MENDOCINO COUNTY CHILDREN’S SYSTEM OF CARE MEMORANDUM OF UNDERSTANDING

Between the Following Agencies:

Mendocino County Office of Education
Mendocino County Probation Department
Mendocino County Special Education Local Plan Area (SELPA)
Mendocino County Health and Human Services Agency - Children and Family System of Care
Mendocino County Health and Human Services Agency - Community Health Services: Nursing & AODP

I. CSOC PURPOSE. The Mendocino County Children’s System of Care (CSOC) is an interagency service delivery system that coordinates services provided to Emotionally Disturbed (ED) and other high needs children and their families by the Agencies signing this Memorandum of Understanding to prevent out-of-home placements, facilitate placement in a lower level of care, or shorten the duration of placement.

The Mendocino County CSOC works towards the identification of service gaps, development of collaborative services and funding alternatives to better serve ED and other high need children and their families in order to reduce out-of-home placement costs.

A. Identification of Emotionally Disturbed Children (ED).

1. For the purposes of this part, “emotionally disturbed children” means minors under the age of 18 years who have a mental disorder identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child’s age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

   a) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self care, school functioning, family relationships, or ability to function in the community, and either of the following occur:

      (1) The child is at risk of removal from the home; or has been removed from the home; or

      (2) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

   b) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

   c) The child meets the special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

B. Focus primarily upon children under the following referral guidelines for the Interagency Case Management Team (IACMT) outlined as follows:

   • Any child who the case manager perceives would benefit from a multi-agency review
   • Children whose placement requires a mental health service
   • All children currently placed or who are in need of level 10 or above placement
   • All children returning home from level 10 or above placement
   • All children who are at risk of being placed in an Intensive Treatment Foster Care setting or in a higher level of care who may need approval for Therapeutic Behavioral Services or Wraparound.
   • All children who are needing approval for Intensive Treatment Foster Care, Multi-Dimensional Treatment Foster Care, or level 12 and above placement
   • Any child for whom out-of-state placement is requested
   • Complex cases i.e. multi-agency, education issues, crisis
   • Children for whom SELPA must pay non-public school costs.
II. **CSOC GOAL AND OBJECTIVES.** The CSOC goal is to develop a comprehensive, fully integrated system of care for ED or other high need children and their families in a culturally appropriate manner that results in achievement of the following objectives.

A. Increased capacity of families and communities to care for ED and other high need children in the least restrictive, most family-like setting possible.

B. Provision of services at the least restrictive level of care which can adequately meet the needs of those children who require out-of-home placement; Reduction in out-of-home placement costs through a decrease in the number of months and days children are placed in group homes (licensed care facilities).

C. Decreased recidivism among children who are involved in the Juvenile Justice System and participating in CSOC.

D. Increased academic achievement and school attendance among children served by CSOC.

E. Decreased numbers of day's children spend in inpatient acute psychiatric hospitals.

III. **CSOC STRUCTURE.**

A. The Policy Council on Children and Youth (PCCY) provides consultation for CSOC.

B. The Interagency Case Management Team (IACMT) is subsidiary to the CSOC Cabinet.

C. CSOC staff positions are physically located within the Mendocino County Health and Human Services Children and Families System of Care Mental Health Branch.
   1. Senior Program Manager of the Children and Family System of Care provides overall management.
   2. Program Manager of the Children and Family System of Care provides clinical coordination.
   3. CSOC Coordinator provides program coordination.
   4. CSOC Secretaries provide administrative support.

D. Responding to the Cabinet are the IACMT, the PACE management team, Children and Family System of Care, Transitional Age System of Care (TSOC), and the Birth to Five Early Mental Health Initiative.

IV. **CSOC CABINET.**

A. The CSOC Cabinet comprises the Heads or Designated Representatives of the Agencies and Parent Partners signing this Memorandum of Understanding. The following are represented: Mendocino County Office of Education, SELPA, Mendocino County Juvenile Probation, Mendocino County Health and Human Services Agency Children and Family System of Care: including Mental Health Branch and Social Services Branch, Mendocino County Health and Human Services Community Health – Nursing and AODP services, and Parent Partners.

