and webinars (regionally and statewide) related to topics such as an overview of infant mental health, parental mental illness, psychotropics in young children, feeding disorders, sleep problems in young children, etc.,

- Contractor shall provide case consultation to providers serving infants, young children, and their families. This can be done in person, via e-mail, or phone (with de-identified case information).

- Contractor shall provide ongoing technical assistance to the IECMH Co-Leads regarding best practice related to serving infants, young children, and their families.

COMPENSATION

- Contractor shall be reimbursed at a rate of up to $250/hour at an estimated 10 hours/month.

SOC – Impact of SA on Children/Families Training & Consultation

Contractor shall furnish the necessary resources to provide consultation and training for staff who are working with women and children at substance abuse treatment centers and other programs regarding the impact of substance abuse on children and families.

Contractor shall also provide training for university students working with the A Better Chance Clinic conducting developmental evaluations for children.
WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to provide the following services:
  - Consultation to staff working with women and children at substance abuse treatment centers.
  - Training for substance abuse treatment center staff on the impact of substance abuse on children and families.
  - Trainings and other professional presentations on topics related to the impact of substance abuse on children and families including trainings related to evidenced-based treatments.
  - Training in the ABC program to professionals of various disciplines (medicine, psychology, social work, occupational therapy, physical therapy, and speech pathology) on the impact of substance abuse on child development.
  - Comprehensive developmental evaluations by university students working with the ABC Clinic for children with prenatal substance exposure or children whose mothers are in substance abuse treatment.
  - Developmental screening services by university students working with the ABC Clinic for children accompanying their mothers into substance abuse treatment centers funded by ODMHSAS.

PERFORMANCE MONITORING

- Contractor shall provide a quarterly written report for the training and consultation activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as ODMHSAS may require. Such report shall be submitted to designated ODMHSAS contract monitor no later than the 10th day of the month following the end of each quarter (i.e., the 10th of October, January, April, and July).

SOC – Infant & Early Childhood Community Development

As a part of early intervention efforts, contractor shall provide the resources necessary for development and/or support of Infant and Early Childhood specific committees within designated Oklahoma communities. This will include outreach to community agencies and organizations that provide services and supports to children age 0-5 (and their caregivers).
WORK REQUIREMENTS

- Contractor shall provide the staff and resources needed to create and/or support a well-developed Infant and Early Childhood specific committee in designated communities.
  - Reach out to community providers and organizations that serve children age 0-5 (and their caregivers), to engage them in participation of a local Infant and Early Childhood specific committee.
    - Conduct and participate in community outreach activities such as resource fairs, attending relevant community meetings and other communication with relevant stakeholders to help engage them in community planning and resource coordination through active participation in an Infant and Early Childhood specific committee.
  - This Infant and Early Childhood specific committee will have the ability to help determine the needs of the community (related to serving children age 0-5 and their families) and they will have the ability to determine how the money budgeted for this SOW will be spent.

PERFORMANCE MONITORING

- The Contractor will provide monthly reports that will include:
  - The date(s), titles, and locations of the Infant and Early Childhood Committee Meeting(s) attended that month.
  - Brief description of the Infant and Early Childhood Committee Meeting(s), how the group discussed spending allotted funds at the meeting(s), names of agencies and/or organizations that participated in the meeting, and any follow up that is going to be provided by the contractor after the meeting.

SOC – Infant Massage Training & Consultation

Contractor shall provide infant massage certification training to support professional development within the System of Care: Strengthening Our CareNet (SOC²) Grant to help develop an early childhood system of care statewide which focuses on supporting the needs of families with infants and young children. This training also supports the workforce development goals of the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.
WORK REQUIREMENTS

- Contractor shall provide two 4-day Certified Educator of Infant Massage (CEIM) Trainings and two 2-day Nurturing Caregivers Trainings.

- Contractor shall work with the Infant and Early Childhood Mental Health Co-leads to explore a needs assessment to specify site needs, training needs of participants and administrative support to aid in determining training goals and content.

- Contractor shall provide the International Manual, Handbook, Student CD and Study Guide, and any other required materials to conduct the Certification Training, as well as the Nurturing Caregivers Workshop.

- Contractor shall award Continuing Education contact hours for nurses and massage therapists, award attendance certificate to each participant who attends the 4-day trainings as well as the 2-day trainings, and submit participant names to Infant Massage USA® following the trainings for further organization support.

- Contractor shall review exams/practicums for completing of certification requirements, award an International Certificate and an Infant Massage USA® certificate upon successful completing of the certification requirements and notify Infant Massage USA® of their change in status from student to CEIM.

- Contractor shall work with the IECMH Co-leads to coordinate and approve all consulting and training activities.

- The Department shall provide space, AV equipment, white board or flip chart, copies of materials and copies of printed parent handouts for each parent who attends the demonstration classes.

- The IECMH Co-leads shall identify and recruit appropriate individuals who work directly with parents and caregivers to participate in the training and facilitate registration according to guidelines provided by the Trainer.

- The Department and the IECMH Co-leads shall invite 4-10 parents or caregivers with infants for three infant massage demonstration classes to be held on the second, third and fourth days of each 4-day trainings offered.
SOC – Marketing & Consultation

To help end the stigma associated with SED and SMI (of children ages 21 and under, and their families) in System of Care communities across the state (with a specific focus around infant and early childhood mental health, children/adolescent mental health, and mental health challenges faced by young adults in transition), the ODMHSAS and Ghost will partner to development and implement a statewide social marketing plan focused on addressing three major audiences: caregivers, community members, and providers.

WORK REQUIREMENTS

- Contractor shall develop and implement the Social Marketing Plan for the SOC² Initiative. Marketing efforts may include (but are not limited to) the following:
  - Marketing research and surveys
  - Identity and campaign concept development around branding and messaging
  - Implementation of marketing channels and tactics, including:
    - Development and maintenance of website
    - Messaging for social media channels, such as Facebook, Instagram, and Twitter
    - Collateral and other tactics, such as print, digital, and promotional items
    - Help develop presentations (including PowerPoints to help educate audiences about the grant and the various facets of it)
    - Video and print stories
    - Mobile application development and implementation
    - Exhibit displays
    - Community outreach
  - Measuring and reporting on results through analytics and feedback
  - Case study development to document each of the four years of the initiative

PERFORMANCE MONITORING

- Contractor shall provide (at minimum) a monthly report to the Department on progress, barriers, and successes.
• Contractor shall provide an annual report/presentation to The Department and the grant partners regarding the social marketing plan development and implementation.

**SOC – Oklahoma Now is the Time (ONIT) and SOC^2 Training & Consultation**

Contractor shall provide training and consultation for the Oklahoma Now is the Time (ONIT) Initiative and SOC^2 programs. Contractor shall act as the host agency for the Young Adult Consultant positions through the Oklahoma Now is the Time (ONIT) Initiative. The Young Adult Consultants will be providing valuable insight into our young adult initiatives through ODMHSAS, including the ONIT Initiative. They all have lived experience that will allow them to provide suggestions and ideas for ways that we can make our initiatives more youth guided, which is a guiding principle of Systems of Care on a state and national level. We will be inviting them to review training curriculum, sit on the ONIT Advisory Group (OAG), attend trainings and events, co-present at various events and conferences, etc.

**WORK REQUIREMENTS**

• Contractor will serve as the host agency for the Young Adult Consultants for the ONIT Initiative.
  
  ▪ Contractor will ensure continuing growth and support of the local and state level ONIT Initiatives through providing support, technical assistance, and meeting coordination.
    
    o Contractor shall provide adequate phone, liability insurance, and other material resources to support the implementation of the Contract.

  ▪ Contractor will deliver intensive technical assistance to established and new ONIT and OKSOC communities serving youth and young adults in transition to help with the development, support and implementation of the ONIT Initiatives.

• Contract shall provide training and consultation for SOC^2 programs.

**PERFORMANCE MONITORING**

• Contractor shall provide a monthly written report of the activities carried out pursuant to the Statement of Work to the Department’s Contract Management Division and the Oklahoma Now is the Time Project Director for activities related to the ONIT initiative and the SOC^2 Project Director
for those related activities no later than the 10th day of the month. The Contractor report shall include the following:

- Dates, hours, and locations of all TA services;
- Summary of each service;
- Update on work conducted in communities; and
- Update on participation in state level meetings and activities and the person providing the service.

**SOC – Oklahoma Now is the Time (ONIT) Grant Evaluation**

Under the direction of the Oklahoma Now Is The Time (ONIT) Project Director, the University of Oklahoma Department of *Educational Training, Evaluation, Assessment and Measurement (E-TEAM)*, Division of Public and Community Services, University Outreach (hereafter referred to as the Evaluator) will perform administrative and analytical duties to manage the design and implementation of the ONIT grant project evaluation, based on the schedule established by the grant timeline.

The Evaluator will appoint a lead researcher as the single Point of Contact (POC) for the evaluation project. The POC will assume full accountability for the evaluation project and will respond in a timely manner to the needs of the ONIT Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing.

**WORK REQUIREMENTS**

- Ensure close adherence to evaluation obligations set out in Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

- Modify evaluation plan in the event Substance Abuse and Mental Health Services Administration (SAMHSA) requires additional outcome measures.

- Collaborate with ONIT sites to manage national evaluation results and oversee revisions and improvements to the data collection and data entry.

- Develop processes for measuring implementation of TIP model. Develop reporting and quality improvement protocols off these processes.

- Update the transition programs sections of the Youth Information System (YIS) to include any data and reporting required to support ONITT’s implementation of the TIP model or to measure behaviors and outcomes related to co-occurring mental health and substance abuse issues.
• Implement ONIT evaluation modifications to the OKSOC Youth Information System to collect data on referrals, enrollment, services, and outcomes. Develop monthly reports for the ONIT sites to monitor service provision.

• Conduct site visits to train personnel on data collection and on goals of evaluation and to ensure data are being collected properly and client confidentiality is being maintained. Goal should be to visit each new site at least three (3) times in the fiscal year. Assist new sites in the proper configuration and use of the Youth Information System (YIS) and the evaluation assessments. Retrain when needed.

• Produce periodic reports, including:
  ▪ Monthly Site Assessment Reports (including program-wide reports);
  ▪ Annual Reports – presentation to the State Advisory Board, if requested;
  ▪ Responses to ad hoc report requests from the State Management Team, the QA Team, the project directors and other stakeholders and governing bodies; and
  ▪ Other outcome reports for purposes of social marketing and/or presentations to the Legislature as are requested by the State Management Team.

• Participate in site visits involving federal management teams. Participate upon request in site visits conducted by ONIT management.

• Integrate other staff members at the E-TEAM to act as evaluation liaisons and technical support persons for ONIT sites. These persons will complement and back up the primary Evaluator and share the burden of visiting, training and supporting local site staff.

• Use evaluation findings to update stakeholders about ONIT project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.

• Guarantee compliance of all data collection, storage and reporting related to the requirements of the Institutional Boards of the University of Oklahoma and of the ODMHSAS.

PERFORMANCE MONITORING

• Contractor shall provide an annual report of the activities carried out pursuant
to the Statement of Work in the form requested by ODMHSAS.

**SOC – Outreach and Consultation**

Contractor shall provide outreach and consultation for the Oklahoma Now is the Time (ONIT) initiative. The goal will be to identify and engage youth and young adults between the ages of 16 and 25 who are in need of mental health or co-occurring services and connect them with needed services as soon as possible for early intervention. These young people may have a serious emotional disturbance or serious mental illness, or they may be experiencing serious behavioral health symptoms for the first time.

**WORK REQUIREMENTS**

- As a part of early intervention efforts, Contractor shall provide the staff and resources needed to accomplish the following:
  - Conduct outreach activities, including street outreach, to identify and engage young adults who need but are not receiving services. These young adults may be identified as being homeless or at risk for homelessness in Oklahoma County.
  - Link eligible individuals with needed services available through the ONIT initiative. If individuals do not meet eligibility criteria for ONIT, will link with other community services, including through those services available through the NAVIGATE Initiative, if appropriate.
  - Provide follow-up on linkages to ensure that a successful connection has been made.
  - Provide technical assistance, training, and consultation to designated ONIT initiative and Systems of Care sites, on topics such as outreach and engagement, issues faced by young adults who are homeless or who are at risk of being homeless, and issues faced by young adults who identify as LGBT.
  - Attend related training and/or meetings as determined by ODMHSAS.

**PERFORMANCE MONITORING**

- The Contractor will provide monthly reports that will include:
  - Outreach Activities: The number of young adults contacted during the month;
  - The number of young adults contacted who were linked with the ONIT Initiative; and
Training and Consultation Activities: The number of trainings/consults provided during the month, the name of the agencies who received the training/consultation and a general description of training/consultation content.

SOC – Outreach, Engagement & Consultation

Contractor shall provide outreach, engagement and consultation for a community designated by the ODMHSAS. The goal will be to identify and engage minority children, and youth from birth up to age 25 who are experiencing behavioral health related challenges, and their caregivers, and to assist community service and resource providers with understanding how to successfully engage and serve this population.

WORK REQUIREMENTS

- Contractor shall provide the resources necessary for successful outreach and engagement of the target population, including the following:
  - Conduct both community and Individual outreach and engagement. Contacts can include face-to-face and telephone;
  - Distribute information/materials on mental health and substance use, as approved by ODMHSAS; and
  - Help facilitate connection between the target population and local behavioral health providers.
- Contractor shall consult with the ODMHSAS, community behavioral health providers and other community resource agencies, about how to successfully reach out and engage the target population in mental health and substance use services.
- Contractor shall participate in related planning and meetings as determined by ODMHSAS.

PERFORMANCE MONITORING

- Contractor shall provide a monthly written report of the activities carried out pursuant to this Statement of Work. Contractor shall provide such detail as the Department may require. Such report shall be submitted to the Senior Project Director of Oklahoma Systems of Care no later than the 10th day of each month, and shall include:
  - The number of children, youth, and caregiver contacts made during the month.
Brief description of the type of contacts made in (ex: individual, group, community). If a specific group or community organization, please include the name.

- The number of children and youth contacted in who were connected with community services/resources.
- The type of services/resources they were connected with.

**SOC – SOC^2 Project Evaluation**

Under the direction of the SOC^2 (SOC^2) Project Director, the University of Oklahoma Educational Training, Evaluation, Assessment and Measurement (E-TEAM), Division of Public and Community Services, University Outreach, hereafter referred to as E-TEAM, will manage the design and implementation of the SOC^2 project evaluation.

The E-TEAM will appoint a lead researcher as the single Point of Contact (POC) who will assume full accountability for the project and will respond in a timely manner to the needs of the OKSOC Senior Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing.

**WORK REQUIREMENTS**

- Contractor shall ensure close adherence to the evaluation obligations set out in the Substance Abuse and Mental Health Services Administration (SAMHSA) SOC^2 Grant.
- Contractor will collaborate with SOC^2 sites to manage national evaluation requirements, including National Outcomes Measures data collection and data entry.
- Contractor will develop processes for measuring implementation of the Infant and Early Childhood Mental Health (IECMH) Model.
- Contractor will update the Youth Information System (YIS) to track IECMH clients and their families.
- Contractor will incorporate new assessments for IECMH clients/caregivers into data collections protocols and efforts as sites come on board with the gradual rollout of the SOC^2 project.
• Contractor will enhance current YIS data collection and reporting to incorporate rollout of statewide mobile crisis services.

• Contractor will provide training and technical assistance to state staff and host agency/provider staff on the SOC² evaluation, including client confidentiality and appropriate data collection.

• Contractor will produce periodic reports, including Monthly Site Assessment Reports; Annual Reports; ad hoc reports requested from state and/or site staff; social marketing reports; and State Legislature reports as requested by ODMHSAS staff.

• Contractor will use evaluation findings to update stakeholders about the OKSOC project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.

PERFORMANCE MONITORING

• Contractor shall provide an annual report of activities carried out pursuant to this SOW.

SOC – SQE Behavioral Intervention Services in Schools (BISS)

This contract is to provide funding for necessary services, resources and supports needed to implement Behavioral Intervention Services and Supports (BISSS) in a school setting and to the support of a Multi-Disciplinary Team. The goal is to assist schools with improving students’ academic and behavioral outcomes.

WORK REQUIREMENTS

• The Contractor agrees to perform the necessary services and activities as outlined below to enhance the quality of the BISSS initiative.

  ▪ Training/education, and collaborative services, including:

    o Train and education school personnel to increase the knowledge and understanding of mental health and substance use among youth and young adults.
    o Provide reimbursement for travel, mileage, per diem and lodging for school personnel who attend the 2/2 day trainings on implementation.
    o Develop and implement a School Multi-Disciplinary Team, including:
✓ Identify and assess students for services;
✓ Works to address in school behavioral issues;
✓ Determine additional intervention needed to support child and family; and
✓ Review and evaluate goals, outcomes and progress of students.

- Behavioral Health Aide shall provide Behavioral Health Intervention Services that are not reimbursed through the BISSS Fixed Rate contract, including but not limited to:
  - Supporting teacher and school staff to learn new behavioral management skills;
  - Sitting in a classroom with a youth to model positive behaviors;
  - Working with team to implement behavioral reward plan for youth;
  - Completing a functional assessment of a problem behavior;
  - Participate in child and family team meetings; and
  - Facilitation of peer social support groups.

- Contractor agrees to provide clinical supervision to all BHA’s and client case reviews.

- Contractor agrees to provide timely screening, assessment and treatment of identified students.

COMPENSATION

- The training/education, and collaborative services listed under Work Requirements shall be reimbursed at 100.00 per hour, and the Behavioral Health Intervention Services listed under Work Requirements shall be reimbursed at $9.75 per 15 minutes.

- Contract funds shall be used for purposes supported by BISSS initiative only.

SOC – SQE School Based Core Services for Children

This contract is to provide funding for necessary ancillary services in support of services provided pursuant to the School Based Services for Children direct services contract held by the Contractor.

WORK REQUIREMENTS

- The Contractor agrees to perform other necessary services and activities as outlined below. Such performances shall be reimbursed on a “per month” basis, unless otherwise noted in an attachment to this
statement of work.

- Service quality enhancement (SQE) and community response, including, but not limited to:
  - Facilitating staff attendance at training or other professional development opportunities (including travel time). – code 97537 HE;
  - Facilitating staff-to-staff consultation (on an intra-agency as well as interagency basis) to enhance the quality of services delivered to a client or group of clients. – code 99368 HE, TG;
  - Facilitating staff attendance at local, regional, or state meetings for the purpose of improving interagency collaboration and service delivery. - code 99368 HE, TF;
  - Provision of community awareness. Contractor shall conduct or participate in at least two public awareness events per year. - code 97537 HE, TF; and
  - Providing non Fee-For-Service reimbursable support to the young person or family receiving services.

- Services provided pursuant to Department funding shall be reported using service codes as noted above or in applicable attachments.

PERFORMANCE MONITORING

- Contractor shall report on the Department’s information system all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

COMPENSATION

- Department funding sources utilized to make payments pursuant to this contract (e.g. state and federal) shall be at the Department’s discretion and shall not be subject to review or considered a breach of this contract. Funding shall be reimbursed on a monthly basis upon receipt of documentation, to include a list of trainings attended for the invoiced time period.

SOC – State Evaluation

Under the direction of the Oklahoma Systems of Care (OSOC) Senior Project Director, the University of Oklahoma Department of Educational Training,
Evaluation, Assessment and Measurement (E-TEAM), Division of Public and Community Services, College of Continuing Education hereafter referred to as the Evaluator, will perform administrative and analytical duties to manage the design and implementation of the OSOC evaluation during the identified fiscal period in conformance to guidance given by the OSOC management team, by local stakeholders, family advocates, and youth advocates.

The Evaluator will appoint a lead researcher as the single Point of Contact (POC) for the evaluation project who holds a Ph.D. in public health, psychology, social work, or other relevant areas of human services or is directly supervised by a person with this credential. The POC will assume full accountability for the evaluation project and will respond in a timely manner to the needs of the OSOC Senior Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing. The POC will consistently interact with the OSOC sites.

WORK REQUIREMENTS

• Contractor shall:
  
  ▪ Ensure the OSOC evaluation adheres closely to the expectations of OSOC management – both state and local – including procedures for collection, entry, management, and storage of data.
  
  ▪ Conduct site visits at each of the active System of Care (SOC) sites (sites with active caseloads) to: 1) coordinate and provide training for local sites and other persons involved in the evaluation process, 2) ensure data are being collected properly and, 3) ensure client confidentiality is being maintained. Goal should be to visit each site at least two (2) times in the fiscal year, though logistical constraints may dictate that some visits be conducted as tele-conferences.
  
  ▪ Train sites in the proper configuration and use of the OSOC Youth Information System (YIS). This includes intensive training for new sites or new staff and on-going, less formal refresher training sessions at the request of sites. Monitor the collection of required evaluation data in conformance to adopted local evaluation plans. Assist sites in data monitoring, clean-up, and interpretation by means of the Monthly Site Assessment Report and on-going technical assistance.
  
