Community Action Team (CAT) Program Guidance

Requirement: Specific Appropriation 363 of the 2017–2018 General Appropriations Act

Description: The purpose of this document is to provide best practice considerations to support the programmatic implementation of the Community Action Treatment teams, also known as Community Action Teams (CAT).

I. OVERVIEW

I.A. AUTHORITY

Specific Appropriation 363 of the 2017–2018 General Appropriations Act (GAA) directed the Department of Children and Families (Department) to " …contract with the following providers for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics."

I.B. PROGRAM DESCRIPTION

BACKGROUND

In 2005, the Florida Legislature funded the first CAT program as a behavioral healthcare pilot project for children, adolescents, and young adults with significant mental health needs in Manatee County. Manatee Glens, a non-profit behavioral health provider, implemented the first CAT team pilot project with the goal of diverting children and youth with significant behavioral health needs from residential mental health treatment, foster care, and juvenile detention facilities.

In 2013, the Florida Legislature funded ten pilot CAT programs through Specific appropriation 352-A of the 2013–2014 GAA. The department was directed as part of the 352-A appropriation to develop a report that evaluates the effectiveness of CATs in meeting the goal of offering parents and caregivers of this target population a safe option for raising their child at home rather than utilizing more costly institutional placement, foster home care, or juvenile justice services. The *Community Action Team Evaluation Report* can be found on the Department of Children and Families' website at the following link: http://www.myflfamilies.com/service-programs/substance-abuse/publications

In 2014, the Florida Legislature allocated recurring funding for the ten (10) pilot CAT programs and allocated non-recurring funding for six (6) additional CAT programs.

PROGRAM GOALS

CAT is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health conditions. Upon successful completion, the family should have the

skills and natural support system needed to maintain improvements made during services. The goals of the CAT program are to:

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

ELIGIBILITY

The following participation criteria are established in proviso, and have been included in the CAT contract:

1. Individuals aged 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with one or more of the following accompanying characteristics:
   - The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
   - The individual has had two or more periods of hospitalization or repeated failures;
   - The individual has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or
   - The individual has poor academic performance or suspensions.
2. Children younger than 11 with a mental health diagnosis or co-occurring substance abuse diagnosis may be candidates if they meet two or more of the aforementioned characteristics.

CAT MODEL

The CAT model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of the young person, and their family, to include the following staff:

- A full-time Team Leader,
- Mental Health Clinicians,
- A Psychiatrist or Advanced Registered Nurse Practitioner (part-time),
- A Registered or Licensed Nurse (part-time),
- A Case Manager,
- Therapeutic Mentors, and
- Support Staff.

The Provider must have these staff as part of the team; however, the number of staff and the functions they perform may vary by team in response to local needs and as approved by the

contract manager. CAT members work collaboratively to deliver the majority of behavioral health services, coordinate with other service providers when necessary, and assist the family in developing or strengthening their natural support system.

CAT funds are used to address the therapeutic needs of the eligible youth or young adult receiving services. However, the CAT model is based on a family-centered approach in which the CAT team assists parents/caregivers to obtain services and supports, which may include the provision of information and education about how to obtain services and supports and assistance with referrals.

The number of sessions and the frequency with which they are provided is set through collaboration rather than service limits. The team is available on nights, weekends, and holidays. In the event that interventions out of the scope of the team's expertise or qualifications (i.e., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment, etc.) are required, referrals are made to specialists, with follow-up from the team. This flexibility in service delivery is intended to promote a "whatever it takes" approach to assisting young people and their families to achieve their goals.