B. The CSOC Cabinet meets monthly or as needed and is responsible for the smooth and effective operation of the CSOC. There are eight (8) voting members of the CSOC Cabinet. There needs to be five (5) voting members to have a quorum. Each entity is entitled to one (1) vote. The Cabinet’s roles and responsibilities, although not limited to, include the following:
   1. Identify agencies that have a significant joint responsibility for the target population and ensure collaboration on countywide planning and policy;
   2. Identify gaps in services to members of the target population and set priorities for interagency services;
   3. Develop specific Policies and Procedures as required to ensure service effectiveness and continuity;
   4. Authorize resources for and implement public and private collaborative programs whenever possible to better serve the target population and reduce costs to the County;
   5. Resolve impasses reached by the IACMT in placement decisions for individual children and families;
6. Review high-end out-of-home placements and make recommendations to ensure cost-containment and successful client outcomes;

7. Provide quality assurance monitoring of the IACMT process and decisions to ensure that culturally competent, strength-based and family-centered services are provided.

8. Advise the PACE management team on fiscal and programmatic changes.

9. Provide policy decisions on issues of the Birth to Five Early Mental Health Initiative.

10. Review proposals for allocation of CSOC Designated Reserve Funds, approve expenditures of the designated reserve fund and monitor compliance, as per policy approved by Cabinet. (See attachment for Accessing CSOC Designated Reserve Funds.)

C. General Agency Commitments

1. Directors of Agencies, or their Designees, will participate on the PCCY.

2. Directors of Agencies, or their Designees, will participate in the CSOC Cabinet.

3. Directors of Agencies will instruct appropriate personnel to identify, assess, and refer to the IACMT those children in need of services to reduce the risk of out-of-home placement.

4. Directors of Agencies will appoint to the IACMT representatives who have the authority to make placement decisions and commit resources from their Agencies to Interagency Service Plans.

5. Directors of Agencies will establish qualitative and quantitative parameters within which their IACMT representative may make decisions and allocate resources.

6. Directors of Agencies will coordinate all typical and normal services to children under their supervision with CSOC agencies to ensure comprehensive services to CSOC children and their families, and to avoid duplication of effort in compliance with legal mandates.

7. Directors of Agencies will assign necessary resources towards the development and implementation of an interagency Data Management System that facilitates tracking of CSOC outcome measures.

8. Directors of Agencies will approve and agree to use the IACMT recommended interagency release of information form(s) as required to comply with all applicable laws and regulations including but not limited to Welfare and Institutions Code Section 18986.40, and 42 CFR.

9. Directors of Agencies will develop and provide for the IACMT a written explanation of individual Agency mandates, legal requirements, rules, services, confidentiality requirements, and funding sources to ensure a shared knowledge base for IACMT members.

10. Directors of Agencies will identify training needs of staff, provide training to staff, and ensure that staff has the opportunity to participate in CSOC training.

11. Directors of Agencies will participate in the evaluation of the CSOC process and consult regarding recommended programmatic and fiscal modifications or adjustments for the continued or expanded operation of CSOC programs.

12. Directors of Agencies will include IACMT service plans and recommendations with agency reports made to the Juvenile Court Judge.

13. Directors of Agencies will assist in the development and implementation of a policy that sets forth priorities and recommendations for cost avoidance and/or reinvestment of CSOC savings.

14. Directors of Agencies will participate in regular informational presentations for interested parties (i.e. Board of Supervisors, Mendocino County Superintendents’ Council, and Parent Groups).