  ▪ Maintain and improve the web-based YIS at SOC sites and offer on-going technical support for use of that data system. This will include:
- Supervising the design and implementation of a major new version of the YIS that eliminates problems identified in the version created in FY 2008;
- Adds features and functionality required to improve the system’s usefulness as a management and a family-support tool; and
- Eliciting and processing suggestions and feedback, seeking line staff and ODMHSAS input, throughout the year, utilizing the OSOC Quality Assurance (QA) Team as arbiter and consultant in developing new features and improvements in the YIS.

- Train at least one other staff member at the E-TEAM to act as an evaluation liaison and technical support person for OSOC sites. This person will complement and back-up the primary Evaluator and share the burden of visiting, training, and supporting local SOC site staff.

- Provide support for the Wraparound Fidelity Index (WFI) pilot process, proposed and designed by the QA Team. Responsibilities for this pilot include:
  - Conducting trainings for interviewers;
  - Identifying appropriate subject families and interview subjects at participating SOC sites;
  - Scheduling, staffing, and supervising the interview process;
  - Creating and maintaining a database of the information from the interviews;
  - Reporting results back to the QA Team, the OSOC central management team and the local sites; and
  - Maintaining approval from the University of Oklahoma’s Institutional Review Board (IRB) and assuring compliance with its subject protection guidelines.

- Report evaluation findings on the OSOC project to the stakeholders, including family members, personnel of the lead agency and collaborating child-serving agencies, clinical staff, and members of the State Legislature. Produce periodic and ad hoc reports for the SOC community, including:
  - Monthly Site Assessment Reports (including program-wide reports);
  - Semi-annual Reports – presentation to the State Advisory Team, if requested;
  - Responses to ad hoc report requests from the OSOC State Management Team, the QA Team, the project directors, and other stakeholders and governing bodies;
A summary of past year project activities and client outcomes to be submitted to State Legislative staff during the legislative session each year;
Other outcome reports for purposes of social marketing and/or presentations to the Legislature as are requested by the OSOC State Management Team; and
Develop assessment material to enter into YIS for evaluation and assessment of infant mental health and participation in strategic planning related to project integration under the Oklahoma IECMH Strategic Plan.

- Use evaluation findings to update stakeholders about OSOC project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.
- Provide quality monitoring of site efforts to submit required process and outcome data through the YIS. Work with sites to provide as many self-reporting and self-monitoring capabilities as possible within the YIS.
- Support the Technical Assistance and Training efforts of ODMHSAS by developing on-line, web-based, eLearning modules for use by staff at providers contracting with ODMHSAS, including Wraparound 101 and targeted webinars on identified subjects. Modules addressing other topics will be implemented as the need is identified by ODMHSAS.
- With assistance from the OSOC Senior Project Director and site stakeholders, involve youth who are receiving services and their family members as extensively as possible in the design, implementation, and interpretation of the evaluation.
- Coordinate and oversee evaluation activities and data quality monitoring efforts with the QA Team and local data personnel/site evaluators.
- Attend State Advisory Team meetings.

PERFORMANCE MONITORING

- Contractor shall provide a bi-annual written report of the activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as the Department may require.
SOC – TA & Training

Contractor shall furnish the necessary resources to promote and support the state and local System of Care for children and youth with emotional disturbance, and their families. The responsibility of this organization is to provide technical assistance and training to local and state level systems of care to ensure continuing growth of youth, family and professional involvement and the family voice in established communities, as well as in policy development at the state level.

Contractor shall furnish the necessary resources to promote and support the systems of care movement through local and state level activities. The responsibility of the organization is to provide technical assistance to expansion Systems of Care communities and provide technical assistance to the State Advisory Team, state staff and other individuals or groups as necessary to support the mission.

Communities or persons served through this contract shall experience: 1) referral and linkages to community resources; 2) ongoing support and technical assistance; 3) continued education, training and workshop availability; 4) dependable support and access to local and state level activities; 5) efforts to support collaboration with other stake holders; 6) access to information on policy changes and other state and national information on children's mental health; 7) awareness of children's mental health issues; and 8) a reduction in stigma.

WORK REQUIREMENTS

• Contractor will serve as the host agency for the Oklahoma Federation of Families and will support and organize the Federation of Families Advisory Board consisting of representatives of local Federation of Families chapters, local Systems of Care communities, and at least one advisor/liaison from the Department’s System of Care staff.

• Contractor will ensure continuing growth and support of the Local Systems of Care State through providing support, technical assistance and meeting coordination.
  ▪ Contractor shall support ongoing family advocacy and policy development at the state level through providing training and the coordination of special events for families.
  ▪ Contractor shall provide adequate phone, liability insurance, and other material resources to support the implementation of the Contract.

• Contractor will deliver intensive technical assistance to established Systems of Care communities development, support and implementation as part of the ongoing mission of OKSOC.
• Contractor shall provide outreach and engagement strategies to solicit input and develop meaningful leadership roles regarding the CBHC demonstration program from consumers, family members, providers, tribes, and other key stakeholders, working closely with NAMI, OK.

PERFORMANCE MONITORING

• Contractor shall provide a monthly written report of the activities carried out pursuant to the Statement of Work to the Department’s Contract Management Division and the Oklahoma Systems of Care Project Director no later than the 10th day of the month. The Contractor report shall include the following:

  ▪ Report and provide evidence of activities designed to facilitate forming and sustaining family involvement in established funded System of Care communities including number and types of activities;

  ▪ Report technical assistance activities provided to local family support groups for Children’s Mental Health;

  ▪ Report referral, linkage, education, and support activities provided to parents and caregivers; and

  ▪ Report technical assistance provided to local community teams and local systems of care staff as well as state level involvement, as listed:
    
    o Dates, hours, and locations of all TA services;
    o Summary of each service;
    o Update on work conducted in communities; and
    o Update on participation in state level meetings and activities and the person providing the service.

SOC – TFCBT Training & Support – Young Children/Caregivers

The Contractor shall furnish training, support, data, resource materials and consultation as related to developing a trauma informed system of care for young children and their caregivers in Oklahoma.

WORK REQUIREMENTS

• Contractor shall develop and provide Advanced TF-CBT training(s), including all necessary and supporting resources, for therapists utilizing the TF-CBT model and working with young children and their caregivers. Training participants to be selected from sites specified by the Department. Topics to
be approved by the Department in advance.

- Contractor shall develop and provide an Advanced Early Childhood consultation system, including all necessary and supporting resources, for ongoing clinical support to therapists utilizing the TF-CBT model and working with young children and their caregivers.

- Contractor shall provide up to three (3) therapists with Assessment and Introduction to TF-CBT training and consultation, through each regularly scheduled training funded through the Department, and host one (1) additional cohort to support the expansion of therapists available to provide TF-CBT to young children. Participants will be selected from sites specified by the Department in support of the early childhood SOC^2 initiative, pending approval of eligibility by the Contractor.

- Contractor shall develop and provide a clinical supervision track in support of clinicians and supervisors providing TF-CBT services. This includes the Contractor’s participation in and completion of all components of the CE-CERT model, including all necessary and supporting resources, training, and consultation.

- Contractor shall develop and maintain the infrastructure necessary to support the program, including but not limited to: website development, webinar capacity, updates and expanded capacity to current systems, and resource development.

PERFORMANCE MONITORING

- Contractor shall report activities through written narrative reports. Such report shall be submitted to the Department’s Manager of Hope and Resilience quarterly. Reports are due no later than the 10th day of the month following the end of each quarter (i.e., the 10th of October, January, April, and July).

SOC – Transition Youth

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Oklahoma Now is the Time (ONIT) Initiative. The ODMHSAS will support Contractor in developing an integrated array of services and supports for persons ages 16-25 with serious mental health and co-occurring conditions as they transition to adulthood.

Persons served through the ONIT will experience an increase in: 1) stable housing; 2) a job with a living wage; 3) continued education and meeting educational goals; 4) dependable transportation; 5) linkages to community resources; 6) number of days sober and drug free; 7) improved relationships with
family and others; and 8) wellness and recovery as measured by decreases in symptoms and increases in activities that support mental and physical well-being. Those with a history of engagement with law enforcement will experience a decrease in number of arrests.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop the Oklahoma Now is the Time Initiative, to include the following:
  - Provide Project Direction through the systems of care framework.
  - Maintain a minimum of one (1) FTE Youth Transition Care Coordinator.
  - Maintain a minimum of one (1) FTE peer support specialist who will conduct a variety of outreach activities and will support the recovery of the individuals being served.
  - Each two person team shall carry a caseload with a maximum of twenty-five individuals.
  - Maintain a minimum of a (.5) FTE job coach who will provide supported education and employment related services to young people enrolled in the ONIT program.
  - Create and maintain a Youth/Young Adult Group.
  - Participate in SAMHSA-required data collecting and reporting for performance assessment.
  - Maintain connection with the community team for the local system of care to guide the project and to measurably strengthen coordination of services and supports at the community level.
  - Maintain ONIT staff training in Wraparound and TIP.
  - Utilize outcomes reports generated by the University of Oklahoma E-TEAM for continuous quality improvement of the ONIT.
  - Maintain a budget for the ONIT project and submit any changes beyond 10% for any line item for approval by ODMHSAS ONIT project staff.
  - Ensure that ONIT Staff are utilizing the GAIN Short Screener to screen for substance abuse related needs with every young adult who is referred for services.
- Attend related training and/or meetings as determined by ODMHSAS.

- Services pursuant to Department funding shall be reported through the Department’s approved data collection system.

PERFORMANCE MONITORING

- The ODMHSAS will monitor the performance of Contractor. This will include monitoring of outcomes reports for achievement of desired objectives as outlined above, adherence with Project Timeline included in the grant application, and successful completion of activities listed above.

- Contractor shall report on the Department’s information system all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this contract attachment shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

SOC – Transition Youth Outreach

Contractor shall furnish the necessary resources to provide outreach Activities for young adults in transition (YATs), their families, and other persons who are involved in their lives, in Oklahoma, Washington, and Okmulgee Counties.

WORK REQUIREMENTS

- Contractor shall maintain staff and volunteers who can provide a variety of outreach and educational programs, including but not limited to: 1) Ending the Silence; 2) Parents and Teachers as Allies; 3) and NAMI on Campus.

- Contractor shall provide outreach and educational programs in schools, on campuses, and in other venues within Oklahoma, Washington and Okmulgee counties.

- Contractor shall participate on the ONIT Advisory Group.

- Contractor shall participate in awareness and other ONIT activities.

PERFORMANCE MONITORING

- Department will monitor the performance of the Contractor. At a minimum, this will consist of ongoing reviews of certain performance indicators, including number of trainings and outreach activities performed and number of people trained.
SOC – Youth/Young Adult & Caregiver Groups

This contract is to provide funding to help with facilitating youth/young adult support groups and parent to parent support groups, as well as groups focused on assisting caregivers of young children age 0-5 using curriculum that has been previously approved by an ODMHSAS representative.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop and facilitate (and/or support existing) Youth/Young Adult Support Group as well as Parent to Parent Support Group. This will include responsibility for the following:
  - Community outreach to identify youth/young adults who would be interested (and appropriate) to participate in a Youth/Young Adult Group that is youth led and youth directed.
  - The facilitation of each group (a Youth/Young Adult Group and an Parent to Parent Support Group) at least once per month OR support in facilitating each group in the community at least once per month if they each already exist.
  - Linkage to any additional services and supports needed for individuals participating in either the Youth/Young Adult Group or the Parent to Parent Support Group, in order to assist with achieving identified goals. The process of linkage shall also include follow-up on linkages to ensure that a successful connection has been made.

- Contractor shall furnish the necessary resources to develop and facilitate (and/or support existing) curriculum based groups for caregivers of children age 0-5. This will include responsibility for the following:
  - Community outreach to identify caregivers of young children age 0-5 who would be interested (and appropriate) to participate in a caregiver group utilizing curriculum approved by the ODMHSAS.
  - The facilitation of a curriculum based caregiver group at least once per month OR support in facilitating the group in the community at least once per month if it already exists.

- Contractor shall identify youth/young adults and caregivers who would be interested and willing to serve on State and/or local level boards/committees to help ensure youth and family voice.
• Attend related training and/or meetings as determined by ODMHSAS.

PERFORMANCE MONITORING

• The ODMHSAS will monitor the performance of Contractor. The contractor must receive prior approval from the designated ODMHSAS staff member who serves as the point person from these groups regarding the evidence-based or evidence-informed curriculum that is being utilized by the Family/Parenting Groups.

• The Contractor will provide monthly reports that will include the following data elements for each of the three groups listed in the Work Requirements section (Youth/Young Adult Support Groups; Parent to Parent Support Group; and Curriculum Based Caregiver Groups):
  o The number of individuals contacted through community outreach during the month;
  o The number of individuals contacted who were linked to the designated group;
  o The number of individuals contacted who were linked to the designated group occurring in the community;
    ✓ The name of the agency/organization hosting the community-based support group;
  o The number of individuals who attended the designated group each month.

CHILD, YOUTH, YOUNG ADULTS & FAMILIES (Non-SOC)

Contract Requirements

The Child, Youth, Young Adults & Families Contract Statements of Work state that all services provided will be pursuant to the ODMHSAS Guidelines for Child, Youth, Young Adults & Families (this document). Contracted services are identified in section IV (COMPENSATION) of each provider’s Contract. The service title is listed as the Contract Line in that section. Please refer to provider specific service title(s) below for related Contract requirements.
Contractor shall furnish the necessary resources to provide appropriate early intervention services to children in the State of Oklahoma. Early intervention services is a school-based sanctioned service to children who are, or who have been, using or abusing substances, and/or those at risk such as children impacted by a family of addiction and/or have one or more of the following: early sex, chemical/substance use, drop in grades, change in friends, change in appearance (clothes, hygiene, etc.), sudden mood changes, discipline problems, problems with the law, family argument or withdrawing from family, absences, truancy, and increased tardiness. Services are for the purpose of assisting children in the identification of personal substance abuse problems and developing motivation for corrective action which may include screening and therapeutic education on substance abuse; brief family counseling; and evaluation to guide referral and assistance with therapeutic linkages. School-based services may be provided at the school or in the community and be provided by substance abuse treatment or prevention professionals or staff working toward certification or licensure in one of the following disciplines: CPS, CADC, or LBHP. Only LBHPs are allowed to provide psychotherapies.

WORK REQUIREMENTS

- Contractor shall utilize evidence-based strategies in all aspects of the program;
- Contractor shall possess a service agreement with each school where early intervention services are provided;
- Contractor shall obtain and maintain a file of parental permission slips for children involved with early intervention services;
- Contractor shall provide services that are culturally-responsive to the children’s needs and their family environments;
- Contractor shall document and maintain files on services provided to children grades K through 12 who are eligible for early intervention services;
- Contractor shall receive self-referrals or referrals through the school;
- Contractor shall provide early intervention services to or on behalf of a specific student which are limited to 10 paid hours per contract year and shall be reported as identified by ODMHSAS;
• Contractor shall utilize individual, family, or groups of up to 10 students to provide services to those entering the early intervention services; and

• Early intervention staff will attend 16 hours of substance abuse-related continuing education training.

PERFORMANCE MONITORING

• Contractor shall provide the aggregate outcomes for all students served annually to ODMHSAS’s designated Field Services Coordinator by June 25th for the preceding contract period including, but not limited to the following:
  ▪ The total number of students who received early intervention services under this Contract;
  ▪ The number of these students returning to school or who graduated;
  ▪ The number of these students who did not complete their current grade or graduation because they dropped out;
  ▪ The number of students referred to the school’s student assistance program for additional referrals;
  ▪ The number of students who left school prematurely due to other causes;
  ▪ The age, race, gender, and grade level of each student served; and
  ▪ The school names and names of cities.

• Early intervention staff will provide documentation of attendance at 16 hours of substance abuse-related continuing education training.

Child, Youth, Young Adults & Families – Child Outpatient Substance Abuse Treatment Services -

Contractor shall provide trauma-informed therapeutic services in an outpatient setting and provide therapeutic services to assist children in developing skills to cope with substance abuse/dependency and co-occurring issues. These services will assist in increasing the global assessment of functioning score; improving the educational skill level; improving family relationships; and improving the cooperation among peers/ adults, and life/social skills.
WORK REQUIREMENTS

- Treatment Services:
  - Contractor shall provide services that are evidence-based or promising practices designed for children;
  - Contractor shall provide services that involve the multiple systems impacting children including, but not limited to, family, school, child welfare, and criminal justice, as evidenced by reports received from external entities and correspondence (e.g., progress notes and court reports provided by the provider agency);
  - Contractor shall provide trauma-informed services specific to children’s trauma issues, as evidenced by program curriculum; and
  - Contractor shall conduct Teen Addiction Severity Index assessments and the Adolescent American Society of Addiction Medicine Patient Placement Criteria 2R.

- Contractor shall provide therapeutic services for children with distinctive treatment needs including, but not limited to:
  - Children in the juvenile justice system;
  - Children in the child welfare system;
  - Children with serious emotional disturbances;
  - Children receiving special education services from the school system;
  - Children who are gay, lesbian, bisexual, or transgendered;
  - Children with co-occurring mental health and substance abuse disorders; and
  - Children who are homeless or precariously-housed.

- Contractor shall provide services that are culturally-responsive to the children’s needs and their family environments.

PERFORMANCE MONITORING

- Contractor shall provide documentation that staff rendering services have received training annually within the calendar year specific to children, as
evidenced by training certificates, college transcripts, in-service training, etc., in the following:

- Evidence-based treatment approaches;
- Family dynamics and family therapy;
- Sexual and physical abuse;
- Children’s growth and development;
- Trauma-informed services for children;
- Psychopharmacology;
- Cognitive impairments;
- Healthy boundaries; and
- Self-care.

- Contractor shall report on ODMHSAS’s information system, in accordance with ODMHSAS policy, all services provided by Contractor to each consumer, regardless of the funding source. Services provided shall be reported under the appropriate contract source code, based on the payer for the specific service delivered. Any service not billed to another payer and reported accordingly shall be reported on the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

**Child, Youth, Young Adults & Families – Children’s Regional Crisis**

Contractor will ensure the resources necessary to maintain a Regional Crisis Center for children.

**WORK REQUIREMENTS**

- Contractor shall provide Crisis Stabilization for children ages 10-17, to be available 24 hours daily, seven (7) days per week, including operating a crisis stabilization unit and providing community based structured crisis care services. The Contractor will follow all mandatory guidelines, including Title 450, Chapter 23.

- The Contractor shall participate in the local Systems of Care Community team, and create awareness of their services.
PERFORMANCE MONITORING

- Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

Child, Youth, Young Adults & Families – Child Residential Treatment

Contractor shall provide trauma-informed therapeutic services in a residential setting and provide a safe environment to children in order to allow them to develop skills to cope with substance use and co-occurring issues. These services will assist in increasing the global assessment of functioning (GAF) score; improving the educational skill level; improving family relationships; and improving cooperation among peers and adults and life and social skills.

WORK REQUIREMENTS

- Treatment Services:
  
  - Contractor shall provide services that are evidence-based or promising practices designed for children.
  
  - Contractor shall provide services that involve the multiple systems impacting children including, but not limited to, family, school, child welfare, and criminal justice, as evidenced by reports received from external entities and correspondence (e.g., progress notes and court reports provided by the provider agency);
  
  - Contractor shall provide trauma-informed services specific to child trauma issues, as evidenced by program curriculum;
  
  - Contractor shall provide documentation that direct care and educational staff have received training annually within the calendar year specific to children, as evidenced by training certificates, college transcripts, in-service training, etc., in the following:
    
    - Trauma-informed care;
    - Child growth and development;
    - Child substance use disorder;
    - Conflict resolution;
• Healthy boundaries;
• Ethics; and
• Self-care.

Contractor shall provide documentation showing therapeutic service-rendering staff have received training annually within the calendar year specific to children, as evidenced by training certificates, college transcripts, in-service training, etc., in the following:

• Evidence-based treatment approaches;
• Family dynamics and family therapy;
• Sexual and physical abuse;
• Child growth and development;
• Trauma-informed services for children;
• Psychopharmacology;
• Cognitive impairments;
• Healthy boundaries; and
• Self-care.

• Contractor shall provide culturally-sensitive services for children with distinctive treatment needs including, but not limited to:

  • Children in the juvenile justice system;
  • Children in the child welfare system;
  • Children with serious emotional disturbances;
  • Children receiving special education services from the school system;
  • Children with sexually-related conflicts;
  • Children with co-occurring mental health and substance use disorders; and
  • Children who are homeless or precariously-housed.