Practice Considerations:

Models and Approaches for Working with Young People and Their Families

1. The Transition to Independence Process (TIP) model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD).

   http://tipstars.org/Home.aspx

2. The Research and Training Center for Pathways to Positive Futures (Pathways) aims to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective training and dissemination. Their work is guided by the perspectives of young people and their families, and based in a positive development framework.

   http://www.pathwaysrtc.pdx.edu/about

3. National Wraparound Initiative - Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) that assists them to live in their homes and communities and realize their hopes and dreams.

   http://www.nwi.pdx.edu/wraparoundbasics.shtml#whatiswraparound

4. Strengthening Family Support for Young People: Tip sheet for strengthening family support.

   http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf

5. Positive Youth Development (PYD), Resilience and Recovery: Actively focuses on building strengthens and enhancing healthy development.

   http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf

6. Section 394.491, F.S. – Guiding principles for the child and adolescent mental health treatment and support system.

   http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.491.html

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

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

SERVING YOUNG ADULTS

The CAT program serves young adults up to the age of twenty-one (21), which includes young adults ages eighteen (18) up to twenty (20) who are legally considered adults. Providers serving these young adults must consider their legal rights to make decisions about their treatment, who will be involved, and with whom information will be shared. In keeping with the focus of the CAT model, providers should support the young person to enhance and develop relationships and supports within their family and community, guided by their preferences.

COORDINATION WITH OTHER KEY ENTITIES

It is important for providers to address the provision of services and supports from a comprehensive approach, which includes coordination with other key entities providing services and supports to the individual receiving services. In collaboration with and based on the preferences of the individual receiving services and their parent/legal guardian (if applicable). Providers should identify and coordinate efforts with other key entities, which include but are not limited to: child welfare, juvenile justice, corrections, and special education.

If the individual receiving services is a minor served by child welfare, members of their treatment team shall include their child welfare Case Manager and guardian ad litem (if assigned). If and how the parent will be included in treatment should be determined in coordination with the DCM, based on individual circumstances. Providers shall document efforts to identify and coordinate with the other key entities in the case notes. In addition, CAT providers are expected to coordinate with the Managing Entity (ME) in the service location covered by their contract, as described in the CAT contract to ensure the CAT programs and services are integrated into the overall system of care.

SCREENING AND ASSESSMENT

Within 45 days of an individual's admission to services, the Provider shall complete the North Carolina Family Assessment Scale for General Services and Reunification® (NCFAS-G+R) as the required initial assessment to assist in identifying areas of focus in treatment. The NCFAS-G+R and Plans of Care (Initial and Master) must be completed for all individuals served, to include those transferred from another program within the same agency.

Providers are encouraged to use a variety of reliable and valid screening and assessment tools in addition to the NCFAS-G+R as part of the assessment process, with focus on screening for co-occurring mental health and substance use disorders. Additionally, providers are encouraged to gather collateral information in coordination with the individual served and their family, to include such things as: school records; mental health and substance abuse evaluations and treatment history; and level of cognitive functioning to develop a comprehensive understanding of the young person's and their family's circumstances.

As with best practice models such as Systems of Care and Transition to Independence (TIP) approaches, the screening and assessment process should focus on identifying competencies and resources to be leveraged as well as needs across multiple life domains, such as education, vocation, mental health, substance use, primary health, and social connections.

Practice Considerations: Screening and Assessment Resources

1. The California Evidenced-based Clearinghouse for Child Welfare – Assessment ratings and how to determine if an assessment is reliable and valid.

   http://www.cebc4cw.org/assessment-tools/assessment-ratings/

2. The REACH Institute offers a listing of mental health screening tools, assessments and tool kits.

   http://www.thereachinstitute.org/screening-tools.html

3. Screening and assessment resources for co-occurring mental health and substance use disorders.

   - The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions and offers a compendium of validated screening and assessment instruments and tools for mental and substance use disorders.

     http://www.integration.samhsa.gov/clinical-practice/screening-tools

   - SAMHSA Co-occurring Center for Excellence – Integrated Screening and Assessment

     http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx

     Alcohol & Drug Abuse Institute - University of Washington: Info Brief: Co-Occurring Disorders in Adolescents. Provides an extensive list of resources related to screening, assessment and integrated treatment. http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf

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

5. Youth Efficacy/Empowerment Scale and Youth Participation in Planning Scale - Portland Research and Training Center (Pathways RTC): http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf

TREATMENT PLANNING PROCESS

The treatment planning process serves to identify short-term objectives to build long-term stability, resilience, family unity and to promote wellness and illness management. A comprehensive, team-based approach is increasingly seen as the preferred mechanism for creating and monitoring treatment plans and is consistent with the CAT program.