D. Specific Agency Commitments

1a. Mendocino County Health and Human Services Agency Community Health – AODP Services:
a) Participate in and support the Probation Alternatives with Counseling and Education (PACE) program by attending PACE management and staff meetings and supervise 2.0 FTE Mental Health Rehab Specialist Substance Abuse Therapist.

b) Provide a Drug and Alcohol Therapist at the Clean and Sober Classroom who reports to Court and Community School.

c) Participate in and support the Collaborative Approach to Dependency Drug Court by recruiting and hiring a Substance Abuse Therapist, and establishing protocol for referrals, co-facilitation, follow-up, access timelines, roles & responsibilities.

1b. Mendocino County Health and Human Services Agency Community Health – Nursing Division

a) Participate as a regular member of the CSOC Cabinet and IACMT on the Coast, Ukiah and Willits.

2. Mendocino County Office of Education:

a) Participate in and support the PACE program by attending PACE management and staff meetings and funding and supervising a 1.0 FTE Teacher and a 1.0 FTE Education Aide.

b) Provide and maintain campus for PACE.

c) Provide Special Education services for PACE including the convening of Individual Education Plans (IEP) for students identified with special needs.

d) Provide school administration, school psychologist, counseling and transition services.

e) Participate as regular members of the CSOC Cabinet and IACMT on the Coast, Ukiah and Willits.

3. Mendocino County Health and Human Services Agency Children and Family System of Care – Mental Health Branch:

a) Provide a Clinical Services Manager to provide shared oversight for CSOC Coordinator, CSOC secretaries, and Parent Partners.

b) Mental Health will implement a policy for level 14 placements where Mental Health will reimburse the level 14 for all MediCal treatment services provided, and if the rate per day exceeds the MediCal revenue generated, Mental Health will pay the contractor and submit to the placing agency for interdepartmental transfer all “Patch” costs. At the time of placement, Mental Health will advise the placing agency that there is a contracted cost beyond the RCL rate and the MediCal reimbursement.

c) Participate in and support the PACE program by attending PACE management and staff meetings; funding and supervising Clinical Coordinator, 2.0 FTE Clinical Services Associate, 1.0 FTE Clinical Services Coordinator, 2.0 FTE Mental Health Clinicians, and providing medication services and other typical day-treatment support and supplies.

d) Develop and implement “Wraparound Services” for CSOC children by providing oversight for the wraparound component

e) provide clinical supervise 1.0 FTE FSP Supervisor, 4.0 FTE Facilitator “Prevention Services Coordinators”, and 8.0 FTE Mental Health Rehabilitation Specialists; and monitor the use of flexible spending funds for SB163by having the MH Clinical Coordinator participate in the Community Fiscal Team.

f) Support of the Parent Partners by providing clinical oversight, office space, and necessary supplies.

g) Participate 0.2 FTE as regular members of the CSOC Cabinet and IACMT on the Coast, Ukiah and Willits.
h) Retain and train 1.0 FTE CSA/Rehab Specialist and retain and train a .5 FTE Mental Health Clinician I/II to provide mental health services to the SELPA DTP enrolled students.

i) Mental Health will provide the required ED certification for all level 14 placements upon presentation of appropriate documentation.

j) Participate in and support the Mendocino County Children’s Emergency Shelter and Mendocino House Program by establishing protocols for referrals, co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases.

k) Participate in and support the Multi-Dimensional Treatment Foster Care Program by establishing protocols for referrals through the Interagency Case Management Team, protocols for co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases as needed.

4. Probation Department:

a) Participate in the PACE program by attending PACE management and staff meetings and providing a 1.0 FTE Probation Officer I/II, and a 1.0 FTE DPO III Site Manager.

b) Provide support to Family Strengths “wraparound” Program by providing 0.1 FTE Probation Officer DPO II attendance at operations team meetings and child/family team meetings for Department of Probation involved families. Provide DPO Supervisor to monitor use of flexible spending funds for SB163 by participating in the Community Fiscal Team.

c) 0.2 FTE Probation Officer Supervisor

d) Participate as regular members of the CSOC Cabinet and IACMT on the Coast, Ukiah and Willits.

e) Juvenile Hall Clinician Contract. Probation will enter into an MOU with DSS and MCYP to access STOP funds. Probation will assist in gathering data for the program and the STOP Report annually.

f) Participate in and support the Mendocino County Children’s Emergency Shelter and Mendocino House Program by establishing protocols for referrals, co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases as needed.

g) Participate in and support the Multi-Dimensional Treatment Foster Care Program by establishing protocols for referrals through the Interagency Case Management Team, protocols for co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases as needed.