PERFORMANCE MONITORING

• Contractor shall report on ODMHSAS’s information system, in accordance with ODMHSAS policy, all services provided by Contractor to each consumer, regardless of the funding source. Services provided shall be reported under the appropriate contract source code, based on the payer for the specific service delivered. Any service not billed to another payer
and reported accordingly shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

**Child, Youth, Young Adults & Families – Child Therapeutic Academic Services**

The State of Oklahoma appropriates funding to the Oklahoma Department of Mental Health and Substance Abuse Services for the purpose of assisting this alternative school in providing therapeutic, accredited academic services. This program provides accredited academic services in a therapeutic environment Monday through Friday. Staff is trained on the impact of substance abuse on children and families. The overall goal of the program includes establishing therapeutic accredited academic services within the alternative education system to reduce academic drop-out rates related to substance abuse. The objectives include increased school attendance; increased graduation; and decreased suspension or expulsion from school.

**WORK REQUIREMENTS**

- Contractor shall provide therapeutic, accredited academic services daily, Monday through Friday, throughout the school calendar year.

- Contractor shall provide and document community referral information for recommended services for children served by the program.

- Contractor shall provide documentation that staff rendering services have received training annually within the calendar year specific to children as evidenced by training certificates, college transcripts, in-service training, etc., in the following:
  - Evidence-based treatment approaches;
  - Family dynamics and family therapy;
  - Sexual and physical abuse;
  - Child growth and development;
  - Trauma-informed services for children;
  - Psychopharmacology;
  - Cognitive impairments; and
  - The impact of substance abuse on children and families.
• Contractor shall provide services that are culturally-responsive to the children’s needs and their family environments.

• Access to services:
  
  ▪ In determining a consumer’s initial and ongoing eligibility for any service, Contractor may not exclude an individual based on the following factors:
    
    ▪ The consumer’s past or present mental health issues, including use of prescribed medications for such, substance abuse issues, or co-occurring disorder issues;
    
    ▪ The presumption of the consumer’s inability to benefit from treatment;
    
    ▪ The specific substance used by the consumer;
    
    ▪ The consumer’s continued substance use; and
    
    ▪ The consumer’s level of success in prior treatment episodes.

• Integrated Services:
  
  ▪ Contractor shall document the provision of formal integrated screening, assessment, and treatment for persons who have co-occurring mental health and substance abuse disorders according to ODMHSAS requirements;
    
    ▪ Contractor shall document the ability to recognize and report the prevalence of co-occurring disorders by reporting as identified by ODMHSAS; and
    
    ▪ Contractor shall document the means to refer or link individuals to appropriate services.

• Persons served:
  
  ▪ Services eligible for payment pursuant to this Statement of Work listed and defined in this document shall be delivered to persons presenting with substance abuse or co-occurring related problems, including family members and significant others of consumers, when appropriate, to support the primary consumer’s recovery;
    
    ▪ Incarcerated persons (those in penal or correctional institutions) shall not be served, unless they are specifically identified in the
Compensation Section of this Contract as a population to be served; and

- Contractor shall give preference in admissions to the following target groups during the course of this Contract and in the following priority order:
  - Pregnant injecting drug users;
  - Pregnant substance abusers;
  - Injecting drug users;
  - Women with dependent children; and
  - Persons with HIV/AIDS or Hepatitis C.

- Tuberculosis services:
  - Contractor shall develop policies and procedures for the implementation of TB services and documentation of services or referrals for each consumer;
  - Contractor shall directly or through arrangements with other public or non-profit private entities routinely make available TB services to each individual receiving treatment for substance abuse. TB services means:
    - Counseling the individual with respect to TB;
    - Testing to determine whether an individual has contracted such disease;
    - Testing to determine the appropriate form of treatment for the infected individual; and
    - Referring or providing such treatment to the infected individual.

- Contractor shall implement infection control procedures established by the Centers for Disease Control, which are designed to prevent the transmission of TB, including the following:
  - Screening of the consumers;
  - Identification of those individuals who are at high risk of becoming infected;
  - Meeting all state reporting requirements while adhering to federal and state confidentiality requirements; and
• Providing case management services to ensure that individuals receive such TB services.

• Treatment services:

  • Contractor shall ensure that all services are assessment driven and individualized to meet the needs of the person served;

  • Contractor shall use the current edition of the Addiction Severity Index (ASI), or a Teen Addiction Severity Index (TASI) and shall be administered at admission, six month review and at discharge (unless discharge occurs within 7 days of admission or is unplanned). All staff administering the ASI and the TASI must be a Licensed Behavioral Health Professional (LBHP) as defined in Oklahoma Administrative Code Title 450 Chapter 1. Starting July 1, 2014, all staff administering ASI must maintain documentation demonstrating successful completion of ASI training provided by an ODMHSAS-certified trainer no less than every five (5) years; and

  • Contractor shall use the current edition of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) to determine the level of care for consumers. These criteria shall be used upon admission, continued care, and discharge. All staff administering ASAM must be a Licensed Behavioral Health Professional (LBHP) as defined in Oklahoma Administrative Code Title 450 Chapter 1. Starting July 1, 2014, all staff involved in level of care determinations must maintain documentation demonstrating successful completion of ASAM training provided by an ODMHSAS-certified trainer no less than every five (5) years.

PERFORMANCE MONITORING

• Contractor shall report the aggregate outcomes for all students served annually to ODMHSAS’s designated Field Services Coordinator by June 25th for the preceding contract period.

  • The total number of students who were assessed for services;

  • The total number of students who received services under this Contract;

  • The number of these students returning to school or who graduated;

  • The number of these students who did not complete their current grade or graduation because they dropped out;
• The number of students referred to the school’s student assistance program for additional referrals;

• The number of students who left school prematurely due to substance abuse-related issue and other causes; and

• The age, race, gender, and grade level of each student served.

• Contractor shall document compliance with all Contract requirements in a way that allows ODMHSAS to monitor such compliance. Contractor shall only destroy such documentation upon permission received from ODMHSAS.

• Contractor shall maintain national accreditation throughout the term of this Statement of Work.

• ODMHSAS will monitor service quality utilizing National Outcome Measures indicators and domain ratings from the ODMHSAS Customer Survey. Contractor shall be evaluated according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Outcome Measures, as follows:

  ▪ Reduced morbidity (for substance abuse - abstinence from drug and alcohol use, including decreased use of substance of abuse, nonuser stability, increasing perceived risk, increasing disapproval, and increasing age of first use; and for co-occurring disorders - decreased mental illness symptomatology);

  ▪ Employment/education (getting and keeping a job; workplace drug and alcohol policy; reduction in alcohol, tobacco, and other drug suspensions and expulsions from school; or enrolling in, staying in school, or completion of education);

  ▪ Crime and criminal justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries);

  ▪ Stability in housing (increased stability in housing);

  ▪ Social connectedness (family communication about drug use, increasing social supports and social connectedness);

  ▪ Access and capacity (increased access to services and increased service capacity);

  ▪ Retention (for substance abuse - increased retention in treatment, access to prevention messages, evidence-based programs and strategies; for co-occurring disorders - reduced utilization of
psychiatric inpatient beds);

- Perception of care (consumer satisfaction; stakeholder input);
- Cost effectiveness; and Use of evidence-based practices; and
- Use of evidence-based practices.

- Contractor shall report on the ODMHSAS’s information system, in accordance with ODMHSAS policy, all services provided by Contractor to each consumer, regardless of the funding source. Services provided shall be reported under the appropriate contract source code, based on the payer for the specific service delivered. Any service not billed to another payer and reported accordingly shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

COMPENSATION

- Services shall be billed in 6-hour increments only after the identified consumer has received 6 hours of therapeutic, accredited service.

Child, Youth, Young Adults & Families – Child Trauma

Contractor shall furnish the necessary resources to provide trauma informed and trauma specific services to child victims of trauma.

WORK REQUIREMENTS

- The Contractor shall furnish the necessary resources to provide the following:

  - Services to promote the early identification of mental health and substance abuse needs and treatment for children (under the age of 18) who are victims of trauma. Criteria for services must include both the identification of the traumatic event and associated symptomology; or in cases of early intervention, the identification of the recent traumatic event and reason for services. Any therapies utilized must be research-based or promising practices. Specific interventions utilized shall be noted in the client’s clinical record. Trauma specific clinical services must be provided by a Licensed Mental Health Professional or Licensed-Eligible Mental Health Professional. Additional support services to the child and family may be provided by any level of appropriate staff when applicable.
o Children with a serious behavioral disturbance shall be referred to the local Systems of Care, if one exists.

o If needed, referrals to other services in the community will be made throughout the process from intake to termination.

o Groups may not be billed under Child Victims of Trauma, without prior approval by the Department.

o Any clinical staff providing direct services, shall complete the online Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) training, and then within a reasonable time attend the live Introduction to TF-CBT training provided by the Department through the University of Oklahoma Health Science Center.

 ✓ After completion of the live TF-CBT training, clinical staff must participate in consultation calls a minimum of twice a month for 6 months. During this time they must staff a case through to completion, or continue the bimonthly calls until able to do so. Thereafter, they must then participate in the consultation calls at a minimum of one time per month. Each staff should keep a record of their participation.

 ✓ It is then expected that therapists utilizing the TF-CBT model shall continue developing their skills by attendance of trainings on assessment, advanced TF-CBT, and special topics in child trauma treatment that are also provided.

o All staff, regardless of role, licensure, or certification participating in this program, shall complete trauma-informed training(s) as identified by the Department. This is to include at a minimum the free 3-hour e-learning “Trauma is Just the Beginning”.

  • The Contractor shall accept referrals from at least one other child-serving organization in the community. This shall include the local child advocacy center or child abuse and neglect response team, if one exists.

  • The Contractor must secure affiliate agreements with appropriate community partners. Such agreements shall
indicate a willingness by the community partners to complete any community satisfaction surveys conducted by the Contractor or the Department regarding the services to be provided.

- The Contractor is encouraged, as resources allow, to screen adult family members of the children with mental health needs being served and refer them to local mental health or substance abuse services providers, as applicable.

- Individuals fulfilling the terms of this contract shall attend any applicable meetings or trainings as determined necessary by the Department.

- Client data and services reported to the Department shall include identifying information about the children and their parent(s) and information to link the child and parent.

- Contractor shall be trained in and utilize the child trauma measures identified by the Department for screening and assessment, at a minimum at intake, treatment plan updates, and discharge. Contractor may substitute other child trauma measures upon approval by the Department.

- The Contractor shall report to the Department specific data outcomes identified by the Department.

PERFORMANCE MONITORING

- The Department will monitor the performance of the Contractor. At a minimum, this will include ongoing reviews of certain performance indicators, and employee records showing appropriate training, credentials, and participation in consultation calls.

- Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

- The Department may conduct eligibility and service verification reviews on a random basis. Subsequent payments may be decreased according to the applicable Department rate schedule if ineligible individuals are reported and provided services based on ODMHSAS funding or if service
delivery cannot be verified in the client’s clinical record. A verification rate of less than eighty-five percent (85%) is ground for contract termination.

**Child, Youth, Young Adults & Families – Divorce Visitation Arbitration**

Funding provided pursuant to this contract addendum is to support the delivery of Divorce Visitation Arbitration Services. Contractor recognizes children, youth, and families with mental health, substance abuse, or co-occurring issues related to the trauma associated with divorce adjustment, and the subsequent need for service delivery in a timely manner. Contractor shall work in cooperation with the local community mental health center or other appropriate referral sources to rapidly initiate services as needed for those referrals.

**WORK REQUIREMENTS**

- The Contractor shall furnish the necessary resources to provide the following services, including but not limited to:
  - Arbitration in contested child custody matters;
  - Mediation in contested child custody matters;
  - Court-order supervised visitation and parental exchanges; and
  - Provision of individual and group counseling to children and families regarding divorce and related issues.
  - Provision of psycho-educational classes for high conflict parents of separation, divorce, and guardianship cases.

- Other services eligible for contract funding to facilitate the above services may include, but are not limited to:
  - Referral for services that cannot be met by this program;
  - Face to face and telephone crisis services to persons experiencing acute problems relating to separation/divorce/child custody; and
  - Consultation with mental health professionals, court and youth services personnel, clergy, school counselors, attorneys in family practice and others involved with the child(ren) and families seeking services.

- Staffing for this program may be provided by a BHCM I or II or a CADC or a LBHP (Licensed Behavioral Health Professional) or Licensure
Candidate, based on the service being provided. Mediation services must be provided by staff trained according to standards outlined in Title 12.

PERFORMANCE MONITORING

- The Department will monitor the performance of the Contractor. At a minimum, this will include ongoing reviews of certain performance indicators and employee records showing appropriate training and credentials.

- Service provided pursuant to this contract shall be reported in a format determined by the Department, and shall be submitted to the Manager of Hope and Resilience on a monthly basis.

- Contractor shall provide a written quarterly report to the Manager of Hope and Resilience not later than 30 days after the end of each fiscal quarter.

COMPENSATION

- Services eligible for payment pursuant to this addendum (defined in the ODMHSAS’s Service Manual) are as follows:

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**Child, Youth, Young Adults & Families – Family Drug Court Treatment**

Contractor shall provide trauma-informed therapeutic services in an outpatient setting. Contractor shall provide therapeutic services to assist participants and families in developing skills to cope with substance abuse, dependency, and co-occurring issues. These services will assist in increasing the global assessment of functioning score, educational skill level and improving family relationships, parenting skills, coping skills, and life and social skills.

WORK REQUIREMENTS

- Treatment Services:
  - Contractor shall provide services that are evidence-based or promising practices designed for families.
  - Contractor shall provide services that involve the multiple systems
impacting participants including, but not limited to, family, OKDHS, and criminal justice, etc., as evidenced by reports received from external entities and correspondence (e.g., progress notes and court reports provided by the provider agency).

- Contractor shall provide trauma-informed services specific to trauma issues as evidenced by program curriculum.

- Contractor shall provide documentation that staff rendering services have received training specific to families as evidenced by training certificates, college transcripts, in-service training, etc., in the following:
  - Evidence-based treatment approaches;
  - Family dynamics and family therapy;
  - Sexual and physical abuse;
  - Trauma-informed services;
  - Psychopharmacology;
  - Cognitive impairments;
  - Healthy boundaries; and
  - Self-care.

- Contractor shall provide assessment services and level of care to individuals referred by the Family Drug Court Team for the purposes of determining program eligibility and treatment need. This assessment shall minimally:
  - Be completed prior to the Drug Court Team determination of eligibility, prior to graduation, at the point of any significant life change, and prior to revocation in order to determine appropriate level of care.
  - Include administration of an ASI or T-ASI, assessment for stages of change, and utilization of the ASAM PPC-2R, and any other assessment completed to ascertain treatment eligibility and need.

- Contractor shall alternate insurance coverage and bill such source if applicable for outpatient substance abuse services provided to Drug Court participants unless written authorization has been granted by ODMHSAS.

- Contractor shall be a designated member of the Drug Court Team, sharing the common goal of decreasing recidivism and increasing treatment utilization for participants of the program. Contractor shall communicate with the Drug Court Team by:
Providing the Drug Court Team with a written interpretive summary of assessment results and treatment needs within 10 business days of assessment.

Attending meetings with the Drug Court Team minimally two times per month and provide ongoing documentation regarding participants’ progress toward individualized treatment plan goals and ongoing assessment of participant needs to Family Drug Court Team.

Advocating for therapeutically-effective incentives, sanctions, and any other interventions.

ODMHSAS discourages the Contractor from being a party to scheduling, administering, and otherwise being involved with drug testing practices. Contractor shall obtain written approval from the ODMHSAS-identified Field Services Coordinator for Family Drug Courts by requesting permission, within 30 days of contract award, to schedule and administer tests. This request shall include:

- Justification of need to provide service to Drug Court program.
- Contractor and staff’s role in scheduling and administering drug testing.
- A list of staff scheduling and administering drug tests. (Staff shall not include clinician-rendering services to the identified participant.)
- Policy and procedure on chain of custody of specimen.
- Costs to agency associated with drug testing.
- Policy and practice of collection of fees. This information shall include collection breakdown of all fees, how the fees were collected, and which party paid fees (participant, insurance, etc.). This policy shall be in compliance with Section 5 - Compensation.

Contractor shall assist with development of Family Drug Court policy and procedures and participant handbooks providing input for revisions, annually at a minimum.

Contractor shall provide services that are culturally-responsive to the individuals’ needs and their family environments.
PERFORMANCE MONITORING

- Contractor shall provide the Drug Court Coordinator with all information necessary to complete program evaluations requested by ODMHSAS. This includes, but is not limited to, assessment results, participant-identifying information, diagnostic impressions, and service referrals. ODMHSAS will review information submitted by Drug Court Coordinator minimally on a quarterly basis.

- Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by the Contractor as well as any other services to individuals otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

COMPENSATION

- Drug Court participants shall be served regardless of income level. Contractor’s requests for compensation under this Contract to ODMHSAS shall be in compliance with ODMHSAS eligibility standards and shall be reported as identified by ODMHSAS.

Child, Youth, Young Adults & Families – Family Self-Sufficiency Program

This Contract is to assist families with creating a stable home environment in an effort to reduce out-of-home placement, increase school attendance, and reduce or mitigate contacts with law enforcement for the SED child(ren) within the family.

WORK REQUIREMENTS

- The Contractor shall furnish the necessary resources to administer the Family Self Sufficiency Program.
  - The program is a time limited (12 months or less) housing program for families of children with SED. The program is for:
    - Homeless families;
    - Families at risk of losing housing; or
    - Families in crisis.
  - The program shall assist families to create a stable home environment, and with establishing residential stability and increased economic self-sufficiency.
The program shall incorporate elements of a system of care for SED families including:

- Blended funding;
- Wraparound services;
- Collaboration with other service providers; and
- Strengths-based, family-directed plans and services.

The service must be reported for the child with SED.

PERFORMANCE REQUIREMENTS

- Contractor shall report on the Department’s information system, in accordance with Department policy, all eligible services provided by the Contractor, as well as any other services otherwise eligible under the terms of this contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.

Child, Youth, Young Adults & Families – Oklahoma Youth and Young Adult (O-YAY) Treatment Services

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Oklahoma Young Adult and Youth (O-YAY) Initiative. Under the direction of the O-YAY Grant Project Director, Contractor will implement the Adolescent Community Reinforcement Approach (A-CRA) model treatment program. The ODMHSAS will support Contractor in developing treatment and recovery services and supports for persons ages 13-25 with substance abuse disorders and co-occurring conditions.

Client-level outcomes of this initiative include: (1) increased access, retention and engagement in treatment services, (2) improved relationships within family systems, (3) increased social connectedness, and (4) decreased substance abuse, criminal and juvenile justice involvement.

WORK REQUIREMENTS

- Contractor shall provide trauma-informed therapeutic services in an outpatient setting and provide therapeutic services to assist youth and young adults in developing the skills to cope with substance abuse/dependency and co-occurring issues. These services will assist in decreasing substance use, improving the educational skill level; improving family relationships; and improving the cooperation among peers/ adults, and life/social skills.
Treatment services shall be provided as follows:

- Contractor shall utilize the A-CRA treatment model and, as appropriate, additional services that are evidence-based or promising practices designed for youth and young adults;

- Contractor shall provide services that involve the multiple systems impacting youth and young adults including, but not limited to, family, school, child welfare, and criminal justice, as evidenced by reports received from external entities and correspondence (e.g., progress notes and court reports provided by the provider agency);

- Contractor shall provide trauma-informed services specific to trauma issues, as evidenced by program curriculum;

- Contractor shall implement the GAIN Short Screener (GAIN-SS); and

- Contractor shall conduct Teen Addiction Severity Index/Addiction Severity Index assessments and utilize the Adolescent/Adult American Society of Addiction Medicine Patient Placement Criteria.

Contractor shall provide therapeutic services for youth and young adults with distinctive treatment needs including, but not limited to:

- Youth/YAT in the juvenile/criminal justice system;

- Youth/YAT in the child welfare system;

- Youth/YAT with serious emotional disturbances;

- Youth receiving special education services from the school system;

- Youth/YAT who are gay, lesbian, bisexual, or transgendered;

- Youth/YAT with co-occurring mental health and substance abuse disorders; and

- Youth/YAT who are homeless or precariously-housed.
• Contractor shall provide services that are culturally-responsive to the youth/YAT’s needs and their family environments.

PERFORMANCE MONITORING

• Contractor shall provide a bi-annual written report of the activities carried out pursuant to this Statement of Work, and coordinating SQE Statement of Work. Bi-annual reports should be submitted electronically by April 15th (for the months of October through March) and by October 15th (for the months of April through September). Contractor shall provide such detail as the Department may require, including but not limited to the following:
  ▪ Number of intake assessments;
  ▪ Number of follow-up assessments;
  ▪ Number of current clients;
  ▪ Number of family members served;
  ▪ Number of successful discharges;
  ▪ Number of administrative discharges;
  ▪ Number of and summary of outreach activities;
  ▪ Certification status for all program staff;
  ▪ Number of and summary of pro-social activities as well as number of clients who participated;
  ▪ Number of parent support groups, topics, and number of parents who attended; and
  ▪ Any other pertinent grant activities.