There is evidence that outcomes improve when youth and families participate actively in treatment and their involvement is essential at every phase of the treatment process, including

assessment, treatment planning, implementation, and monitoring and outcome evaluation. [1] Working as a team, the young person, family, natural supports (as desired by the young person and family), and professionals can effectively support individualized, strength-based, and culturally competent treatment.

Providers are encouraged to focus on engagement of the young person and their family as a critical first step in the treatment process, as well as the promotion of active participation as equal partners in the treatment planning process.

Practice Considerations: Treatment Planning for Young People with Behavioral Health Needs

1. Technical Assistance Partnership for Child and Family Mental Health/SAMHSA - Youth Guide to Treatment – Planning a Better Life. A practical treatment planning guide developed by and for youth and young adults that encourages young people to take an active role in their treatment and treatment planning process.

   http://www.tapartnership.org/docs/Youth_Guide_to_Treatment.pdf

2. Achieve My Plan (AMP) - The AMP study is testing a promising intervention that was developed by researchers at Portland State University, in collaboration with young people who have mental health conditions, service providers and caregivers. Tip sheets for meeting facilitators and young people, the Youth Self-efficacy/Empowerment Scale and Youth Participation in Planning Scale and a video entitled Youth Participation in Planning can be found at:

   http://www.pathwaysrtc.pdx.edu/proj-3-amp

3. Youth Involvement in Systems of Care: A Guide to Empowerment - The mission of this Guide is to educate professionals and adults who work with young people on the importance of engaging and empowering youth. The Guide can be found at:

   http://www.tapartnership.org/docs/Youth_Involvement.pdf

4. Family and Youth Participation in Clinical Decision Making. American Academy of Child and Adolescent Psychiatry. http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx

PLAN OF CARE

The process and time-frames for developing a Plan of Care with individuals receiving services are described below. They guide the timely initiation of services and supports by the CAT team as established in the Initial Plan of Care, while providing sufficient time to complete the NCFAS-G+R within the first 45 days. Review of the Initial Plan of Care is required to ensure that information gathered during the first 60 days is considered and that a Master Plan of Care is developed to articulate the provision of services and supports longer-term.

Initial Plan of Care: Within 30 days of an individual's admission to services, the Provider shall complete an Initial Plan of Care to guide the provision of services by the CAT team. At a minimum, the Initial Plan of Care shall:

- Be developed with the participation of the individual receiving services and his or her family, including caregivers and guardians;

[1] See, http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx

- Specify the CAT services and supports to be provided by CAT Team members, to include a focus on engagement, stabilization, and a safety planning if needed; and
- Include a brief initial discharge planning discussion, to include the general goals to be accomplished prior to discharge.

Master Plan of Care: Within 60 days of admission, the Initial Plan of Care shall be reviewed at a minimum and updated as needed to include consideration of the NCFAS-G+R initial assessment and other information gathered since admission. Once the Initial Plan of Care is reviewed (and updated if needed) at 60 days, it will be referred to as the Master Plan of Care thereafter and shall:

- Be reviewed and updated, if needed with the participation of the individual receiving services and his or her family, including caregivers and guardians, as appropriate;
- Be strength-based and build on assets and resources;
- Be individualized, developmentally appropriate to age and functioning level;
- Consider and address needs in various life domains, as appropriate;
- Integrative of substance abuse and mental health treatment when indicated;
- Specify measurable treatment goals and target dates for the CAT services and supports;
- Specify the staff member(s) responsible for completion of each treatment goal; and
- Inclusive of a plan for discharge, to include how CAT services will provide the resources and tools for successful transition from CAT services.

If the Provider develops an Initial Plan of Care within 30 days that meets the requirements of the Master Plan of Care and considers the results initial NCFAS-G+R assessment, the Initial Plan of Care is not required to be revised. However, it must be reviewed within 60 days of admission with the individual receiving services and their parent/legal guardian. The provider must document that the Initial Plan of Care was reviewed with the individual being served and their parent/ legal guardian and request that they sign the plan at the time of review.