5. Mendocino County Health and Human Services Agency Children and Family System of Care - Social Services Branch:

a) 1.0 FTE CSOC Coordinator.

b) 2.0 FTE CSOC Secretaries.

c) Provide a Program Manager to provide shared oversight for CSOC Coordinator, CSOC secretaries, and Parent Partners.

d) Act as sponsoring agency for Family Strengths “wraparound” Program by providing Fiscal Management of SB163 “wraparound” funds.

e) Provide support to Family Strengths “wraparound” Program by providing social worker attendance at Child/Family Team meetings for Department of Social Services involved families. Provide a Program Manager to participate in the Community Fiscal Team.
f) 3.0 FTE Parent Partners and 2 PTE Contract Parent Partners (one inland and one on the coast).

g) Develop a CSOC reporting system which tracks actual, cumulative, and projected monthly out-of-home utilization and expenditures with data provided by the departments of Social Service, Probation, Special Education, and Mental Health, and provide timely reports to CSOC Subcommittee.

h) Participate as regular members of the Cabinet and IACMT on the Coast, Ukiah and Willits.

i) Participate in and support the Collaborative Approach to Dependency Drug Court by developing a contract with AODP, establish protocol for referrals, co-facilitation, follow-up, access timelines, roles and responsibilities, and establish a tracking system for tracking outcomes.

j) Participate in and support the Mendocino County Children’s Emergency Shelter and Mendocino House Program by establishing protocols for referrals, co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases.

k) Participate in and support the Multi-Dimensional Treatment Foster Care Program by establishing protocols for referrals through the Interagency Case Management Team, protocols for co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases.

6. SELPA:

a) Provide information about non-public school placement and facilities.

b) Participate as regular members of the Cabinet and IACMT on the Coast, Ukiah and Willits.

c) Support an eight-desk Special Day Class Day Treatment Program site at Orr Creek, for emotionally disturbed special education students in the Ukiah Valley.

d) Retain and train 1.0 FTE Special Ed Teacher, 1.0 FTE Teacher’s Aide to staff the Special Day Treatment Class at Orr Creek.

e) Participate in and support the Mendocino County Children’s Emergency Shelter and Mendocino House Program by establishing protocols for referrals, co-facilitation, follow-up, access timelines, roles and responsibilities, and establishing a tracking system for monitoring outcomes and reviewing cases.

V. CSOC INTERAGENCY CASE MANAGEMENT TEAM.

A. Composition

1. Program manager or supervisor-level representatives from the following Agencies, Departments, and/or Divisions: County Office of Education, Juvenile Probation, SELPA, Mendocino County Health and Human Services Agency Children and Family System of Care: Community Health Branch, Public Health Nursing Mental Health Branch, and Social Services Branch.

2. Parent Partner Representatives

3. Other participants are invited to IACMT meetings as needed to ensure that planning is culturally sensitive and tailored to the specific geographic and social/familial constraints of each child and family. These potential ad hoc IACMT members may include: family members, Indian Child Welfare Act Agency representatives; Latino service organization representatives; teachers; clergy; Redwood Coast Regional Center; or others as appropriate.