• Contractor shall report on ODMHSAS’s information system, in accordance with ODMHSAS policy, all services provided by Contractor to each consumer, regardless of the funding source. Services provided shall be reported under the appropriate contract source code, based on the payer for the specific service delivered. Any service not billed to another payer and reported accordingly shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.
COMPENSATION

Contractor shall utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual’s health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment providers sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are required to include a “payer of last resort” stipulation in all contracts with partnering provider organizations.

Child, Youth, Young Adults & Families – RA1SE NAVIGATE

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Recovery After an Initial Schizophrenia Episode (RA1SE) NAVIGATE Early Treatment Program and serve individuals experiencing First Episode Psychosis (FEP). The ODMHSAS will support Contractor in developing and implementing an integrated array of services and supports for persons ages 16-30, who have experienced their first episode of psychosis within the last two years and meet the Federal Block Grant and State definition of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED), as they transition to adulthood.

Persons served with this funding will experience an increase in: 1) stable housing; 2) a job with a living wage; 3) continued education and meeting educational goals; 4) dependable transportation; 5) linkages to community resources; 6) number of days sober and drug free; 7) improved relationships with family and others; and 8) wellness and recovery as measured by decreases in symptoms and increases in activities that support mental and physical well-being. Those with a history of engagement with law enforcement will experience a decrease in number of arrests. Those who are on psychiatric medications will be monitored for prescription adherence and side effects.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop and implement the RA1SE NAVIGATE Early Treatment Program, to include the following:
  - Provide a Team Leader devoted at a minimum of .5 FTE who will also serve as the Family Therapist devoted at a minimum of .5 FTE.
• Maintain a minimum of 1 FTE Supported Education and Employment (SEE) Specialist with average caseload of 20-25.

• Provide Individual Resiliency Treatment (IRT) services utilizing evidence-based and promising psychological interventions, with a minimum of 1 FTE.

• Provide recovery support specialist services, with a minimum of .5 FTE.

• Provide psychiatric services with a minimum of .03 FTE.

• Contractor shall furnish the necessary resources to develop and implement an evidenced based, or promising practice, for individuals experiencing FEP.

• Participate in Department data collecting and reporting for performance assessment.

• Maintain linkage with ONIT staff and advisory team, and linkage with the outreach and engagement team for Navigate.

• Utilize outcomes reports generated by the ODMHSAS for continuous quality improvement.

• A minimum of 50% of these funds shall be allocated for those being served through the NAVIGATE program.

PERFORMANCE MONITORING

• Contractor shall report services in the Department’s information system, in accordance with Department policy, all eligible services provided by Contractor as well as any other services otherwise eligible under the terms of the contract but for which funding is not available from any payer. Services provided pursuant to this statement of work shall be reported under the Contract Source Code(s) identified in section IV (COMPENSATION) of the Contract.
Child, Youth, Young Adults & Families Sole Source Services

Child, Youth, Young Adults & Families – A Better Chance Family Drug Court

Contractor shall furnish the necessary resources to implement Attachment and Biobehavioral Catch-up (ABC) and Parent Child Interaction Therapy (PCIT) for the Oklahoma County Family Drug Court (OKFDC) participants, their children, and caregivers to improve parent infant and child bonding.

WORK REQUIREMENTS

- Contractor shall provide direct care services to OKFDC referrals and their families, as appropriate, and collaborate with referring OKDHS personnel as described in this Statement of Work. With proper consents for the release of confidential information, collateral information shall be gathered, assessed, and incorporated in the assessment and treatment planning processes.

- Contractor shall receive faxed referrals from the OKDHS workers in the OKFDC and the contractor will then schedule the appointment with the child and or family. The contractor will relay this appointment information to the OKDHS worker who made the referral and to the DHS Supervisor of the FDC.

- Contractor shall designate at minimum two (2) staff members to provide ABC and PCIT services at least part time.

- Contractor shall designate staff to participate in ABC training as needed.

- Contractor shall furnish the necessary resources to provide the following services:
  - Create treatment plans, in conjunction with the families, for children served in the ABCC programs.
  - Provide in home ABC services to those families in the OKFDC that qualify in order to help caregivers re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited.
  - Provide phone consultation at minimum one time monthly with members of the OKFDC team including but not limited to the OKFDC DHS Caseworkers, OKFDC Coordinator, and OKFDC Children’s Attorney to discuss needs related to assessment,
referrals, treatment, and follow-up care of children of OKFDC participants.

- Contractor shall be a designated member of the OKFDC Team, sharing the common goal of decreasing recidivism and increasing treatment utilization for participants of the program. Contractor shall communicate with the OKFDC Team by:
  - Providing the OKFDC team a completed assessment report and treatment needs within 4 weeks of conducting assessment.
  - Attending meetings with the OKFDC Drug Court Team minimally two times per month to address the following:
    - Provide an update on any new children who have been assessed since the last court date.
    - Discuss potential children in need of treatment services.
    - Provide documentation regarding the progress of the child and/or family toward individualized treatment plan goals.
    - Provide assessment of a child/family’s continued needs to the OKFDC Team.

- Contractor shall designate at minimum one (1) staff member involved with the FDC to attend ODMHSAS designated trainings and conferences to enhance services to OKFDC families and children.

- Contractor shall complete any assessments needed for the CARE project.

PERFORMANCE MONITORING

- Contractor shall provide a quarterly written report of the activities carried out pursuant to this Statement of Work. Contractor shall provide such detail as ODMHSAS may require. Such report shall be submitted to the Manager of Family Drug Court Programs no later than the 10th day of the month following the end of each quarter (i.e., the 10th of October, January, April, and July).

Child, Youth, Young Adults & Families – Child Basic Strengthening Families & Celebrating Families Programs

Contractor shall furnish the necessary resources to implement the Strengthening Families (SF) and/or Celebrating Families (CF) program for a designated service area, children, and caregivers to enhance existing fixed rate services to improve
permanency, enhance safety, and increase the well-being of participants and their families.

Contractor shall serve counties designated by the ODMHSAS.

WORK REQUIREMENTS

- Contractor shall:
  - Designate a coordinator of SF and/or CF.
  - Designate staff to participate in SF and/or CF.
  - Submit an itemized budget to an ODMHSAS assigned designee at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
  - Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post-test documents.
  - Contractor shall complete a number of cycles of SFP and/or CFP determined by the ODMHSAS.
  - Contractor shall complete end of cycle reports. This shall include completion of an Administrative Survey and facilitation of a Parent Survey. Both surveys are located on the Youth Information System (YIS); a paper version of the Parent Survey is available upon request.
    - The Administrative Survey shall be completed within one month following the end of the cycle, and shall include (but not be limited to):
      - Dates of the sessions conducted;
      - Populations served;
      - Number of participants;
      - Number of staff participating;
      - Staff feedback on process; and
      - Successes and challenges/barriers during the cycle.
    - The Parent Survey shall be completed by each member of the Parent Group during session 15.
Contractor shall complete an annual report, due 30th of June and submit to an ODMHSAS designee. The report shall include but not be limited to the following:

- Training or Professional Development;
- Names of staff or program receiving new licensing or certification;
- Name of organization/agency client was referred to for additional treatment or ancillary services;
- Total number of clients served;
- Total number of intakes/assessments completed;
- Total number of intakes/assessments but did not receive treatment from project staff;
- Total number of participants discharged from the program before completion of program; and
- Total number of participants graduated from the program.

Coordinator shall:

- Coordinator will assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
- Coordinator will engage and enhance faith-based, child welfare, and other community partners (i.e. volunteer, donation, referral).
- The coordinator will organize and schedule the SF and/or CF program and ensure all materials are ordered and disbursed to program staff.
- Facilitate the implementation of SF and/or CF with identified families as written.

PERFORMANCE MONITORING

ODMHSAS will monitor the performance of Contract through receiving timely updates of data once distributed by ODMHSAS and OU E-Team, and receiving the budget.

ODMHSAS will review end of cycle and annual reports to ensure all deliverables have been met and review monthly budgets and invoices to ensure billing procedures were adhered to.

Child, Youth, Young Adults & Families – Child Equine Assisted Therapy

Contractor shall furnish the necessary resources to provide appropriate Equine-Assisted Psychotherapy to children in the State of Oklahoma. Equine-Assisted Psychotherapy shall be implemented according to standards set forth by a national certifying body to meet the needs that will effect fundamental personal
change in the children.

WORK REQUIREMENTS

- Contractor shall provide services designed by a national certifying body for Equine-Assisted Psychotherapy for children, recognizing the unique opportunity to modify risk factors that are still active and not yet complete in their influence on development. These services shall be documented in Contractor’s policy and procedures.

- Contractor shall ensure Equine-Assisted Psychotherapy is identified on the schedule and documented in progress notes.

- Contractor shall provide Equine-Assisted Psychotherapy for children who will benefit from this therapeutic approach as evidenced by curriculum.

- Contractor shall provide documentation on the appropriateness of this treatment for the individual child and family members, as evidenced by progress notes, service plan, or assessment.

- Contractor shall create and make available a satisfaction survey for Equine-Assisted Psychotherapy services to all individuals benefitting from this service including, but not limited to, parents, siblings, and other individuals involved in treatment and include results in quarterly report.

- Contractor shall create a quarterly report on all expenditures and activities, and how many individuals benefited from this contracted service.

- Contractor shall provide services that are culturally-responsive to the children’s needs and their family environments.

PERFORMANCE MONITORING

- Contractor shall ensure Equine-Assisted Psychotherapy is identified on the schedule and documented in progress notes.

- Contractor shall document training provided for all levels of staff working with the Equine-Assisted Psychotherapy program related to, but not limited to, safety protocol and procedures, therapeutic relationships, and any other areas required by a national certifying body.

- Contractor shall submit a quarterly report including expenditures, activities, and survey results to the designated ODMHSAS’s Field Services Coordinator for Tulsa Boy’s Home.
Child, Youth, Young Adults & Families – Child Welfare Specific
Strengthening Families & Celebrating Families Programs

Contractor shall furnish the necessary resources to implement the Strengthening Families (SF) and/or Celebrating Families (CF) the program for a designated service area, children, and caregivers to improve permanency, enhance safety, and increase the well-being of participants and their families.

Contractor shall serve counties designated by the ODMHSAS.

WORK REQUIREMENTS

- Contractor shall:
  - Designate a coordinator of SF and/or CF.
  - Designate staff to participate in SF and/or CF.
  - Submit an itemized budget to ODMHSAS assigned designee at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
  - Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post- test documents.
  - Contractor shall complete a number of cycles of SFP and/or CFP determined by the ODMHSAS.
  - Contractor shall complete end of cycle reports. This shall include completion of an Administrative Survey and facilitation of a Parent Survey. Both surveys are located on the Youth Information System (YIS); a paper version of the Parent Survey is available upon request.
    - The Administrative Survey shall be completed within one month following the end of the cycle, and shall include (but not be limited to):
      - Dates of the sessions conducted;
      - Populations served:
      - Number of participants;
      - Number of staff participating;
      - Staff feedback on process; and
✓ Successes and challenges/barriers during the cycle.

  o The Parent Survey shall be completed by each member of the Parent Group during session 15.

  ▪ Contractor shall complete an annual report, due 30th of June and submit to an ODMHSAS designee. The report shall include but not be limited to the following:

    o Training or Professional Development;
    o Names of staff or program receiving new licensing or certification;
    o Name of organization/agency client was referred to for additional treatment or ancillary services;
    o Total number of clients served;
    o Total number of intakes/assessments completed;
    o Total number of intakes/assessments but did not receive treatment from project staff;
    o Total number of participants discharged from the program before completion of program; and
    o Total number of participants graduated from the program.

  • Coordinator shall:
    ▪ Coordinator will assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
    ▪ Coordinator will engage and enhance faith-based, child welfare, and other community partners (i.e. volunteer, donation, referral).
    ▪ The coordinator will organize and schedule the SF and/or CF program and ensure all materials are ordered and disbursed to program staff.
    ▪ Facilitate the implementation of SF and/or CF with identified families as written.

  • Activities under this contract addendum shall not include any services that are billed under the TANF/CW fixed rate contract.

PERFORMANCE MONITORING

  • ODMHSAS will monitor the performance of Contract through receiving timely updates of data once distributed by ODMHSAS and OU E-Team, and receiving the budget.

ODMHSAS will review end of cycle and annual reports to ensure all deliverables have been met and review monthly budgets and invoices to ensure billing
procedures were adhered to.

**Child, Youth, Young Adults & Families – Early Childhood mental Health Consultation (ECMHC)**

The Contractor will provide consultation services on children’s behavioral health to approved licensed child care providers as requested through the Oklahoma Child Care Warmline Coordinator.

**WORK REQUIREMENTS**

- Contractor shall provide specified consultation services which support relationship-based care in approved licensed child care centers and family child care homes.

  - Consultant qualifications require professional licensure or under supervision for licensure in one of the following fields:
    - Child Psychiatry;
    - Clinical Psychology;
    - Clinical Social Work;
    - Marriage and Family Therapy; or
    - Professional Counselor (LPC)

  - Consultation services may include:
    - Classroom assistance to model guidance techniques with challenging behavior exhibited by young children.
    - Support with applying trainings on behavior and guidance models into daily practice.
    - Classroom observation with feedback to the director and staff to develop goals for change.
    - Suggestions about classroom layout and structure that promote social and emotional development and minimize challenging behavior.
    - Help in locating materials for use in the classroom and with families.
    - Assistance with parent meetings and help linking families with outside services when needed.
    - Assistance with management issues including staff relationships and
team building.

- In-service training for staff on children’s social and emotional development when the need for such training is identified through the consultation process.

- Professionals who meet requirements to be a consultant shall participate in the seven (7) hour orientation training provided by members of the ECMHC Advisory Committee. Training shall be provided at no cost.

- Consultants who have an active ECMHC case(s) shall participate in monthly consultation calls facilitated by the ECMHC Advisory Committee.

- Contractor shall make available to staff additional opportunities for support from the ECMHC Advisory Committee through telephone, email and on-site consultation to assist in the provision of mental health consultation services.

- Contractor shall assure that at least one member of the clinical supervisory staff participates in the seven (7) hour orientation training so that best practice can be supported locally and contract dollars are used appropriately.

- Professionals who meet requirements to be a consultant shall be mentored by the ECMHC/T through a minimum of the first referral and as needed to assure implementation of the best practice ECMHC model.

- The Contractor agrees to service quality enhancement (SQE) and community response, including, but not limited to:
  - Facilitating identified staff and relevant administrative staff/supervisor(s) in attending orientation and other training which supports the provision of ECMHC services.
  - Facilitating staff participation in mentoring and technical assistance activities with the Early Childhood Mental Health Consultant/Trainer as indicated/needed.
  - Facilitating staff participation on monthly technical assistance calls of the ECMHC Network to enhance the quality of services delivered to early childhood programs as required by the evidence based practices identified by ODMHSAS.
  - Facilitating staff participation in monthly reflective supervision/consultation groups.
  - Facilitating staff attendance at local, regional or state meetings for the purpose of improving interagency collaboration and service delivery.
Facilitating preparation and travel time for staff related to the provision of ECMHC.

PERFORMANCE MONITORING

- Contractor shall submit monthly reports of consultant activities to the Oklahoma Child Care Warmline by the 15th of the following month.
- Contractor shall participate in all evaluation activities as required by ODMHSAS, the Oklahoma Child Care Warmline, and the ECMHC Advisory Committee.
- Contractor shall participate in site visits with the ODMHSAS point of contact and the ECMHC Advisory Team twice annually and include identified consultants and supervisory staff.

COMPENSATION

- Funding shall be reimbursed on a monthly basis upon receipt, and ODMHSAS approval, of an invoice and monthly written report of activities referenced above. Funding shall be pursuant to a Department approved project budget.

Child, Youth, Young Adults & Families – Early Childhood Mental Health Consultation (ECMHC) – ProjectLAUNCH

The Contractor will provide consultation services on children’s behavioral health to programs in Rogers County which do not meet criteria for OKDHS funding in order to expand service eligibility, including unsubsidized child care providers, public schools and Head Start programs as requested through the Oklahoma Child Care Warmline Coordinator.

WORK REQUIREMENTS

- Contractor shall provide specified consultation services which support relationship-based care in unsubsidized child care programs, public schools and Head Start programs in Rogers County.
  - Consultant qualifications require professional licensure or under supervision for licensure in one of the following fields:
    - Child Psychiatry;
    - Clinical Psychology;
Clinical Social Work;
Marriage and Family Therapy; or
Professional Counselor (LPC)

Consultation services may include:

- Classroom assistance to model guidance techniques with challenging behavior exhibited by young children.
- Support with applying trainings on behavior and guidance models into daily practice.
- Classroom observation with feedback to the director and staff to develop goals for change.
- Suggestions about classroom layout and structure that promote social and emotional development and minimize challenging behavior.
- Help in locating materials for use in the classroom and with families.
- Assistance with parent meetings and help linking families with outside services when needed.
- Assistance with management issues including staff relationships and team building.
- In-service training for staff on children's social and emotional development when the need for such training is identified through the consultation process.

- Professionals who meet requirements to be a consultant shall participate in the seven (7) hour orientation training provided by members of the ECMHC Advisory Committee. Training shall be provided at no cost and shall be reimbursed through Project LAUNCH.

- Consultants who have an active ECMHC case(s) shall participate in monthly consultation calls facilitated by the ECMHC Advisory Committee.

- Contractor shall make available to staff additional opportunities for support from the ECMHC Advisory Committee through telephone, email and on-site consultation to assist in the provision of mental health consultation services.

- Contractor shall assure that at least one member of the clinical supervisory staff participates in the seven (7) hour orientation training so that best practice can be supported locally and contract dollars are used appropriately.
Professionals who meet requirements to be a consultant shall be mentored by the ECMHC/T through a minimum of the first referral and as needed to assure implementation of the best practice ECMHC model.

The Contractor agrees to service quality enhancement (SQE) and community response, including, but not limited to:

- Facilitating identified staff and relevant administrative staff/supervisor(s) in attending orientation and other training which supports the provision of ECMHC services.

- Facilitating staff participation in mentoring and technical assistance activities with the Early Childhood Mental Health Consultant/Trainer as indicated/needed.

- Facilitating staff participation on monthly technical assistance calls of the ECMHC Network to enhance the quality of services delivered to early childhood programs as required by the evidence based practices identified in the Project LAUNCH ECMHC contract.

- Facilitating staff participation in monthly reflective supervision/consultation groups.

- Facilitating staff attendance at local, regional or state meetings for the purpose of improving interagency collaboration and service delivery.

- Facilitating preparation and travel time for staff related to the provision of ECMHC within identified Project LAUNCH early childhood programs.

PERFORMANCE MONITORING

- Contractor shall submit monthly reports of consultant activities to the Oklahoma Child Care Warmline by the 15th of the following month.

- Contractor shall participate in all evaluation activities as required by Project LAUNCH.

- Contractor shall participate in site visits with the ODMHSAS point of contact and the ECMHC Advisory Team twice annually and include identified consultants and supervisory staff.

Child, Youth, Young Adults & Families – Family Drug Court Administration

The State of Oklahoma appropriates funding to the Oklahoma Department of Mental Health and Substance Abuse Services for the purpose of assisting local
jurisdictions in the establishment of Family Drug Court programs. These programs require a separate judicial processing system differing in practice and design from traditional deprived trial systems. The overall goals of the program include establishing a highly-structured judicial intervention process for substance abuse treatment of eligible participants which expedites the deprived case, and requires successful completion of the plea agreement in lieu of removal of children. Specific goals include decreasing time children are placed in out of home care; expediting permanency placement; increasing number of children placed in safe environments; completion of dispositional order; increasing the number of clients completing substance abuse treatment; lengthening time periods between substance abuse relapse; increasing the number of substance-free participants; and increasing the number of participants with employment and stable housing.

WORK REQUIREMENTS

- Contractor shall implement and operate a Family Drug Court Program that maintains compliance with the most recent version of the Title 10A O.S. § 1-4-712-716.

- Contractor shall notify ODMHSAS of Family Drug Court team members by:
  
  ▪ Submitting electronically the contact information for each of the Family Drug Court team members to the ODMHSAS, assigned Field Services Coordinator no later than 15 days from execution of Contract. The contact information should include name, title, business address, business telephone number, business fax number, and e-mail address.

  ▪ Submitting electronically to the ODMHSAS-assigned Field Services Coordinator information included above for all new team members within 7 days of change in Family Drug Court team members.

- Contractor shall develop and maintain a policy and procedure manual which shall be:

  ▪ Submitted electronically to the ODMHSAS-assigned Field Services Coordinator no later than 45 days from execution of Contract.

  ▪ Revised at least annually with revised versions submitted electronically to the ODMHSAS-assigned Field Services Coordinator within 7 days upon implementation of said revisions no later than 45 days from execution of Contract.

- Contractor shall develop and maintain a participant handbook with clear statements reflecting the definition, criteria, and general expectations of the Family Drug Court program. The participant handbook shall be:
• Submitted electronically to the ODMHSAS-assigned Field Services Coordinator no later than 45 days from execution of Contract.