Once the Initial Plan of Care is reviewed (and updated if needed) at 60 days, it will become the Master Plan of Care. The Master Plan of Care must be reviewed and revised as needed every three months thereafter until discharge, or more frequently as needed to address changes in circumstances impacting treatment and discharge planning.

Practice Considerations: Developing a Plan of Care

1. The Wraparound Approach in Systems of Care.

   http://www.oregon.gov/oha/amh/wraparound/docs/wraparound-approach-soc.pdf

2. Achieve My Plan (AMP): Youth participation in planning – provides tools, tip sheets for professionals and youth. https://www.pathwaysrtc.pdx.edu/p3c-achieve-my-plan

3. Journal of Child and Family Studies (May, 2017): *Increasing Youth Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound:* https://www.pathwaysrtc.pdx.edu/pdf/pbJCFS-Walker-AMP-Enhancement-for-Wraparound-05-2017.pdf

4. Community-based Approaches for Supporting Positive Development in Youth and Young Adults: RTC Pathways. http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf

SERVICES AND SUPPORTS

The mix of services and supports provided to young people and their families should be dictated by their individual needs and strengths, serve to strengthen their family, and provide older adolescents with supports and skills necessary in preparation for coping with life as an adult. [2] Services and supports selected and the manner in which they are provided should be developmentally appropriate for the young person, and may include supported employment and vocation certification, independent living skills training, and peer support services for older youth. Peer support services can assist the young person in building social connections and learning new skills. It is important to discuss the roles and responsibilities of the CAT team members with the young person and family to ensure they understand the roles and responsibilities of each. This is especially important to clarify the role of the peer/mentor, as this person may promote social connectedness and assist in the development of a support network of friends outside of the CAT program.

Providers are encouraged to offer an array of formal treatment interventions and informal supports provided in the home or other community locations convenient and beneficial to the young person and their family. Additionally, providers are encouraged to assist the young person and their family to develop connections to natural supports within their own network of associates, such as friends and neighbors, through connections with community, service and religious organizations, and participation in clubs and other civic activities. Natural supports ease the transition from formal services and provide ongoing support after discharge. [3]

Formal treatment services may include evidenced-based practices (EBPs) appropriate to the circumstances of the young person and their family. Providers are encouraged to leverage resources and opportunities to implement EBPs with fidelity, which may include partnering with other CAT teams or organizations in their local system of care.

Support services and natural supports are interventions that are developed on a one youth/family at a time basis and tailored to address their unique needs, strengths, and preferences. Support services may include, but are not limited to: Family Support Specialists; participation in recreational activities; youth development and leadership programs; temporary assistance in meeting and problem solving basic needs that interfere with attaining treatment goals; and independent living skills training.

Practice Consideration:

1. Pathways Transition Training Collaborative (PTTC): Community of Practice Training: Provides training and TA materials for serving youth and young adults – Set of competencies; Transition Service Provider Competency Scale; On-line training modules focused on promoting positive pathways to adulthood. https://www.pathwaysrtc.pdx.edu/pathways-transition-training-collaborative

2. Access to Supports and Services. National Wraparound Initiative: http://www.nwi.pdx.edu/supportsservices.shtml#1

3. HHS: Office of Adolescent Health: Research, resources and training for providers, fact sheets, grant opportunities: https://www.hhs.gov/ash/oah/adolescent-development/mental-health/mental-health-disorders/index.html

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[2] Chapter 394. 491, F.S. - *Guiding principles for the child and adolescent mental health treatment and support system.* http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.491.html

[3] *Transition Youth with Serious Mental Illness:* http://www.apa.org/about/gr/issues/cyf/transition-youth.pdf

4. RTC Pathways -Youth Peer Support: https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-what-is-peer-support.pdf

DISCHARGE

As part of the discharge planning process, the CAT teams assist young people and their families to identify additional resources that help them maintain progress made in treatment and focus is given to successful transition from services and supports throughout treatment. As the young person and family move into the discharge phase of treatment, the Treatment Team may determine the need to modify the service array and the frequency with which services and supports are provided to ease transition to less intensive services and supports.