B. Authority: IACMT members are authorized by their home Agencies to make decisions and commit resources to implement Interagency Service Plans for children and families.
C. Scope of Work: The IACMT meets weekly or as needed to ensure planning of coordinated services for each child and family. IACMT roles and responsibilities, although not limited to, include the following:

1. Receive referrals of at-risk children from participating departments or in response to a Court Order with accompanying Consent for Release of Information.
2. Screen and assess all referrals, including medical assessment to rule out medical factors.
3. Make placement recommendations and approve level of placement need based on completed presentations and assessments.
4. Develop a collaborative Interagency Service Plan for each child referred to CSOC who meets the criteria for CSOC services as specified in the Welfare and Institutions Code 5600.3 by:
   a) Assessing, planning, developing, and evaluating alternatives to out-of-home placements to meet the individual needs of CSOC participants;
   b) Focusing on children that are at risk of Level 10 placement or above, and/or have multi-agency involvement, for whom no decision has yet been made, and who may benefit from Family Strengths “wraparound” Program services, TBS, or need a coordinated service approach to accessing community services;
   c) For children already placed, focus on planning services that meet the needs of the child and family in the least restrictive setting and lead to their return home; and
   d) Developing and recommending a joint solution-focused and strength-based plan for the child and family, including measurable outcomes.
5. Coordinate Integrated Service Plans with Individual Education Plans or court approved service plans developed for the child.
6. Monitor and follow cases brought to the group, tracking outcomes to evaluate the appropriateness of the service plan and making recommendations accordingly.
7. Determine, after review, the fact that a youth may be at risk for out of home placement of level 10 or higher. Approval for referral for TBS, Wraparound, or Intensive Treatment Foster Care will be made if the youth qualifies.
8. Advocate for CSOC children and families.
9. Alternate with other IACMT members to present and explain their Agency services, programs, and constraints.
10. IACMT shall have the discretion to extend flexible funds, as needed, to address case specific unmet needs, for which no other funding source can be found.

VI. BIRTH TO FIVE

A. A subcommittee consisting of First Five, NCO, MCOE, Early Start, Mendocino County Health and Human Services Agency Children and Family System of Care: Community Health Branch Public Health Nursing, Mental Health Branch, and Social Services Branch and other interested parties shall be formed under the facilitation of the CSOC Coordinator to focus on Mental Health issues related to children Birth to Five.

B. This committee shall ensure that necessary services delivered to this target population shall be consistent with the values and principles of the Children’s System of Care.

C. TERM OF MEMORANDUM OF UNDERSTANDING.
   a. Duration: This Memorandum of Understanding shall be effective July 1, 2008 through June 30, 2010.
   b. Frequency: This Memorandum of Understanding shall be reviewed and modified 90 days before the expiration of the term as necessary to accommodate evolution of the Children’s System of Care.
   c. Review Policy: The terms of this Memorandum of Understanding, may be renegotiated by any participating party, upon 30-days written notice.
IN WITNESS WHEREOF, this MOU has been executed as of the date signed:

MENDOCINO COUNTY HEALTH AND
HUMAN SERVICES AGENCY:

BY: ________________________________
    Carmel Angelo, Agency Director
Date: ________________________________

COUNTY OFFICE OF EDUCATION

BY: ________________________________
    Paul Tichinin, Superintendent of Schools
Date: ________________________________

MENDOCINO COUNTY HHSA – CFSOC

BY: ________________________________
    Mary Elliott, CFSOC Director
Date: ________________________________

PROBATION DEPARTMENT

BY: ________________________________
    Wesley M. Forman, Chief
Date: ________________________________

SPECIAL EDUCATION LOCAL PLAN AREA

BY: ________________________________
    Damon Dickinson, Director
Date: ________________________________

PARENT ADVOCATES

BY: ________________________________
    Pauline Sandoval, Representative
Date: ________________________________

POLICY COUNCIL ON CHILDREN & YOUTH

BY: ________________________________
    Wesley M. Forman, Chair
Date: ________________________________

HHSA, COMMUNITY HEALTH SERVICES

BY: ________________________________
    Stacy Cryer, Director
Date: ________________________________

APPROVED AS TO FORM:

BY: ________________________________
    Jeanine Nadel, County Counsel
Date: ________________________________

BY: ________________________________
    Tom Mitchell, County Executive Officer
Date: ________________________________