• Revised at least annually with revised versions submitted electronically to the ODMHSAS-assigned Field Services Coordinator within 7 days upon implementation of said revisions no later than 45 days from execution of Contract.

• Received by each Family Drug Court participant upon entry to the program, with signed acknowledgment of receipt available in Family Drug Court records.

• Contractor shall collaborate with the Family Drug Court Treatment Provider by:
  
  ▪ Abiding by the American Society of Addiction Medicine Patient Placement Criteria Second Edition Revised (ASAM PPC 2R) guidelines when determining appropriate level of care.

  ▪ Withholding from pleading an OKDHS referral into, graduating, or terminating a participant from the Family Drug Court program until the Family Drug Court Treatment Provider assesses the participant. Assessment shall:
    
    o Be completed prior to the Family Drug Court Team determination of eligibility, prior to graduation, at the point of any significant life change, and prior to revocation in order to determine appropriate level of care.

    o Include administering of an Addiction Severity Index assessment or Teen Addiction Severity Index assessment and utilization of the ASAM-PPC 2R.

    o Include assessment for stages of change.

• Contractor shall serve a minimum of fifteen (15) participants continuously. If at any time the number served falls below fifteen (15) participants, the contractor will have ninety (90) days to increase the number served. Contracted amount may be affected if the number served falls below fifteen (15) for more than a ninety (90) day period.

• Contractor shall maintain a full-time Family Drug Court Coordinator.

• Contractor shall uphold legal and ethical standards among the members of the Family Drug Court Team.

• Contractor shall provide services that are culturally-responsive to the
individuals’ needs and their family environments.

- Contractor shall establish and maintain a steering committee consisting of but not limited to: key stakeholders, current team members, service providers, and a parent representative. This committee shall meet at minimum every month to review program policies and discuss ways to remove current barriers to ensure program success.

- Contractor shall designate at minimum, two (2) FDC team members to attend all ODMHSAS designated trainings and/or conferences in order increase understanding of services offered to FDC participants and to enhance the services offered to FDC Families and children.

- Family Drug Court Coordinator shall:
  
  - Participate fully as a Family Drug Court team member, committing himself or herself to the program mission and goals and work as a full partner to ensure success.
  
  - Manage the daily operations of the Family Drug Court program.
  
  - Maintain an e-mail address and Internet access throughout the Contract period.
  
  - Provide ODMHSAS with e-mail address and contact information identified outlined above within 7 days of Contract execution or identification of coordinator, whichever is later.
  
  - Manage the program’s budget. Develop team resource strategy to acquire funding. Create opportunities to obtain funding and build linkages by providing community outreach and educational activities.
  
  - Maintain a confidential, central file on each participant to include, but not be limited to, contact log, phase level, petition requests, drug testing, incentives, sanctions, appointment attendance (e.g., court, treatment, and self-help programs), OKDHS court reports, referrals to ancillary services, housing, employment, and Family Drug Court payments.
  
  - Prepare a Family Drug Court docket containing all essential information as required by the Family Drug Court Team to be utilized in the staffing and during the Family Drug Court hearing. The docket shall include, but not be limited to, information obtained and compiled from various individuals and agencies involved with the Family Drug Court Team concerning the Family Drug Court participants.
  
  - Assist in collection of data for evaluation purposes including, but not
limited to, monthly data updates via hard copy or in the ODMHSAS Family Drug Court web application.

- Act as liaison with representatives of all agencies and facilities involved in Drug Court and ODMHSAS.
- Keep all Family Drug Court Team Members apprised of events affecting the Family Drug Court participants.
- Establish and coordinate networking within the community, local agencies, outreach programs, and state agencies to assist with resources and referrals for Family Drug Court participants.
- Develop and sustain Family Drug Court orientation and Family Drug Court graduation ceremonies.
- Attend Family Drug Court staffing, Family Drug Court Team meetings, and other meetings requested by the Family Drug Court Judge or Team.
- Attend mandatory training and meetings provided by or required by ODMHSAS.

PERFORMANCE MONITORING

- ODMHSAS will monitor the performance of Contractor to minimally include:
  - Observing staff and court proceedings, financial information, or participant files during regularly-scheduled site visits by ODMHSAS staff.
  - Contractor’s data either via hard copy or submissions into the ODMHSAS Family Drug Court web application.
- Contractor’s submissions of the policy and procedure manual and the participant handbook.
- Contractor shall complete a biannual report as determined by the ODMHSAS. This report shall be submitted to ODMHSAS designated field services representative. This report shall include but not be limited to the following:
  - Total number of adults referred to family drug court but not admitted to the family drug court.
  - Total number of adult participants served by the family drug court.
  - Total number of children served by family drug court.
  - Total number of families served by family drug court.
  - Total number of participants who graduated from the drug court program.
  - Total number of participants who were terminated from the family drug court.
court program before program completion.

- Total number of babies born to active participants in drug court and the total number of these children who were born substance free.
- Activities related to family drug court sustainability.
- Activities related to community outreach and education.
- Activities related to strengthening community linkages.
- Training or Professional Development attended by core court team members.
- Changes to the drug court team membership.

- Contractor shall submit an expenditure report quarterly. All quarterly reports shall be submitted to the ODMHSAS within 45 days of the close of each quarter. The quarterly expenditure report shall minimally be a balance sheet which includes:
  - General description of expense items with costs.
  - General description of deposits and amounts.
  - Running account balance in relation to expenses and deposits.

- Contractor shall participate in ODMHSAS Family Drug Court Program Evaluations.
  - The Family Drug Court Coordinator shall have the ultimate responsibility for completing any evaluation forms required by ODMHSAS.
  - Each Family Drug Court team member is responsible for providing any necessary information needed to complete any evaluation forms.

**Child, Youth, Young Adults & Families – Family Drug Court Administration Tulsa**

The State of Oklahoma appropriates funding to the Oklahoma Department of Mental Health and Substance Abuse Services for the purpose of assisting local jurisdictions in the establishment of Family Drug Court programs. These programs require a separate judicial processing system differing in practice and design from traditional deprived trial systems. The overall goals of the program include establishing a highly-structured judicial intervention process for substance abuse treatment of eligible participants which expedites the deprived case, and requires successful completion of the plea agreement in lieu of removal of children. Specific goals include decreasing time children are placed in out of home care; expediting permanency placement; increasing number of children placed in safe environments; completion of dispositional order; increasing the number of clients completing substance abuse treatment; lengthening time periods between substance abuse relapse; increasing the number of substance-free participants; and increasing the number of participants with employment and stable housing.
WORK REQUIREMENTS

- Contractor shall implement and operate a Family Drug Court Program that maintains compliance with the most recent version of the Title 10A O.S. § 1-4-712-716.

- Contractor shall notify ODMHSAS of Family Drug Court team members by:
  - Submitting electronically the contact information for each of the Family Drug Court team members to the ODMHSAS, assigned Field Services Coordinator no later than 15 days from execution of Contract. The contact information should include name, title, business address, business telephone number, business fax number, and e-mail address.
  - Submitting electronically to the ODMHSAS-assigned Field Services Coordinator information included above for all new team members within 7 days of change in Family Drug Court team members.

- Contractor shall develop and maintain a policy and procedure manual which shall be:
  - Submitted electronically to the ODMHSAS-assigned Field Services Coordinator no later than 45 days from execution of Contract.
  - Revised at least annually with revised versions submitted electronically to the ODMHSAS-assigned Field Services Coordinator within 7 days upon implementation of said revisions no later than 45 days from execution of Contract.

- Contractor shall develop and maintain a participant handbook with clear statements reflecting the definition, criteria, and general expectations of the Family Drug Court program. The participant handbook shall be:
  - Submitted electronically to the ODMHSAS-assigned Field Services Coordinator no later than 45 days from execution of Contract.
  - Revised at least annually with revised versions submitted electronically to the ODMHSAS-assigned Field Services Coordinator within 7 days upon implementation of said revisions no later than 45 days from execution of Contract.
  - Received by each Family Drug Court participant upon entry to the program, with signed acknowledgment of receipt available in Family Drug Court records.
Contractor shall collaborate with the Family Drug Court Treatment Provider by:

- Abiding by the American Society of Addiction Medicine Patient Placement Criteria Second Edition Revised (ASAM PPC 2R) guidelines when determining appropriate level of care.

- Withholding from pleading an OKDHS referral into, graduating, or terminating a participant from the Family Drug Court program until the Family Drug Court Treatment Provider assesses the participant. Assessment shall:
  
  - Be completed prior to the Family Drug Court Team determination of eligibility, prior to graduation, at the point of any significant life change, and prior to revocation in order to determine appropriate level of care.
  
  - Include administering of an Addiction Severity Index assessment or Teen Addiction Severity Index assessment and utilization of the ASAM-PPC 2R.
  
  - Include assessment for stages of change.

Contractor shall increase numbers served to forty (40) participants over SFY 2019. A review will be completed to determine funding need.

Contractor shall maintain a full-time Family Drug Court Coordinator.

Contractor shall uphold legal and ethical standards among the members of the Family Drug Court Team.

Contractor shall provide services that are culturally-responsive to the individuals’ needs and their family environments.

Contractor shall establish and maintain a steering committee consisting of but not limited to: key stakeholders, current team members, service providers, and a parent representative. This committee shall meet at minimum every over month to review program policies and discuss ways to remove current barriers to ensure program success.

Contractor shall designate at minimum, two (2) FDC team members to attend all ODMHSAS designated trainings and/or conferences in order increase understanding of services offered to FDC participants and to enhance the services offered to FDC Families and children.

Family Drug Court Coordinator shall:
- Participate fully as a Family Drug Court team member, committing himself or herself to the program mission and goals and work as a full partner to ensure success.

- Manage the daily operations of the Family Drug Court program.

- Maintain an e-mail address and Internet access throughout the Contract period.

- Provide ODMHSAS with e-mail address and contact information identified above within 7 days of Contract execution or identification of coordinator, whichever is later.

- Manage the program’s budget. Develop team resource strategy to acquire funding. Create opportunities to obtain funding and build linkages by providing community outreach and educational activities.

- Maintain a confidential, central file on each participant to include, but not be limited to, contact log, phase level, petition requests, drug testing, incentives, sanctions, appointment attendance (e.g., court, treatment, and self-help programs), OKDHS court reports, referrals to ancillary services, housing, employment, and Family Drug Court payments.

- Prepare a Family Drug Court docket containing all essential information as required by the Family Drug Court Team to be utilized in the staffing and during the Family Drug Court hearing. The docket shall include, but not be limited to, information obtained and compiled from various individuals and agencies involved with the Family Drug Court Team concerning the Family Drug Court participants.

- Assist in collection of data for evaluation purposes including, but not limited to, monthly data updates via hard copy or in the ODMHSAS Family Drug Court web application.

- Act as liaison with representatives of all agencies and facilities involved in Drug Court and ODMHSAS.

- Keep all Family Drug Court Team Members apprised of events affecting the Family Drug Court participants.

- Establish and coordinate networking within the community, local agencies, outreach programs, and state agencies to assist with resources and referrals for Family Drug Court participants.

- Develop and sustain Family Drug Court orientation and Family Drug Court graduation ceremonies.
 Attend Family Drug Court staffing, Family Drug Court Team meetings, and other meetings requested by the Family Drug Court Judge or Team.

 Attend mandatory training and meetings provided by or required by ODMHSAS.

PERFORMANCE MONITORING

 ODMHSAS will monitor the performance of Contractor to minimally include:

 Observing staff and court proceedings, financial information, or participant files during regularly-scheduled site visits by ODMHSAS staff.

 Contractor’s data either via hard copy or submissions into the ODMHSAS Family Drug Court web application.

 Contractor’s submissions of the policy and procedure manual and the participant handbook.

 Contractor shall complete a biannual report as determined by the ODMHSAS. This report shall be submitted to ODMHSAS designated field services representative. This report shall include but not be limited to the following:

 Total number of adults referred to family drug court but not admitted to the family drug court.
 Total number of adult participants served by the family drug court.
 Total number of children served by family drug court.
 Total number of families served by family drug court.
 Total number of participants who graduated from the drug court program.
 Total number of participants who were terminated from the family drug court program before program completion.
 Total number of babies born to active participants in drug court and the total number of these children who were born substance free.
 Activities related to family drug court sustainability.
 Activities related to community outreach and education.
 Activities related to strengthening community linkages.
 Training or Professional Development attended by core court team members.
 Changes to the drug court team membership.

 Contractor shall submit an expenditure report quarterly. All quarterly reports shall be submitted within 45 days of the close of each quarter. The quarterly expenditure report shall minimally be a balance sheet which includes:

 General description of expense items with costs.
 General description of deposits and amounts.
▪ Running account balance in relation to expenses and deposits.

▪ Contractor shall participate in ODMHSAS Family Drug Court Program Evaluations.

  ▪ The Family Drug Court Coordinator shall have the ultimate responsibility for completing any evaluation forms required by ODMHSAS.
  
  ▪ Each Family Drug Court team member is responsible for providing any necessary information needed to complete any evaluation forms.

**Child, Youth, Young Adults & Families – Family Drug Court Celebrating Families & Strengthening Families**

Contractor shall furnish the necessary resources to implement the Celebrating Families (CF) and the Strengthening Families (SF) program for the Tulsa County Family Drug Court (TCFDC) participants, their children, and caregivers to improve permanency, enhance safety, and increase the well-being of participants and their families.

**WORK REQUIREMENTS**

▪ Contractor shall:

  ▪ Designate a coordinator of CF and SF.
  
  ▪ Designate staff to participate in CF and SF, trainings.
  
  ▪ Designate staff to receive training in trauma-specific modalities such as TF-CBT and Seeking Safety.
  
  ▪ Submit an itemized budget to Manager of Family Drug Court Programs at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, snacks, and additional service providers or treatment services not able to be obtained through another means.
  
  ▪ Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post-test documents.
  
  ▪ Provide resources to increase the well-being of participants and their families.
  
  ▪ Complete at least two cycles of SF and two cycles of CF per contract year.
Designate at minimum two (2) staff members involved with the family drug court (FDC) team to attend ODMHSAS designated trainings and conferences to enhance the understanding of behavioral health and drug courts.

- Designated CF and SF coordinator shall:
  - Assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
  - Engage and enhance faith-based and health care professionals.
  - Organize and schedule the CF and SF program and ensure all materials are ordered and disbursed to program staff.
  - Coordinate the utilization and implementation of Evidence-Based Early Intervention Curriculum (CF and/or SF) with identified families as written.
  - Participate in the implementation of CF and/or SF programs.
  - Ensure all program staff have the materials and supplies necessary to implement CF and SF programs.

PERFORMANCE MONITORING

- ODMHSAS will monitor the performance of Contractor. At a minimum, this will include ongoing reviews of federally required documentation and submission of federally required data as indicated once received by the federal government.

- Contractor shall complete semiannual reports and submit to the ODMHSAS Manager of Family Drug Court Programs by due dates established by ODMHSAS. Reports shall include but not be limited to the following:
  - The total number of assessments completed.
  - Total number of services by types.
  - Total number of and percent of adults, children, and caregivers who assessed in the following target areas: development, mental health, primary pediatrics, substance abuse, education, and trauma-related symptomology.
  - Total number and percent of individuals able to receive services.
  - Total number and percent of individuals receiving treatment according to the recommended treatment plan.
• Contract shall complete a needs assessment in the 4th quarter of the fiscal year and include in the Year End Report.

• Contractor shall develop and make available a satisfaction survey to all individuals served by this contract and record results in the Year End Report.

COMPENSATION

• Indirect costs will be allowed up to 10%. ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to determining the amount due from ODMHSAS.

Child, Youth, Young Adults & Families – Family Drug Court  Celebrating Families & Strengthening Families Programs – Oklahoma County

Contractor shall furnish the necessary resources to implement the Celebrating Families (CF) and the Strengthening Families (SF) program, to enhance services for the Oklahoma County Family Drug Court participants, their children (including ages 0-3), and caregivers to improve permanency, enhance safety, and increase the well-being of participants and their families.

WORK REQUIREMENTS

• Contractor shall:
  ▪ Designate staff to participate in SF and CF Programming.
  ▪ Submit an itemized budget to ODMHSAS assigned designee at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
  ▪ Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post-test documents. Flex funds will also be available for indigent families for emergency assistance as it relates to the participant that could interrupt services. Flex funds may also assist with travel costs if the individual and/or family are in need of this type of support. The flex funds are monitored by category and a signature of family receiving the support. Flex funds will also be utilized to pay for FDA approved medications when the participant has no other way to pay. The testing funds will assist in paying for HIV or viral testing if a participant is referred.
- Complete at least one cycle of SFP/B23 and one cycle of CFP/0-3 per calendar year.

- Designate staff to participate in CF and SFP trainings.

- Designate at minimum two (2) staff members involved with the family drug court to attend of all ODMHSAS designated trainings and conferences to enhance and support the fee for service contract.
  - Including but not limited to the National Drug Court Conference, Strengthening Families and Celebrating Families training, the Children’s Behavioral Health Conference, the Prevention and Recovery Conference, and the Specialty Court Conference.

- Complete grant required biannual reporting for the period of October 1st through March 31st and April 1st through September 30th. Report info is due two (2) weeks after the end of each reporting period to ODMHSAS designee.

- Contractor shall provide the services, supports, and resources needed under the Comprehensive Approaches to Recovery Enhancement (CARE) Project.

  - Services include the following:
    - Providing SFP B23 and CF 0-3 to those families that qualify for this intervention
    - Implementing and managing CRA treatment model to include:
      - Sending staff to the CRA training
      - Clinicians and supervisor will have access to the web-based application to enter service data and upload digital session recordings for fidelity reviews.
      - Clinicians and supervisor will achieve basic A-CRA certification within 6 months and full certification within 12 months after training. When unable to complete certification with designated timeframe staff will apply for extension and provide regular progress reports to Chestnut Health Systems and grant Project Director.
      - Clinical supervisor will achieve CRA clinical supervision certification, which enables him/her to train and certify clinicians in his or her agency.
    - Providing clinical supervision to CRA clinician.
    - Attending Wraparound training as needed
Identifying one (1) Certified Peer Recovery Support Specialist, whose salary can be paid at .50 FTE, that will be responsible for:

- Assisting in community integration
- Becoming a member of the family team to assist in the strengths assessment and care plan/recovery plan development
- Mediating between the families and the treatment staff
- Coordinating between all program resources and advocate for the family in the agency setting, and with other agencies/organizations.

Identify one (1) Case Manager/Care Coordinator whose salary can be paid at .25 FTE, that will be responsible for:

- Completing and monitoring GPRA data and follow up.
- Scheduling, coordinating and facilitating Wraparound / family teams as needed.
- Completing initial wrap plans, strengths and culture discoveries and intakes as needed; updating and modifying wrap plans as needed.
- Monitoring and evaluating services provided to the families. Contacting families as needed to monitor progress and inquire about new needs.
- Facilitating or co-facilitating Family Team meetings and may type the agenda. Contacting referred families and the referral source for screening. Notifying family team members of team meeting dates and dates.
- Coordination of overall health and wellness including developmental, educational, medical, financial, environmental, and social well-being of the participants in the family drug court.

Contractor shall participate in SAMHSA-required data collecting and reporting, to include GPRA.

Contractor shall maintain a budget for the CARE project and submit any changes beyond 10% for any line item for approval by ODMHSAS CARE Project Director.

PERFORMANCE MONITORING

- ODMHSAS will monitor the performance of Contractor. At a minimum, this will include ongoing reviews of federally required documentation and submission of federally required data as indicated once received by the federal government, including GPRA monitoring for CARE.

- ODMHSAS will review annual and biannual reports to ensure all deliverables have been met and review monthly budgets and invoices to ensure billing procedures were adhered to.

- Contractor shall complete semiannual reports and submit to ODMHSAS
designated Project Director by due dates established by ODMHSAS. Reports shall include but not be limited to the following:

- Training or Professional Development;
- Names of staff or program receiving new licensing or certification;
- Name of organization/agency client was referred to for additional treatment or ancillary services;
- Total number of clients served;
- Total number of intakes/assessments completed;
- Total number of intakes/assessments but did not receive treatment from project staff;
- Total number of participants discharged from the program before completion of program;
- Total number of participants graduated from the program; and
- Total number of and percent of adults, children, and caregivers who assessed in the following target areas: development, mental health, primary pediatrics, substance abuse, education, and trauma-related symptomology.

**COMPENSATION**

- ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to determining the amount due from ODMHSAS.

**Child, Youth, Young Adults & Families – Family Drug Court – Okmulgee County**

This contract is to provide funding for necessary expanded and enriched services provided pursuant to the Okmulgee County Family Drug Court contract held by the Contractor. These services would provide participants with the comprehensive care needed to rebuild their lives and support their families and provide providers with the knowledge to better serve the drug court participants and their families.

Contractor shall furnish the necessary resources to implement the Celebrating Families (CF) and the Strengthening Families (SF) program for the Tulsa County Family Drug Court (TCFDC) participants, their children, and caregivers to improve permanency, enhance safety, and increase the well-being of participants and their families.

