

## **D19 Mental Health Initiative (MHI) Funding Guidelines**

MHI funds should not be used when another payer source is available. MHI funds must be used exclusively to serve new, currently un-served children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances and related disorders that are **not mandated** to receive services under the CSA. Children and adolescents must be under 18 years of age at the time services are initiated. MHI funds can be used to bridge the gap between the child and adult service systems, if the service was initiated before the adolescent's 18<sup>th</sup> birthday. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.

MHI-funded services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.

### **Target Population for Mental Health Initiative Funds**

The target population to be exclusively served with MHI funds is children and adolescents with serious emotional disturbance and related disorders who are not mandated for services under the CSA. Serious emotional disturbance in children is defined, per Exhibit D of the Performance Contract, as a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. The language regarding "related disorders" allows the necessary flexibility to serve children with mental health or co-occurring mental health and substance use problems who may not fit the definition above but how, in the opinion of CSB staff, are in need of services that can only be provided with the use of MHI funding. This shall be documented in the child's file and on the service plan.

### **Appropriate Services to be Supported by Mental Health Initiative Funds**

Services that are most appropriate for use of these funds include: emergency, outpatient, intensive in-home, intensive care coordination, case management, Family Support Partners, Parent Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Multi-Systemic Family Therapy (MST), Family Functional Therapy (FFT), therapeutic day treatment, alternative day support (including specialized after school and summer camp, behavior aide, or other wrap-around services), and highly intensive, intensive, supervised family support services. All expenditures shall be linked to an ISP for an individual child. Services should be provided in the least restrictive and most appropriate settings, including homes, schools, pre-schools, community centers, group homes, and juvenile detention centers. Prevention and early intervention services **are not** appropriate uses of these funds. **MHI funds may not be used for residential care services, partial or full hospitalizations, or for CSA-mandated populations. MHI funding may not be used to purchase vehicles, furniture, or computers.**

### **Referral Procedures for Mental Health Initiative Funds**

Per DBHDS, these funds do not have to go through the FAPT for review, unless the locality desires. In that case, the FAPT/Lead Agency representative presents a case for staffing. FAPT reviews criteria to determine whether case is eligible for MHI funds. If case meets eligibility criteria/child is considered a viable candidate for MHI funds, a referral to the D19 MHI Case Manager is made. The following

documentation must be completed and forwarded to the D19 MHI Case Manager when a referral is made:

**IFSP; CANS (optional); D19 authorization to disclose confidential information forms (2) for CSA vendor and FAPT/CPMT.**

The D19 MHI Case Manager reviews the referral packet, determines eligibility for MHI-funded services and completes the required D19 Mental Health Initiative ISP Summary Form. The ISP Summary Form is then forwarded to CPMT chair/designee for final authorization/processing. Once approved by CPMT chair/designee, MHI CM will contact consumer/responsible party (i.e., parent/legal guardian), complete SED checklist, MHI CM ISP, and gather supporting documentation for identified MHI vendor to begin services. ***Services will not be initiated until D19 has received signed MHI vendor contract and has forwarded copy of approved MHI ISP summary form to vendor, accordingly.***

*\*An authorized CPMT representative must sign the Mental Health Initiative ISP Summary Form to indicate approval for use of Mental Health Initiative Funds.*

### **Accountability and Reporting Requirements for Mental Health Initiative Funds (MHI)**

D19 will maintain an open/enrolled case and case record on all children receiving MHI-funded services.

The D19 MHI Case Manager should ensure that all funds are obligated by June 30th of each year, with all funds being expended by September 30th of each year.

The D19 MHI Case Manager will monitor MHI services and expenditures by contacting the child, parent(s) and vendors at least twice a month. The MHI Case Manager will review all MHI invoices to ensure accuracy; and to make certain that all invoices must be accompanied by monthly summaries.

***\* Although these funds are designed to address some of the gaps in funding for services for non-CSA mandated children and adolescents, in addition to this dedicated source of funding, a collaborative, interagency approach with creative and innovative treatment strategies will be necessary to serve this challenging population of children and families in need.***

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