Providers are encouraged to implement a discharge planning process that includes the following concepts:

- Planning begins at admission;
- Includes ongoing discussion as part of the Plan of Care review;
- Includes active involvement of the young person and their family;
- Includes transition to the adult mental health and other systems, as appropriate; and
- Includes an aftercare plan developed in collaboration with the young person and family that is provided to them. The aftercare plan should take advantage of all community services and supports.

INCIDENTAL EXPENSES

Incidental expenses are intended to purchase emergency or ancillary services for an individual and their family who demonstrate the need for financial assistance to help them move towards greater independence, stability, and achieve resiliency goals as documented in their Plan of Care.

Pursuant to chapter 65E-14.021, F.A.C., temporary expenses may be incurred to facilitate continuing treatment and community stabilization when no other resources are available. Allowable uses of incidental funds include: transportation, childcare, housing assistance, clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals, and other incidentals as approved by the department.

Providers are expected to follow state purchasing guidelines and any established process for review and approval; however, providers are encouraged to be creative in using these funds within the limits of what is allowable and to consult their contract manager regarding allowable purchases.

REQUIRED MONTHLY REPORTING

CAT providers are contractually required to submit a data spreadsheet that serves as the data collection mechanism for the CAT program. Monthly data are reported for every individual, to include: demographic, admission and discharge data, performance measure data, and required reporting data.

Additional information regarding the diversion from out of home placements, involvement in gainful activities for individual not enrolled in school or vocational programs, and reporting for the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) is provided below.

1. Individuals Diverted from Out of Home Placement

Assisting youth and young adults at risk of placement outside the home/community (juvenile justice, corrections, residential mental health treatment or child welfare) to live effectively in the community is a primary goal of the CAT program. Required monthly reporting of youth identified as being at risk of out of home placement at the time of admission and where they were living at the time of discharge provides information about how well the CAT program is addressing this goal during the course of treatment.

The circumstances listed below under each placement type are not exhaustive, however; they provide guidelines by which providers can determine if a youth/young person is at high risk of out of home placement at the time of admission. These guidelines will assist with required monthly reporting using Exhibit C-2.

A. **Residential Mental Health Treatment** (*includes therapeutic group home level of care*)

- Has a recommendation from a psychologist/psychiatrist for placement in residential mental health treatment center
- Has a recommendation from a Qualified Evaluator for placement in residential treatment (child welfare)
- Has previously been placed in residential treatment
- Parent/legal guardian is requesting placement in a residential mental health treatment center

B. Residential Mental Health Treatment DJJ Commitment Placement

- DJJ charges - current changes, long history of charges
- Previous placement in DJJ commitment placement
- Children ages 12 and under with current/previous DJJ charges

C. Child Welfare

- Open case with child welfare (including investigations)
- Previous open services case with child welfare
- Previous placement in out of home care by child welfare

2. North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R)

Monthly reporting of the NCFAS-G+R performance measure for the Child Well-Being domain is effective once the Provider discharges a minimum of 10 individuals each fiscal year. 65% of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge. The NCFAS-G+R is not required for individuals who are 18 years of age or older.

The Parental Capabilities and Social/Community Life domains of the NCFAS-G+R align well with the goals of the CAT program and therefore be included in the monthly reporting period

to allow for the tracking improvement and targeting technical assistance. Neither domain is currently attached to a performance measure.

3. Gainful Activity for Individuals Not Enrolled in School or Vocational Program

The required monthly reporting of gainful activities for youth ages sixteen (16) and older who are not enrolled in school or a vocational program provides information about how the CAT program is assisting them to become self-sufficient.

Gainful activities for these youth and young adults should focus on employment, continued education, vocation training and certification, work readiness and skill development related to obtaining and keeping a job, and career planning. These types of activities are a good opportunity for the Therapeutic Mentor to assist the young person to identify their personal goals and develop a plan to move forward.

Examples of enrichment activities include, but are not limited to: employment and supported employment; internships and apprenticeships; linkage to and services from entities such as Vocational Rehabilitation; and activities that support career planning, occupational research, and assessment.