**WORK REQUIREMENTS**

- Contractor shall:
  - Participate fully as a Drug Court Team Member, committing to program mission and goals, and work as a partner to ensure success.
- Designate a coordinator of CF and SF.
- Designate staff to participate in CF and SF, trainings.
- Designate staff to receive training in trauma-specific modalities such as TF-CBT and Seeking Safety.
- Submit an itemized budget to Manager or Family Drug Court Programs at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
- Utilize flexible funding to provide transportation, travel vouchers, bus passes, or gas cards for participants, foster parents, and/or family members as needed to help get to and from appointments and the program.
- Utilize training cost funding to pay for travel, registration fees, hotel, and/or per diem associated with in state training and/or state conferences. This will allow treatment provider to send staff to additional training opportunities not addressed in the grant application such as - Motivational Interviewing, State Drug Court Conference, State Children's Conference, State Prevention and Recovery Conference, Family Drug Court Trainings, and additional Early Childhood Infant Mental Health Trainings provided across the state of Oklahoma. Contractor will also utilize funds to send the Family Drug Court (FDC) Team to include the FDC Judge and FDC Coordinator as well as other team members deemed necessary.
- Provide resources to increase case management services to participants and their families as needed. These with include assistance with the following:
  - Assist with housing deposits
  - Application fees for housing
  - Moving expenses
- Designated CF and SF coordinator shall:
  - Assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
  - Engage and enhance faith-based and health care professionals.
  - Organize and schedule the CF and SF program and ensure all materials are ordered and disbursed to program staff.
  - Coordinate the utilization and implementation of Evidence-Based Early Intervention Curriculum (CF and/or SF) with identified families as written.
- Participate in the implementation of CF and/or SF programs.
- Ensure all program staff have the materials and supplies necessary to implement CF and SF programs.

**PERFORMANCE MONITORING**

- ODMHSAS will monitor the performance of Contractor. At a minimum, this will include ongoing reviews of federally required documentation and submission of federally required data as indicated once received by the federal government.

- Contractor shall complete semiannual reports and submit to ODMHSAS designated Project Director by due dates established by ODMHSAS. Reports shall include but not be limited to the following:
  - Training or Professional Development.
  - Names of staff or program receiving new licensing or certification.
  - Name of organization/agency client was referred to for additional treatment or ancillary services.
  - Total number of clients served.
  - Total number of intakes/assessments completed.
  - Total number of intakes/assessments but did not receive treatment from project staff.
  - Total number of participants discharged from the program before completion of program.
  - Total number of participants graduated from the program.
  - Total number of and percent of adults, children, and caregivers who assessed in the following target areas: development, mental health, primary pediatrics, substance abuse, education, and trauma-related symptomology.

- Complete federally required pre- and post-tests for Celebrating Families and Strengthening Families programs and any other federally required documentation or data gathering and submit according to federal guidelines.

- Contractor shall complete a needs assessment in the 4th quarter of the fiscal year and include in the Year End Report.

- Contractor shall develop and make available a satisfaction survey to all individuals served by this contract and record results in the Year End Report.

**COMPENSATION**

- Indirect costs will be allowed up to 10%. ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to
determining the amount due from ODMHSAS.

**Child, Youth, Young Adults & Families – Family Drug Court Strengthening Families Program Fidelity & Evaluation**

Contractor shall provide technical assistance, fidelity monitoring and quality assurance for implementation of the Strengthening Families Program (SFP) for Oklahoma County Family Drug Court participants.

**WORK REQUIREMENTS**

- Contractor shall conduct two (2) SFP fidelity monitoring and quality assurance site visits per year, and submit a Fidelity Benchmarks Report.
  - Visits shall include a pre-visit telephone consultation, and a site visit including either observations of a Family Skills Training session with staff debriefing immediately following session, or on-site program staff interviews and focus group.
  - Contractor shall submit a follow-up report to ODMHSAS within 30 days of site visit detailing program strengths, challenges and recommendations for improvement.
  - Contractor shall conduct at minimum, one (1) SFP group leader training.

- Contractor shall provide data analysis and program quality on implementation fidelity to the SFP model.

- Contractor will submit annual evaluation report to include to-date SFP fidelity evaluation. Year-end report to include project findings for funding year, comparisons to prior years as available, interpretation of findings and recommendations for future efforts.

- Contractor shall provide implementation technical assistance, including bi-monthly conference calls, supervision and quality assurance calls, and on-line fidelity supervision via email to provider agencies.

**COMPENSATION**

- All honorariums, travel, and other expenses incurred by the Contractor for the design, development, and presentation of the workshop identified herein shall be the sole responsibility of the Contractor unless otherwise agreed, in writing, by the parties.
Child, Youth, Young Adults & Families – Infant & Early Childhood MH Leadership

This contract is to support the development of an infrastructure to support infant and early childhood behavioral health services within Oklahoma. The Oklahoma State Department of Health (OSDH) will work collaboratively with the Department of Mental Health and Substance Abuse Services to provide co-leadership to accomplish this goal by maintaining an FTE to develop the Infant and Early Childhood service system.

The service system development will follow the guidelines as set forth by the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by the U.S. Department of Health and Human Services, Office of Minority Health to ensure all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

WORK REQUIREMENTS

- This contract is to provide partial funding (15% of salary and fringe benefits) for the continuation of an FTE located at the State Department of Health Child Guidance Service department to provide early childhood mental health co-leadership. This FTE will support and promote the development of a comprehensive and integrated service delivery system for young children’s mental health needs.
  
  - Contractor shall collaborate with the Oklahoma Department of Mental Health and Substance Abuse Services to effectively develop a system for young children and their families to receive evidence based/evidence informed services and supports.
    
    o Furnish the necessary resources to provide training and co-facilitation of meetings and training to support infant and early childhood mental health.
    
    o Work in coordination with stakeholders to implement the Oklahoma Infant and Early Childhood Mental Health Strategic Plan.
    
    o Provide and advocate for individualized therapeutic services, supports and outcomes for families with and caregivers of infants and young children.
    
    o Provide support to OSDH Child Guidance staff related to initiatives, including, but not limited to best practices, early
intervention, prevention strategies and other evolving practices
related to the needs of young children and their families.

- Develop a mutually agreed upon schedule and method for
collaboration between the ODMHSAS Infant and Early
Childhood Services Manager, Children’s program staff and the
Child Guidance Services staff.

PERFORMANCE MONITORING

- Department will monitor the performance of Contractor. Reports shall be
requested as needed and submitted to the ODMHSAS Infant and Early
Childhood Services Manager.

COMPENSATION

- Contractor is responsible for maintaining all payroll records to verify
compensation associated with this position.

**Child, Youth, Young Adults & Families – Infant Mental Health Endorsement Program**

Contractor shall furnish the necessary resources to maintain and act on the
strategic plan and develop the infrastructure for implementing an Oklahoma
Infant Mental Health Endorsement Program (OK-IMHEP).

This program will support the workforce development goal of the Oklahoma
Department of Mental Health and Substance Abuse Services (ODMHSAS) and
the Oklahoma Infant and Early Childhood Mental Health Strategic Plan through
identification and dissemination of best practice competencies at multiple levels
and across multiple disciplines.

WORK REQUIREMENTS

- Contractor agrees to oversee and ensure the following actions:
  - Coordination of an oversight workgroup composed of stakeholders with
    whom to coordinate the development of the plan and the infrastructure to
    support the OK-IMHEP.
  - Coordination and collaboration with Oklahoma state and other agencies
    and organizations to include infant mental health competencies in their
    professional development programs and professional performance
    standards.
Consultation and collaboration with the League of States which is developing the Infant Mental Health Endorsement processes.

PERFORMANCE MONITORING

- Contractor shall provide quarterly reports due by the 15th of each month following the quarter, and additional reports as requested by the Department.

Child, Youth, Young Adults & Families – MH Adult and Child Youth Group

This contract is to provide funding for the facilitation of a support group for youth and young adults.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop and facilitate a Youth/Young Adult Support Group that will meet at least once/week to include the following:
  - Staff available to do community outreach to identify youth/young adults who would be interested (and appropriate) to attend the group.
  - Staff available to facilitate the group at least once/week.
  - Staff willing and able to link any youth/young adults in the group to services and supports identified to help address needs related to achieving their behavioral health goals.
  - Provide follow-up on linkages to ensure that a successful connection has been made.
  - Attend related training and/or meetings as determined by ODMHSAS.

PERFORMANCE MONITORING

- The Contractor will provide monthly reports that will include:
  - The number of youth/young adults contacted through community outreach during the month;
  - The number of youth/young adults contacted who were linked to the Youth/Young Adult Support Group;
  - The number of youth/young adults who attended the Youth/Young Adult Support Group each month; and
- The number of youth/young adults (who attended the Youth/Youth Adult Support Group each month) who were connected to services and the types of programs/services that they were connected to.

**Child, Youth, Young Adults & Families – Oklahoma Youth and Young Adult (O-YAY) Consumer Family Advocacy**

Under the direction of the Oklahoma Young Adult and Youth (O-YAY) Project Staff, the National Alliance on Mental Illness- Oklahoma (hereafter referred to as the Contractor), shall furnish the necessary resources to provide outreach and training to youth, young adults, and families impacted by substance use disorders. Contractor will focus in particular on reaching youth, young adults, and families living in the counties designated by the grant initiatives including Oklahoma, Comanche, Garfield, Pittsburg, Custer, Ottawa, Mayes, Rogers, Muskogee, Okmulgee Pottawatomie and Wagoner Counties.

**WORK REQUIREMENTS**

- Contractor shall participate on the O-YAY Advisory Group, Youth Engagement ACTION workgroup, and other ODMHSAS initiatives directed at increasing youth engagement and outreach.

- Contractor shall develop and/or update informational materials that include substance abuse and/or co-occurring disorders on all material that currently only addresses mental health disorders.

- Contractor shall provide training and resource lists for communities that will be serving youth/YAT and their families with substance abuse and/or co-occurring substance abuse and mental health disorders.

- Contractor will work with Grant Project Director and State Youth Advisory Board to coordinate youth leadership training opportunities including:
  - In Your Own Voices;
  - Ending the Silence; and
  - Other training determined suitable for youth and young adult leaders in behavioral health.

**PERFORMANCE MONITORING**

- The Contractor will provide quarterly reports that will include:
  - The number of youth and young adults leadership activities conducted;
  - A list of all Grant related Youth and/or Family Engagement meetings that were attended by a NAMI staff;
- A list of materials that were updated to include substance abuse; and
- A list of outreach activities that were inclusive of the O-YAY initiatives.

COMPENSATION

- O-YAY shall be reimbursed through the submission of quarterly invoices—September, December, March, and June.

**Child, Youth, Young Adults & Families – Oklahoma Youth and Young Adult (O-YAY) Evaluation**

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Oklahoma Young Adult and Youth (O-YAY) Initiative. Under the direction of the O-YAY Grant Project Director, the University of Oklahoma Educational Training, Evaluation, Assessment and Measurement (E-TEAM), Division of Public and Community Services, College of Continuing Education, hereafter referred to as the Evaluator, will perform administrative and analytical duties to manage the design and implementation of the O-YAY evaluation.

The Evaluator will appoint a lead researcher as the single Point of Contact (POC) for the evaluation project who holds a Ph.D. in public health, psychology, social work, or other relevant areas of human services or is directly supervised by a person with this credential. The POC will assume full accountability for the evaluation project and will respond in a timely manner to the needs of the O-YAY Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing.

Client-level outcomes of this initiative include (1) increased access, retention, and engagement in substance use disorder services, (2) improved relationships within family systems, (3) increased social connectedness, and (4) decreased substance abuse, criminal, and juvenile justice involvement. Systems level outcomes include (1) a strategic plan to guide the dissemination and sustainability of evidenced based practices for the treatment of substance use and co-occurring disorders services through targeted regional efforts and youth informed practices to support recovery and improve access and treatment retention; (2) policy changes to increase screening, referrals, and appropriate identification and treatment of substance use disorders; and, (3) elimination of workforce development issues that present challenges to meet needs of the youth, YAT, and families.
WORK REQUIREMENTS

- Contractor shall:
  - Ensure the O-YAY evaluation adheres closely to the expectations of O-YAY Project Director and SAMHSA Federal Evaluation Requirement including procedures for collection, entry, management, and storage of data.
  - Maintain at least one support staff member at the E-TEAM to act as an evaluation liaison and technical support person for the four O-YAY treatment sites. This person complements and backs up the primary Evaluator and shares the responsibility of visiting, training, and supporting local SOC site staff.
  - Design and implement the processes required to recruit youth, YATs, and families into the O-YAY evaluation.
    o Upon recruitment design finalization, organize and conduct trainings at the sites, at the ODMHSAS central offices and/or at the E-TEAM offices at OU for all affected personnel.
    o Training should include training in subject protection protocols governing the study.
    o Post-training activities should include on-going technical support and recruitment monitoring.
    o Once individuals are recruited, arrange assessment interviews and oversee the data management.
    o Organize and implement compensation for the time individuals spend in the interview process.
  - Design and implement data procedures using the OKSOC Young Adult Transition Assessment or the OKSOC Dependent Youth Version, A-CRA Exposure Scale, GAIN-SS screening data, and any others determined to be a part of the O-YAY evaluation process. This includes appropriately blinded data collection by site staff, transmission to E-TEAM, data entry and management by the evaluation team.
  - Report evaluation findings on the O-YAY project to the stakeholders, including youth, YATS, family members, personnel of the lead agency and collaborating child-serving agencies, clinical staff, and others on O-YAY steering committee. Complete bi-monthly reports for the O-YAY steering committee.
Use evaluation findings to update stakeholders about OKSOC project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.

Coordinate and oversee evaluation activities and data quality monitoring efforts with the QA Team and local data personnel/site evaluators.

Participate in O-YAY Steering Committees meetings on a bi-monthly basis.

Complete an annual evaluation report to contain evaluation findings and progress in meeting goals and objectives. This report is further outlined in performance monitoring section below.

PERFORMANCE MONITORING

- Contractor shall provide a bi-annual report of activities carried out pursuant to the Statement of Work. Bi-annual reports should be submitted electronically by April 15th (for the months of October through March) and by October 15th (for the months of April through September). Contractor shall provide such detail as the Department may require, including but not limited to the following:
  - Services and supports for young adults ages 13-25 with substance use disorders and/or co-occurring substance use and mental disorders;
  - Outcomes for young adults ages 13-25 across domains identified by the state management team and the evaluation team to assess change over time, including housing, education, employment, access to services, and life skills;
  - Outcomes for specific populations of young adults ages 13-25, distinguished by prior or current involvement with child welfare; prior or current involvement with juvenile justice and/or adult criminal justice; rural and/or urban residence; and gender, race/ethnicity, and other demographic characteristics;
  - Efficacy of the multi-pronged collaboration efforts between state agencies and local community partners;
  - Barriers encountered and ways in which the barriers were addressed and overcome;
  - Changes in service capacity and access to services in O-YAY communities;
- Changes in service delivery system for youth and young adults in transition, ages 13-25, with substance use disorders; and
- Efficacy of implementation of identified evidence-based practices.

Child, Youth, Young Adults & Families – Oklahoma Young Adults and Youth (O-YAY) Evolution Foundation Training & Consultation

Contractor shall act as the host agency for the Young Adult Consultant positions through the Oklahoma Young Adult and Youth (O-YAY) Initiative. The Young Adult Consultants would be providing valuable insight into our young adult initiatives through ODMHSAS, including the O-YAY Initiatives. They all have lived experience that will allow them to provide suggestions and ideas for ways that we can make our initiatives more youth guided, which is a guiding principle of Systems of Care on a state and national level. We will be inviting them to review training curriculum, sit on the O-YAY Advisory Group, attend trainings and events, co-present at various events and conferences, etc.

WORK REQUIREMENTS

- Contractor will serve as the host agency for the Young Adult Consultants for the O-YAY Initiative.
  - Contractor will ensure continuing growth and support of the local and state level O-YAY Initiatives through providing support, technical assistance, and meeting coordination.
    - Contractor shall provide adequate phone, liability insurance, and other material resources to support the implementation of the Contract.
  - Contractor will deliver intensive technical assistance to established and new O-YAY and OKSOC communities serving youth and young adults in transition to help with the development, support and implementation of the O-YAY Initiatives.

PERFORMANCE MONITORING

- Contractor shall provide a monthly written report of the activities carried out pursuant to the Statement of Work to the Department’s Contract Management Division and the ARC/ O-YAY Project Director for activities related to those initiatives no later than the 10th day of the month. The Contractor report shall include the following:
  - Dates, hours, and locations of all TA services;
  - Summary of each service;
  - Update on work conducted in communities; and
- Update on participation in state level meetings and activities and the person providing the service.

**Child, Youth, Young Adults & Families – Oklahoma Young Adults and Youth (O-YAY) MOMSTELL Training & Resource Development**

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Oklahoma Young Adult and Youth (O-YAY) Initiative. Under the direction of the O-YAY Grant Project Director, Contractor will provide training and consultation to enhance family engagement efforts. The ODMHSAS will support Contractor in developing supports services for families impacted by substance use disorders.

Contractor shall furnish the necessary resources to provide training and consultation to family support organizations offering outreach, education, and support to families impacted by substance use and/or individual family members wishing to be involved in enhancing the family engagement support structures.

**WORK REQUIREMENTS**

- Contractor will conduct bi-monthly coaching and community practice calls to identify the family engagement needs in Oklahoma and discuss strategies, supports, and specific actions that can be taken to increase family voice as it relates to the treatment and recovery system, for youth and young adults with substance use disorders.

- Contractor will facilitate a speaker series on specific skills to enhance the knowledge and resource development of family support organizations.

- Contractor will provide ongoing consultation for identified family support organization who attend the Parent Coach Community Reinforcement Training.

- Contractor will provide meeting information to Oklahoma Children’s Behavioral Health Network and state staff on all NFD webinars and/or conference calls related to youth/young adult or families dealing with substance abuse disorders and/or co-occurring substance abuse/mental health disorders.

**PERFORMANCE MONITORING**

- Department will monitor the performance of the Contractor. At a minimum, this will consist of ongoing reviews of certain performance indicators, including number of trainings and outreach activities performed and number of people trained.
Contractor shall provide a quarterly report of the activities carried out pursuant to the Statement of Work. Reports should be submitted electronically by January 15th (activities October-December) April 15th (activities January-March) July 15th (activities April-June) and October 15th (activities July-September) Contractor shall provide such detail as the Department may require, including but not limited to the following:

- Number of coaching and community practice calls; number of persons/organizations represented on call; general topic(s) covered on the calls;
- Number of other trainings and consultation conducted; and
- Number of speaker series workshops conducted, the topic(s) covered, and the number of individuals represented in the speaker series.

**Child, Youth, Young Adults & Families – Oklahoma Youth and Young Adult (O-YAY) OFN Training & Resource Development**

Under the direction of the Oklahoma Young Adult and Youth (O-YAY) Project Staff, the Oklahoma Family Network (hereafter referred to as the Contractor), shall furnish the necessary resources to provide outreach and training to youth, young adults, and families impacted by substance use disorders. Contractor will focus in particular on reaching youth, young adults, and families living in the counties designated by the grant initiatives including Oklahoma, Comanche, Garfield, Pittsburg, Custer, Ottawa, Mayes, Muskogee, Rogers, Okmulgee, Pottawatomie and Wagoner Counties.

**WORK REQUIREMENTS**

- Contractor shall participate on the O-YAY Advisory Group, Family ACTION Workgroup, and other ODMHSAS sponsored initiatives dedicated to strengthening family voice.
- Contractor will make trainings for family to family peers available to youth/YAT/family members being served in any of the included areas of focus.
- Contractor shall develop and/or update informational materials that include substance abuse and/or co-occurring disorders on all material that currently only addresses mental health disorders.

**PERFORMANCE MONITORING**

- Department will monitor the performance of the Contractor. At a minimum, this will consist of ongoing reviews of certain performance indicators, including
number of trainings and outreach activities performed and number of people trained.

Child, Youth, Young Adults & Families – Oklahoma Youth and Young Adult (O-YAY) Outreach and Consultation

Under the direction of the Oklahoma Young Adult and Youth (O-YAY) Project Director, Be the Change (hereafter referred to as the Contractor), shall provide outreach and consultation for the Oklahoma Youth and Young Adult (O-YAY) Initiative. The goal will be to identify and engage youth and young adults, ages 13-25, who need services and assist them with accessing those services.

WORK REQUIREMENTS

- Contractor shall provide the staff and resources needed to accomplish the following activities:
  - Conduct outreach activities, including street outreach, to youth and young adults who need but are not receiving services.
  - Refer and link youth and young adults to services available through the O-YAY initiative (ages 13-25). If individuals do not meet criteria for O-YAY, will refer and link with appropriate community services.
  - Provide technical assistance, training, and consultation to designated O-YAY initiative sites, on topics such as outreach and engagement, issues faced by young adults who are homeless or who are at risk of being homeless, and issues faced by young adults who identify as LGBT.
  - Provide the resource materials necessary for community facilitation of substance abuse youth and young adult groups at the Be the Change Drop-In site.
  - Attend bi-monthly O-YAY Advisory Committee Meetings.
  - Attend training specific to youth and young adult substance abuse population to enhance knowledge and ability to do outreach and education to this population. All training shall be approved by ODMHSAS.

PERFORMANCE MONITORING

- The Contractor will provide monthly reports that will include:
  - Outreach Activities: The number of youth and young adults contacted, number contacted who received referrals/linkages and the locations they were referred/linked with;
- Substance Abuse Groups: The number of substance abuse group held during the month, and the number of participants who attended each group;

- Training and Consultation Activities: The number of trainings/consults provided during the month, the name of the agencies who received the training/consultation and a general description of training/consultation content; and

- Staff Development: The number of trainings referenced above, that were attended by Contractor staff during the month.

**Child, Youth, Young Adults & Families – Oklahoma Young Adults and Youth (O-YAY) SQE**

This contract is to provide funding for necessary ancillary services in support of services provided pursuant to the fixed rate O-YAY Treatment Services contract held by the Contractor.

**WORK REQUIREMENTS**

- The Contractor agrees to provide the services, supports, and resources needed, in conjunction with services provided under the O-YAY Treatment Services fixed rate contract, to enhance the quality of the O-YAY program and achieve program outcomes. Activities under this contract addendum shall not include any services that can be billed under the O-YAY Treatment Services fixed rate contract.

  - Enroll and provide treatment services to a minimum of fifteen (15) youth and young adults into the OYAY program during the contract period.

  - Implement the A-CRA treatment model at program site.

  - Contractor shall ensure designated staff receive the following training and certification:
    - Identified staff members shall achieve certification in the Adolescent Community Reinforcement Approach (A-CRA) treatment model;
    - A-CRA clinicians and supervisor will have access to the web-based application to enter service data and upload digital session recordings for fidelity reviews;
    - Clinicians and supervisor who attend training after July 1 will achieve basic certification within 6 months and full certification within one year.
When unable to complete certification within designated timeframe, staff will apply for extension and provide regular progress reports to Chestnut Health Systems and grant Project Director;

- A-CRA team will provide community level outreach and other engagement strategies to schools, probation offices, community partners, advocacy organizations, etc. to increase access to treatment for youth, young adults and their families and increase referrals into the program;

- Clinical supervisor will achieve A-CRA clinical supervision certification within 6 months from training, which enables him/her to train and certify clinicians in his/her agency; and

- Clinical supervisor will providing daily oversight over the grant and acting as the liaison between the program and the Grant Project Director.

- Contractor shall identify one or more Certified Peer Recovery Support Specialist that will be responsible for:

  - Assisting in community integration;
  - Developing and/or identifying support groups;
  - Assisting with informal and formal community partnerships and outreach;
  - Contractor shall participate in SAMHSA-required data collecting and reporting for performance assessment; and
  - Contractor shall maintain a budget for the O-YAY project and submit any changes beyond 10% for any line item for approval by ODMHSAS O-YAY Project Director.

PERFORMANCE MONITORING

- Contractor shall provide a written report of the activities carried out pursuant to this Statement of Work, and the coordinating Fixed Rate Statement of Work. The report shall be due by July 15th. Contractor shall provide such detail as the Department may require, including but not limited to the following:

  - Number of intake assessments;
  - Number of follow-up assessments;
  - Number of current clients;
- Number of family members served;
- Number of successful discharges;
- Number of administrative discharges;
- Number of and summary of outreach activities;
- Certification status for all program staff;
- Number of and summary of pro-social activities as well as number of clients who participated;
- Number of parent support groups, topics, and number of parents who attended; and
- Any other pertinent grant activities.

Child, Youth, Young Adults & Families – Oklahoma Young Adults and Youth (O-YAY) Training & Certification

Under the direction of the Oklahoma Young Adult and Youth (O-YAY) Project Director, Chestnut Health Systems (hereafter referred to as the Contractor), will provide training and technical assistance to Oklahoma Treatment Providers (as chosen by Oklahoma Department of Mental Health and Substance Abuse Services, ODMHSAS) in the Adolescent Community Reinforcement Approach (A-CRA) and the Global Appraisal of Individual Needs (GAIN-SS) - Short Screener.

Chestnut Health Systems is the developer of both of the Evidence-based programs, the A-CRA treatment intervention and the GAIN family of assessments. Funding for this training is provided under the Oklahoma-Young Adult and Youth (O-YAY) Initiative.

WORK REQUIREMENTS

- Contractor is responsible for providing the following GAIN trainings:
  - GAIN-SS Online Training will be available for 12 months to allow 4 regional sites, to have access to the trainings. The contractor will provide ongoing technical assistance to Department staff and 4 regions as they work to establish designated regional contacts to manage course enrollment for the region.

  o GAIN-SS Online Training costs include: 1) access to the application from anywhere with a high speed internet connection 2) training access for unlimited number of users to complete unlimited number of trainees. The Department will notify Chestnut Health Systems of all agencies trained within the regions to be included on their GAIN-SS Statewide License Agreement and contractor will keep recorded of all trained agencies included on Statewide License Agreement.

  - Contractor is responsible for providing 1 additional A-CRA training and
ongoing technical assistance for identified sites and previously trained A-CRA sites:

- Contractor will travel to Oklahoma to provide a 2.5 day A-CRA Initial Training Workshop and Intro/ Supervisor Distance Learning Modules (Date TBD).
- Attendees will include 1 Supervisor and 1 Clinician from 4 sites for a total of 8 individuals.
  - Training costs will include: 1) onsite trainers, 2) Manuals and Materials, including CD with all A-CRA therapy forms and digital recorders, 3) Supervisor Rating Manual, 4) Auditors, 5) Certification and Fidelity Costs, 6) Coaching Calls, 7) Technical Support. Travel costs for 2 trainers are included in total contract.
  - Mixed model training costs will include: 1) Prerequisite coursework/kick-off call, 2) workshop materials and Recorders 3) EBTx site access for clinicians/supervisors working toward A-CRA certification and 4) ongoing technical assistance throughout certification processes.

PERFORMANCE MONITORING

- Contractor shall provide an annual written report of the activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as the Department may require.

**Child, Youth, Young Adults & Families – Psychological Services for Trauma-Exposed Children**

The Contractor shall furnish the necessary resources to provide both training and consultation in Trauma Focused Cognitive Behavioral Therapy to staff specified by the ODMHSAS in the treatment of trauma-exposed children.

**WORK REQUIREMENTS**

- Provide training, including all necessary and supporting resources, to therapists in the treatment of trauma-exposed children and their families. Training participants to be selected from sites specified by the ODMHSAS. Training topics to include:
  - Screening, assessment and treatment planning; and
  - Trauma-Focused Cognitive Behavioral Therapy (introductory, advanced, tune-ups, webinars, expanded topics);
- TF-CBT Supervisory Track (which may include the CE-CERT model).

- Provide consultation, including all necessary and supporting resources, to therapists and their supervisors in the treatment of trauma exposed children and their families, who are utilizing the TF-CBT model, and have been selected by sites specified by the ODMHSAS. Providing an adequate number of consultation opportunities per month to meet the purpose of both certification and ongoing clinical support.

- Maintain the TF-CBT website and necessary data bases in support of the program.

PERFORMANCE MONITORING

- Contractor shall report activities through written narrative reports. Such report shall be submitted to the Department’s Manager of Hope and Resilience no later than the 10th day of the month following the end of each quarter (i.e., the 10th of October, January, April, and July). Each narrative report shall include but not be limited to:
  - Number of clinicians served in training;
  - Number of clinicians served in consultation;
  - Services provided;
  - Staff performing services; and
  - Any changes in staff participating in the project.

- Invoices shall accompany monthly reports.

**Child, Youth, Young Adults & Families – RA1SE NAVIGATE**

The Department of Mental Health and Substance Abuse Services (ODMHSAS) has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the RA1SE NAVIGATE Early Treatment Program. The ODMHSAS will support Contractor in developing and implementing an integrated array of services and supports for persons ages 16-30, who have experienced their first episode of psychosis within the last two years and meet the Federal Block Grant definition of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED), as they transition to adulthood.

Persons served through the RA1SE NAVIGATE ETP will experience an increase in: (1) stable housing; (2) a job with a living wage; (3) continued education and meeting educational goals; (4) dependable transportation; (5) linkages to community resources; (6) number of days sober and drug free; (7) improved relationships with family and others; and (8) wellness and recovery as measured by decreases in symptoms and increases in activities that support mental and physical well-being. Those with a history of engagement with law enforcement
will experience a decrease in number of arrests.

WORK REQUIREMENTS

- Contractor shall furnish the necessary resources to develop and implement the RA1SE NAVIGATE Early Treatment Program, to include the following:
  - Provide a Team Leader devoted at a minimum of .5 FTE who will also serve as the Family Therapist devoted at a minimum of .5 FTE.
  - Maintain a minimum of 1 FTE Supported Education and Employment (SEE) Specialist with average caseload of 20-25.
  - Maintain a minimum of .5 FTE Case Manager with an average caseload of 20-25.
  - Provide Individual Resiliency Treatment (IRT) services utilizing evidence-based and promising psychological interventions, with a minimum of 1 FTE.
  - Provide recovery support specialist services, with a minimum of .5 FTE.
  - Provide psychiatric services with a minimum of .03 FTE.
  - Participate in Department data collecting and reporting for performance assessment.
  - Maintain linkage with ONIT staff and advisory team, and linkage with the outreach and engagement team for Navigate.
  - Utilize outcomes reports generated by the ODMHSAS for continuous quality improvement.
  - Maintain a budget for the RA1SE NAVIGATE ETP and submit any changes beyond 10% for any line item for approval by ODMHSAS staff.

Child, Youth, Young Adults & Families – RA1SE NAVIGATE Evaluation

Under the direction of the Oklahoma Now Is The Time (ONIT) Project Director, the University of Oklahoma Department of Educational Training, Evaluation, Assessment and Measurement (E-TEAM), Division of Public and Community Services, University Outreach (hereafter referred to as the Evaluator) will perform administrative and analytical duties to manage the design and implementation of the NAVIGATE grant project evaluation, based on the schedule established by the grant timeline.
The Evaluator will appoint a lead researcher as the single Point of Contact (POC) for the evaluation project. The POC will assume full accountability for the evaluation project and will respond in a timely manner to the needs of the ONIT Project Director. The POC must be knowledgeable of and experienced in coordinating and implementing longitudinal data collection activities including tracking of cases, data management, data analysis, basic quantitative and qualitative evaluation methods, and report writing.

WORK REQUIREMENTS

- Ensure close adherence to evaluation obligations set out in the Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

- Modify evaluation plan in the event the Substance Abuse and Mental Health Services Administration (SAMHSA) requires additional outcome measures.

- Develop processes for measuring implementation of the NAVIGATE model. Develop reporting and quality improvement protocols off these processes.

- Update the transition program sections of the Youth Information System (YIS) to include any data and reporting required to support NAVIGATE’s implementation of the NAVIGATE model or to measure behaviors and outcomes related to first episode psychosis.

- Conduct site visits to train personnel on data collection and on goals of evaluation and to ensure data are being collected properly and client confidentiality is being maintained. Goal should be to visit each new site at least three (3) times in the fiscal year. Assist new sites in the proper configuration and use of the Youth Information System (YIS) and the evaluation assessments. Retrain when needed.

- Produce periodic reports, including:
  - Monthly Site Assessment Reports (including program-wide reports);
  - Annual Reports – presentation to the State Advisory Board, if requested;
  - Responses to *ad hoc* report requests from the State Management Team, the QA Team, the project directors and other stakeholders and governing bodies; and
  - Other outcome reports for purposes of social marketing and/or presentations to the Legislature as are requested by the State Management Team.

- Participate in site visits involving federal management teams. Participate upon request in site visits conducted by NAVIGATE management.
• Integrate other staff members at the E-TEAM to act as evaluation liaisons and technical support persons for NAVIGATE sites. These persons will complement and back up the primary Evaluator and share the burden of visiting, training and supporting local site staff.

• Perform analyses of the NAVIGATE evaluation results and oversee revisions and improvements to the data collection process, if necessary.

• Use evaluation findings to update stakeholders about NAVIGATE project development efforts, to improve management procedures, to inform the adoption of new system and service policies, and to attain new sources of public and private financing.

• Guarantee compliance of all data collection, storage and reporting related to Healthy Transitions sites with the requirements of the Institutional Boards of the University of Oklahoma and of the ODMHSAS.

PERFORMANCE MONITORING

• Contractor shall provide an annual report of the activities carried out pursuant to the Statement of Work in the form requested by ODMHSAS.

Child, Youth, Young Adults & Families – RA1SE NAVIGATE Outreach and Consultation

Contractor shall provide outreach and consultation for the NAVIGATE Initiative in Oklahoma County. The goal will be to identify and engage youth and young adults between the ages of 16 and 30, who have experienced their first episode of psychosis within the last two years and meet the Federal Block Grant definition of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED), and connect them with needed services as soon as possible for early intervention.

WORK REQUIREMENTS

• As a part of early intervention efforts, Contractor shall provide the staff and resources needed to accomplish the following:

  ▪ Conduct outreach activities, including street outreach, to identify and engage young adults who have experienced their first episode of psychosis within the last two years, and meet Federal Block Grant criteria for SED or SMI.

  ▪ Link eligible individuals with services through the NAVIGATE Initiative. If individuals do not meet eligibility criteria for NAVIGATE, will link with other community services, including through those services available through the ONIT Initiative.
- Provide follow-up on linkages to ensure that a successful connection has been made.
- Attend related training and/or meetings as determined by ODMHSAS.

**PERFORMANCE MONITORING**

- The Contractor will provide monthly reports that will include:
  - The number of young adults contacted during the month;
  - The number of young adults contacted who were linked with the NAVIGATE Initiative;
    - The number of young adults linked with the NAVIGATE Initiative who were determined eligible and successfully admitted to a Navigate program;
  - The number of young adults contacted that were not eligible for NAVIGATE (including any referred to NAVIGATE that were determined ineligible);
    - The reason the young adults were determined ineligible for NAVIGATE; and
    - The type of programs/services the young adults that were determined ineligible for NAVIGATE were linked with.

**Child, Youth, Young Adults & Families – SQE MH Child Trauma**

This contract is to provide funding for necessary ancillary services in support of implementing and providing direct trauma informed and trauma specific services for children and families exposed to trauma.

**WORK REQUIREMENTS**

- The Contractor agrees to perform other necessary services and activities as outlined below. Such performances shall be reimbursed on a “per month” basis, unless otherwise noted in an attachment to this addendum.
  - Service quality enhancement (SQE) and community response, including:
    - Purchasing the appropriate kits, instruments, measures, and materials necessary to support the trauma informed and specific therapy models identified by the ODMHSAS. These purchases should be itemized and submitted with the monthly invoice.
Facilitating staff attendance at training(s) or other professional development opportunities (including travel time) in the trauma informed and trauma specific models identified by the ODMHSAS. The Contractor shall keep a record of each staff’s attendance and completion of training(s). This includes the mandatory completion of the on-line TF-CBT training.

Facilitating staff-to-staff consultation (on an intra-agency as well as interagency basis) to enhance the quality of trauma services provided. Consultation will be conducted at the frequency identified by the ODMHSAS, and each staff member should keep a record of their individual participation.

Facilitating National TF-CBT certification for staff who have completed training, consultation, and service requirements. The Contractor shall notify the Department when a staff passes and receives national certification.

Facilitating staff attendance at local, regional, or state meetings for the purpose of improving interagency collaboration and service delivery to provide trauma informed and trauma specific services to children and families.

- Services provided pursuant to Department funding shall be reported through the Department’s approved data collection system.

PERFORMANCE MONITORING

- The Department will monitor the performance of the Contractor. At a minimum, this will include ongoing reviews of certain performance indicators, employee records showing appropriate training and credentials, and other relevant data.

COMPENSATION

- Department funding sources utilized to make payments pursuant to this contract (e.g. state and federal) shall be at the Department’s discretion and shall not be subject to review or considered a breach of this contract. Funding shall be reimbursed upon monthly documentation of expenditures, according to procedures determined by the Department, to include a list of trainings attended for the invoiced time period.
Child, Youth, Young Adults & Families – State Youth Community Programs

Contractor shall furnish the necessary resources to provide a program to improve the overall health and well-being of youth.

The Health and Fitness program has primary components to help ensure young people improve their overall fitness levels and begin to adopt a healthy lifestyle.

WORK REQUIREMENTS

- Contractor shall:
  - Provide a Health and Fitness program to at least 3,650 young people at 73 Club locations for one year;
  - Focus services on children with potential health-related issues;
  - Focus services on low income and minority populations that are at higher risk;
  - Encourage young people to engage in health and fitness activities at least 3-4 times per week;
  - Enable young people to build self-esteem and confidence in making healthy choices which in turn enhance overall well-being; and
  - Refer youth with behavioral health needs and their families to appropriate service providers, including the local Systems of Care, as available.

PERFORMANCE MONITORING

- Contractor shall provide a quarterly written report of the activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as the Department may require. Such report shall be submitted to the Department’s Mental Health Recovery Division (attention Administrative Programs Officer) no later than the 10th day of the month following the end of each applicable quarter (i.e., the 10th of April, and July).

COMPENSATION

- The funds will be distributed by Contractor equally among all 73 partner facilities, with each facility required to serve the minimum number of children established.
Child, Youth, Young Adults & Families – Substance Abuse Wraparound

Contractor shall provide wraparound and trauma-informed therapeutic services to assist children in developing skills to cope with substance abuse/dependency and co-occurring issues. These services will assist in increasing the global assessment of functioning score; improving the educational skill level; improving family relationships; and improving the cooperation among peers/adults, and life/social skills.

Contractor will participate and collaborate with the local Systems of Care Best Practice Model (as established by SAMHSA through the National Technical Assistance Center for Children’s Mental Health), as defined below.

WORK REQUIREMENTS

- Conduct Teen Addiction Severity Index assessments and the Adolescent American Society of Addiction Medicine Patient Placement Criteria 2R.

- Provide documentation that staff rendering services have received training annually within the calendar year specific to children, as evidenced by training certificates, college transcripts, in-service training, etc., in the following:
  - Evidence-based treatment approaches;
  - Family dynamics and family therapy;
  - Sexual and physical abuse;
  - Children’s growth and development;
  - Trauma-informed services for children;
  - Psychopharmacology;
  - Cognitive impairments;
  - Healthy boundaries; and
  - Self-care.

- Direct Wraparound services shall be provided using high fidelity Wraparound. A monthly average number of children, as identified by ODMHSAS, will be enrolled and receiving services. The Contractor’s contract dollar amount could be affected if the average caseload falls below 75% capacity for longer than three consecutive months.

- Individual services shall be provided under the direction of a child and family team, made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, and the development of a family driven interagency treatment plan.

- Contractor will ensure that families receive: 1) easy access to substance abuse or co-occurring services and supports; 2) evaluation, assessment and
treatment; 3) intensive coordination of services and supports; and 4) family support and training.

- This task shall be accomplished through facilitation and coordination or services by a care coordinator and/or family support provider in collaboration with informal and formal supports, with guidance and assistance from the local Project Director.

- Individuals fulfilling the terms of this contract shall attend Wrap101 training and follow ODMHSAS wraparound coaching requirements to complete the credentialing process. Contractor shall also attend and participate in any applicable meetings or trainings as determined necessary by the Department.

- Contractor will follow the Oklahoma Systems of Care guidelines, policies, procedures and practices provided in the Oklahoma Systems of Care Toolkit.

- Contractor shall employ a part time (20 hrs/50%), or full time (40 hrs/100%) local Project Director, who will be responsible for, and have the authority to carry out the supervision of persons providing services for the project and the day to day operations of the project.

- Contractor, through the local Project Director and community team will develop and implement a plan for significant family involvement on all levels of the project.

- Contractor will ensure that the local Project Director shall initiate and ensure the development of a Community Based SOC Team. This community team shall be comprised of parents of children with substance abuse or co-occurring disorders, community service providers as outlined in the core standards, and other community stakeholders who desire to create a responsive children’s behavioral health system.

- Contractor will support families of children and youth with substance abuse or co-occurring disorders to establish and support local family and youth group.

- The local Project Director, in collaboration with the community team, shall develop a strategic plan for the implementation of the project utilizing the best practice model. The plan shall include an organizational structure, identify the steps necessary to implement the substance abuse/wraparound project, and include strategies for ongoing community development, youth guided family driven, cultural and linguistic competence, project sustainability, and the continuous evaluation of youth, family and community needs that will address disparities and access to services.

- The local Project Director, in collaboration with the community team, will follow the established program eligibility guidelines. These include children
and youth ages 0-21 with substance abuse or co-occurring issues who are at risk of out of home placement, who are having difficulties in two or more life domains, and who are receiving services from multiple social service providers.

- Direct Wraparound services shall be provided using high fidelity Wraparound. A monthly average of 15 children for each Care Coordinator will be enrolled and receiving services.

- Individual services shall be provided under the direction of a child and family team, and made up of both formal and informal supports. These services include but are not limited to crisis planning, functional assessment, respite care, use of flexible funds, and the development of a family driven interagency treatment plan.

- Recommendations for the utilization of flexible funds shall be determined by the child and family team for each child receiving services. Use of flex funds shall follow the ODMHSAS Guidelines for Use of Flexible Funds. Any Flex Fund expenditures of $500.00 or more must receive the prior approval one of the State SOC Project Directors or the Director of Children, Youth and Family Services.

- Contractor shall ensure that required data is collected as required by ODMHSAS.

- Contractor’s records pertaining to SOC (both clinical and financial) will be subject to review by ODMHSAS and other agencies funding the project.

- Contractor shall provide ODMHSAS a proposed annual project budget for review and approval for the next fiscal year by June 15th. This proposal and any subsequent revisions shall be developed through consensus of the community team and contractor.

- Contractor shall submit a monthly financial statement comparing current monthly expenditures to budgeted monthly amounts. Contractor will also follow SOC invoicing instructions.

- Contractor will ensure that the local Project Director or designee will submit monthly written reports to the State Project Directors or their designee to ensure coordination and communication.

- Contractor will ensure that Project personnel will attend and participate in meetings and training as required by ODMHSAS to ensure coordination with the state SOC staff and general communication and functioning of the state wide initiative.
• Contractor will take all steps necessary to maximize 3rd party reimbursement including utilizing ODMHSAS fee for service dollars, Medicaid and 3rd party insurance.

• Contractor will report all Revenue on their monthly financial statement.

• Contractor shall utilize the wraparound event form for all wraparound events that take place with each family receiving service.

PERFORMANCE MONITORING

• Successful performance will be monitored through:
  ▪ An annual formal site review and report conducted by the ODMHSAS staff;
  ▪ Review of monthly data by the ODMHSAS staff;
  ▪ Monthly review and approval of invoices; and
  ▪ Review of monthly Project Director’s Report.

Child, Youth, Young Adults & Families – TANF/Child Welfare Strengthening Families & Celebrating Families Programs

Contractor shall furnish the necessary resources to implement the Strengthening Families (SF) and/or Celebrating Families (CF) the program for a designated service area, children, and caregivers to improve permanency, enhance safety, and increase the well-being of participants and their families.

Contractor shall serve counties designated by the ODMHSAS.

WORK REQUIREMENTS

• Contractor shall:
  ▪ Designate a coordinator of SF and/or CF.
  ▪ Designate staff to participate in SF and/or CF.
  ▪ Submit an itemized budget to ODMHSAS assigned designee at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
  ▪ Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post- test documents.
Contractor shall complete a number of cycles of SFP and/or CFP determined by the ODMHSAS.

Contractor shall complete end of cycle reports. This shall include completion of an Administrative Survey and facilitation of a Parent Survey. Both surveys are located on the Youth Information System (YIS); a paper version of the Parent Survey is available upon request.

- The Administrative Survey shall be completed within one month following the end of the cycle, and shall include (but not be limited to):
  - Dates of the sessions conducted;
  - Populations served;
  - Number of participants;
  - Number of staff participating;
  - Staff feedback on process; and
  - Successes and challenges/barriers during the cycle.

- The Parent Survey shall be completed by each member of the Parent Group during session 15.

Contractor shall complete an annual report, due 30th of June and submit to an ODMHSAS designee. The report shall include but not be limited to the following:

- Training or Professional Development;
- Names of staff or program receiving new licensing or certification;
- Name of organization/agency client was referred to for additional treatment or ancillary services;
- Total number of clients served;
- Total number of intakes/assessments completed;
- Total number of intakes/assessments but did not receive treatment from project staff;
- Total number of participants discharged from the program before completion of program; and
- Total number of participants graduated from the program.

Coordinator shall:

- Coordinator will assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
- Coordinator will engage and enhance faith-based, child welfare, and other community partners (i.e. volunteer, donation, referral).
• The coordinator will organize and schedule the SF and/or CF program and ensure all materials are ordered and disbursed to program staff.

• Facilitate the implementation of SF and/or CF with identified families as written.

• Activities under this contract addendum shall not include any services that are billed under the TANF/CW fixed rate contract.

PERFORMANCE MONITORING

• ODMHSAS will monitor the performance of Contract through receiving timely updates of data once distributed by ODMHSAS and OU E-Team, and receiving the budget.

• ODMHSAS will review end of cycle and annual reports to ensure all deliverables have been met and review monthly budgets and invoices to ensure billing procedures were adhered to.

COMPENSATION

• Contractor shall submit invoices for payment in accordance with instructions by ODMHSAS. Contractor shall be reimbursed upon documentation of expenditures pursuant to an ODMHSAS-approved project budget according to procedures determined by ODMHSAS. ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to determining the amount due from ODMHSAS.

Child, Youth, Young Adults & Families – Together with Communities

Contractor shall furnish the necessary resources to develop a community-school partnership designed to intervene at the earliest possible point to bring recovery from substance abuse to students and family members.

WORK REQUIREMENTS

• Contractor shall maintain a full-time community-school coordinator. The coordinator is not to have any substitute teaching or school counseling duties;

  • Provide an office space for the full-time community coordinator;

  • Submit an itemized budget to the assigned ODMHSAS Field Services Coordinator at the beginning of the contract year for approval;
• Utilize flexible funding to host community events to engage families and other community members in the community-school partnership, child care, transportation, psychological education, activities regarding recovery and healthy living, and incentives to family members and students for participation in project planning and advisory activities;

• Utilize Completed Needs Assessment based on the 4th quarter results of previous contract year of community-school activities and focus groups to develop and implement a plan of action to address the identified needs;

• Contract with ODMHSAS-identified providers of children substance abuse services to provide in-school and home-based services including implementation of early intervention programs such as CF and/or SF on a weekly basis;

• Maintain and submit a roster of the project team that will oversee the development of the project coordinated by the community-school coordinator. Project team may include key school personnel, family members, community partners, providers, and students. The project team shall meet monthly at a minimum; and

• Provide services that are culturally-responsive to the individuals’ needs and their family environments.

• Community-School Coordinator shall:

  • Coordinate the utilization and implementation of evidence-based early intervention curriculum (CF and/or SF) with identified families as written;

  • Participate in the implementation of CF and/or SF programs;

  • Ensure screens, support, and referrals for appointment are made within 24 hours for students and families who request help with substance abuse and co-occurring problems. Referral will be to in-school counseling unless a higher level of care is necessary as evidenced by documentation; and

  • Monitor and document that services were accessed within 5 school days from referral as evidenced by documentation.

PERFORMANCE MONITORING

• ODMHSAS will monitor the performance of Contractor. At a minimum, this will include ongoing reviews of certain performance indicators, such as number of community members engaged monthly, number of students and family members receiving substance abuse services at school or at home (and for those served, indicators of improvement and movement toward recovery),
and completion of a needs assessment based on community feedback.

- Contractor shall complete a report the first, second, and third quarters to be submitted to the ODMHSAS-designated Field Services Coordinator by the 10th of the month for the previous quarter and a Year End Report the 4th quarter due by the 25th of the last of month of the fiscal year of which shall include, but not be limited to, the following:
  
  ▪ The activities and number of attendees per activity;
  ▪ The total number of individuals who received services under this Contract;
  ▪ The number, age, race, and gender of the individuals enrolled and participated in the CF or SF programs;
  ▪ The number, age, race, and gender of the individuals referred to the school or outside services;
  ▪ The number of students who left school prematurely due to other causes; and
  ▪ The number, age, race, and gender of the individuals who completed the program.

- Contractor shall complete a contact form for all contacts for any student or family requesting any information or services.

- Contractor will complete the pre- and post-test for the CF or SF program participants and document results in Year End Report.

- Contractor shall complete a needs assessment in the 4th quarter of the fiscal year and include in the Year End Report.
- Contract shall develop and make available a satisfaction survey to all individuals served by this Contract and record results in the Year End Report.

COMPENSATION

- Contractor shall be reimbursed upon documentation of expenditures pursuant to an ODMHSAS-approved project budget according to procedures determined by ODMHSAS. Indirect costs will be allowed up to 12%.

- ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to determining the amount due from ODMHSAS.

Child, Youth, Young Adults & Families – Transition to Independence Process (TIP) Training & Consultation – MHBG

Contractor shall provide training and consulting in the Transition to Independence Process (TIP) model, to provide a framework for effectively serving youth adults in transition.
WORK REQUIREMENTS

- Contractor shall provide TA and Training in the Transition to Independence Program (TIP) model, to include the following:
  - Provision of training on the basic model.
  - Provision of advanced training and technical assistance as requested by ODMHSAS, to include themed teleconference sessions.
  - On-site provider training, technical assistance and case reviews.

- Overall logistics, coordination, and scheduling of training and teleconference TA will be the responsibility of Contractor, and the designated ODMHSAS Project Director.
  - All coaching, training, and other consulting activities shall be coordinated and approved by ODMHSAS.
  - All technical assistance (TA) shall be approved by the ODMHSAS prior to being scheduled.
  - Local staff participants in training shall be working with youth and young adults between the ages of 16 and 30, who have experienced their first episode of psychosis within the last two years and meet the Federal Block Grant definition of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED). Training participants shall be approved to attend the training by designated ODMHSAS Project Director.
  - Includes material (coaching tools and manual) that can be shared in similar coaching for other providers. All teleconference TA sessions shall be tied specifically back to the statement of work.

Child, Youth, Young Adults & Families – Transition Youth Housing Subsidy

This Contract is to provide housing subsidy through certain authorized expenditures pursuant to the Department’s Protocol for use of Transition Youth Housing Subsidy Funds located in the Appendix section of this document.

WORK REQUIREMENTS

- Transition Youth Housing Subsidy Funds are to be used to assist very low-income individuals (ages 16 - 25) who have a mental illness or co-occurring mental illness and substance abuse disorders who are participating in and referred from an OK Systems of Care, OK Now Is The Time (ONITT) or NAVIGATE site with accessing and maintaining decent, safe, sanitary and affordable housing.
PERFORMANCE MONITORING

- Contractor shall submit monthly billing documentation and monthly activity reports as outlined in the Department’s Protocol for Use of Transition Youth Housing Subsidy Funds located in the Appendix section of this document.

**Child, Youth, Young Adults & Families – Women with Children Residential Strengthening Families & Celebrating Families Programs**

Contractor shall furnish the necessary resources to implement the Strengthening Families (SF) and/or Celebrating Families (CF) the program for the ODMHSAS designated facility, to improve permanency, enhance safety, and increase the well-being of participants and their families.

**WORK REQUIREMENTS**

- Contractor shall:
  - Designate a coordinator of SF and/or CF.
  - Designate staff to participate in SF and/or CF.
  - Submit an itemized budget to an ODMHSAS assigned designee at the beginning of the contract year for approval which shall include local travel, supplies and contracts for transportation, food, and additional service providers or treatment services not able to be obtained through another means.
  - Utilize flexible funding to provide child care, transportation, and incentives to family members and students for participation in and or completing required pre- and post- test documents.
  - Contractor shall complete a number of cycles of SFP and/or CFP determined by the ODMHSAS.
  - Contractor shall complete end of cycle reports. This shall include completion of an Administrative Survey and facilitation of a Parent Survey. Both surveys are located on the Youth Information System (YIS); a paper version of the Parent Survey is available upon request.
    - The Administrative Survey shall be completed within one month following the end of the cycle, and shall include (but not be limited to):
      - Dates of the sessions conducted;
      - Populations served:
✓ Number of participants;
✓ Number of staff participating;
✓ Staff feedback on process; and
✓ Successes and challenges/barriers during the cycle.

- The Parent Survey shall be completed by each member of the Parent Group during session 15.

- Contractor shall complete an annual report, due 30th of June, and submit to an ODMHSAS designee. The report shall include but not be limited to the following:
  - Training or Professional Development;
  - Names of staff or program receiving new licensing or certification;
  - Name of organization/agency client was referred to for additional treatment or ancillary services;
  - Total number of clients served;
  - Total number of intakes/assessments completed;
  - Total number of intakes/assessments but did not receive treatment from project staff;
  - Total number of participants discharged from the program before completion of program; and
  - Total number of participants graduated from the program.

- Coordinator shall:
  - Coordinator will assist in developing policy, procedures, participant handbook, and training stakeholders/partners on project.
  - Coordinator will engage and enhance faith-based, child welfare, and other community partners (i.e. volunteer, donation, referral).
  - The coordinator will organize and schedule the SF and/or CF program and ensure all materials are ordered and disbursed to program staff.
  - Facilitate the implementation of SF and/or CF with identified families as written.

PERFORMANCE MONITORING

- ODMHSAS will monitor the performance of Contract through receiving timely updates of data once distributed by ODMHSAS and OU ETeam, and receiving the budget.
• ODMHSAS will review end of cycle and annual reports to ensure all deliverables have been met and review monthly budgets and invoices to ensure billing procedures were adhered to.

COMPENSATION

• Contractor shall submit invoices for payment in accordance with instructions by ODMHSAS. Contractor shall be reimbursed upon documentation of expenditures pursuant to an ODMHSAS-approved project budget according to procedures determined by ODMHSAS. ODMHSAS shall be the payer of last resort, with any reimbursement received from third party or other sources for such services being deducted from program expenditures, prior to determining the amount due from ODMHSAS.

APPENDIX

ODMHSAS Transition Youth Housing Subsidy Protocol

Eligible Applicants- Individuals (ages 16 - 25) who have a mental illness or co-occurring mental illness and substance abuse disorders who are participating in and referred from an OK Systems of Care, OK Now Is The Time (ONITT) or NAVIGATE site for assistance with accessing and maintaining decent, safe, sanitary and affordable housing. Individuals should meet requirements for very low income and have a gross annual income at or below $16,500; however, incomes above $16,500 can be considered on a case by case basis. Individuals who are under the age of 18 must either be legally emancipated or have a Guardian willing to sign a lease agreement on their behalf.

Rental Assistance (Including Utility Assistance)- The maximum amount of rental assistance to help pay for rent and utilities is $574 per month, which is based on the higher range of Fair Market Rent for a 1-bedroom. Assistance is not restricted to 1-bedroom housing units, or to units for which the total rent and utility costs do not exceed $574, however, it is recommended that referring projects assist subsidy recipients in locating housing for which costs do not exceed the $574 maximum (and all bills paid units when possible) to help assure affordability and success. If unit is not all bills paid, it is recommended that referring projects assist subsidy recipients in getting on the utility averaging plans to further help assure affordability.

Rental assistance can be provided to individuals with no income. Rental assistance for individuals with an income will be calculated as follows:

First 6 Months- subsidy recipients will pay 0% of their gross monthly income toward rent and utilities, and the remainder of the rent/utilities can be provided as rental assistance (up to the $574 maximum).
Last 6 Months- subsidy recipients will pay 30% of their gross monthly income toward rent and utilities, and the remainder of the rent/utilities can be provided as rental assistance (up to the $574 maximum).

The goal of the Housing Subsidy Funds is to assist recipients with transition to self-sufficiency between 9 to 12 months. Based on individual needs, the provision of subsidy beyond 12 months will be considered on a case by case basis.

It is expected that the all subsidy recipients and Program staff will work actively together toward employment or SSI/SSDI income, toward obtaining Section 8 rental assistance, and on other recovery focused goals/objectives, as this is a time limited program.

Rent & Utility Deposits- One-time assistance with rent and utility deposits may be provided to subsidy recipients but may not exceed a total of $574.

Making A Referral
All referrals must come from one of the existing OK Systems of Care, OK Now Is The Time (ONITT) or NAVIGATE programs. Part 1 of the referral form must be submitted, and initial approval received from HOPE Community Services prior to moving forward to assist a person with housing. This is to ensure that people referred meet initial eligibility requirements and that the program has enough money to serve them. Once initial approval is received from HOPE, housing can be arranged and Part 2 of the referral should be submitted. If Part 2, and related documentation, is not received by HOPE within 30 days of approval of Part 1, the referral will be null and void, and an entirely new referral (Part 1 & 2) will need to be submitted.

Both parts of the referral form submitted must be complete, including all of the documentation requested:

- Proof of income or signed statement from applicant if no income (Certification of Zero Income form);
- Signed Subsidy Recipient Agreement (If the applicant is under age 18, and not legally emancipated, a Guardian is required to sign).
- A release of information authorizing communication between HOPE Community Services and the designated Landlord, and utility companies (when utility assistance, including deposit assistance, is requested), regarding payment of bills; and
- A release of information authorizing communication between HOPE Community Services and the designated Program Agency, regarding the tenant’s receipt of subsidy funds.

Completed referrals should be submitted to:

HOPE Community Services, Inc.
Attn: Transition Youth Subsidy Program
6100 South Walker Ave.
Oklahoma City, OK  73129
Please note that referral information that is not complete will be returned to the agency who submitted it for completion. If you have any questions regarding the completion of the referral, or regarding the Transition Youth Housing Subsidy program in general, please contact HOPE.

**Things To Remember**

- A copy of the signed lease agreement between tenant and landlord must be mailed or faxed to Hope Community Services by the second month for which rental assistance is needed (subsidy cannot be continued past the first month until a signed lease agreement is received).
- If the landlord does not have a lease agreement, please use the Lease Agreement form included in the referral packet.
- If rental unit is not all bills paid, it is recommended that referring projects assist subsidy recipients in getting on the utility averaging plans to further help assure affordability.
- If utility assistance is requested, utility bills must be submitted monthly by mail or fax to HOPE Community Services for payment (up to the total amount allowed for utility assistance).
- Part 1 of the referral is submitted, and approval from HOPE is required to proceed with housing assistance and the completion of Part 2 of the referral.
- Part 2 of the referral must be received by HOPE within 30 days after HOPE has approved Part 1. If not received within that timeframe, the referral will be null and void and a new referral will need to be submitted and approval from HOPE obtained.

**ODMHSAS Child Trauma & Resilience Guidelines/Protocol**

According to the Big Statement of Work for CMHCs, section 6.10 “Trauma-informed and trauma specific services will be offered according to the ODMHSAS Child Trauma and Resilience Guidelines. Contractor will maintain staff trained in trauma-focused cognitive behavioral therapy.” Please refer to the guidelines/protocol; as follows:

**Trauma Informed:**

All staff employed by the agency, regardless of role or position, shall complete the online “Trauma is Just the Beginning” training [http://www.ok.gov/odmhsas/SHARE.html](http://www.ok.gov/odmhsas/SHARE.html) within 90 days of hire or completion of their probation, whichever is sooner. A copy of the certificate of completion should be kept in the employees personnel file.
Trauma Screening and Assessment:

Agencies shall use the Child and Adolescent Trauma Screen (CATS) measure.

- Agencies shall screen children and youth, ages 3-17 years old, using the traumatic stress exposure portion of the CATS.
- If the screen for exposure is positive, the remainder of the CATS should be completed with the child, youth, or caregiver for traumatic stress symptoms.
- If the assessment indicates symptoms of PTSD, then the child and family should be offered trauma-specific services, and the CATS should be administered at a minimum of each treatment plan update, and at termination of trauma treatment or discharge.
- Use of the short screener and other available CATS tools are encouraged throughout the course of treatment.
- Initial screen (positive or negative) and additional screenings as indicated at treatment plan update and discharge, shall be reported on the CDC as per protocol.

These are the minimal requirements. For agencies with advanced training and experience, this does not limit use of other evidence based and validated measures.

Trauma Specific Services – Licensed:

As the primary evidenced based trauma specific intervention, Oklahoma has implemented Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) statewide.

- Every LBHP/LMHP (including those under supervision) working with children, youth, and families in the agency, shall complete the online TF-CBT training [https://tfcbt2.musc.edu/](https://tfcbt2.musc.edu/) within 90 days of hire or completion of their probation. A copy of the certificate of completion should be kept in the employee’s personnel file.
- Core staff identified to complete the full TF-CBT training and consultation process, to meet the SOW requirement “Contractor will maintain staff trained in trauma-focused cognitive behavioral therapy” shall be expected to:
  - Attend the live 2 day “Introduction to TFCBT” training
  - Participate in consultation calls following training. Staff will be expected to complete 2 calls a month for a minimum of 6 months and through completion of a case, however long that may take. After that time, consultation calls will still be available to and highly recommended for staff to use at their discretion.
  - Staff are expected to keep developing their skills through attendance of the Advanced TFCBT trainings.
- It is highly recommended that the person providing clinical supervision also go through the training and consultation process to help with both implementation and sustainability.
- Supervisors will be expected to participate in a quarterly supervisor's call.

While TFCBT is to be provided by every agency, this does not preclude the agency from utilizing other trauma specific evidenced based practices, such as Seeking Safety.