

1. REQUESTED MOTION:

ACTION REQUESTED: 1) Authorize Board Chairman to sign the final Substance Abuse and Mental Health Services Administration (SAMHSA) Child Mental Health Initiative grant application and certifications, 2) Exempt Human Services from the County hiring and contracting procedures related solely to this grant if awarded, 3) Authorize Board Chairman to sign Memorandums of Understanding with partnering public and non-profit entities for the development of the Child Mental Health Initiative which will be known as the Lee Integrated Network for Kids (LINK).

WHY ACTION IS NECESSARY: The grant requires the execution of Memorandums of Understanding with partnering organizations for the application, and requests that key staff and contracted services be identified in the application document.

WHAT ACTION ACCOMPLISHES: Authorization to submit the application in accordance with SAMHSA guidelines and recommendations.

2. **DEPARTMENTAL CATEGORY:** 05
COMMISSION DISTRICT # CW **C5A**

3. **MEETING DATE:**
10-07-2003

4. **AGENDA:**
 CONSENT
 ADMINISTRATIVE
 APPEALS
 PUBLIC
 WALK ON
TIME REQUIRED:

5. **REQUIREMENT/PURPOSE:**
(Specify)
 STATUTE
 ORDINANCE
 ADMIN. CODE
 OTHER

6. **REQUESTOR OF INFORMATION:**
A. COMMISSIONER N/A
B. DEPARTMENT Human Services
C. DIVISION N/A
BY: Karen B. Hawes
Ann Arnell for KBH

7. **BACKGROUND:** The Department of Human Services is requesting \$1,000,000 in federal funds from SAMHSA (Substance Abuse Mental Health Service Administration) for year 1 for the development of an integrated system of care for children with severe emotional disturbance and their families. The Department of Human Services has held several meetings with the Department of Children and Families, Southwest Florida Addiction Services, Ruth Cooper and the National Alliance for the Mentally Ill in the development of a proposal to SAMHSA. If awarded, the county will be required to provide a matching of \$1 for every \$3 in federal funds. Matching funds will come from existing County dollars budgeted for mental health services and in-kind services. Matching from partnering organizations is also being identified and will be committed in the Memorandums of Agreement. If awarded, this grant may continue for up to 6 years totaling up to \$9,500,000 in federal funds for child mental health initiatives. Matching funds remain 1:3 until year 4 when the match is 1:1. Matching funds for years 5 and 6 are \$2 local dollars for every \$1 federal dollar. During the initial planning phase of this grant (years 1-3), funds for matching and sustainability will be identified.

Attachments: Grants Application Data Form
 Project Abstract
 Application for Federal Assistance – Standard Form 424

8. **MANAGEMENT RECOMMENDATIONS:** Authorize Human Services to apply for the SAMHSA grant.

9. **RECOMMENDED APPROVAL:**

A	B	C	D	E	F				G
Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager
<i>Orma</i>	<i>and</i>	<i>George A. Williams</i> 9/24/03	N/A	<i>Arden</i>	OA	OM	Risk	GC	<i>HS</i> 9.25.03
					<i>38</i>	<i>2/25/03</i>	<i>9/25/03</i>		

10. **COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
 Date: 9/25/03
 Time: 10:33
 Budget

RECEIVED BY COUNTY ADMIN. RK
 9/25/03
 COUNTY ADMIN FORWARDED TO
 9/25/03
 5:00 PM

GRANT APPLICATION DATA FORM

SUBMITTING DEPARTMENT/DIVISION: Human Services

Contact Person: Karen Hawes

Telephone #: 652-7930

Were the services of the County's grant development consultant utilized for this application?
(For ex. Full proposal preparation, consultation, research, phone inquiry, etc.) YES NO

If you answered YES, please briefly explain: Application is being prepared by Mindy Collier

NAME OF GRANT: Child Mental Health Initiative Grant

GRANTOR AGENCY: SAMHSA

Is this grant a "Pass-Through" of Federal Funds to State?
 Yes No Unknown

DEADLINE FOR SUBMITTAL: 15-Oct-03

GRANT AMOUNT: \$1,000,000

MATCHING REQUIREMENTS (include how the matching will be met):

Years 1-3, 1:3 local/state to federal, Years 4 1:1, Year 5-6 2:1 local/state to federal. Existing County and State service dollars will be utilized in first three years while funds for sustainability will be identified.

PURPOSE OF GRANT:

Provides funds for the development of an integrated system of care for children with severe emotional disturbances and their families. This will be accomplished through a collaboration of local, state, and federal public and private not for profit agencies joining together to plan, develop, and implement an improved system of care.

IMPACT STATEMENTS

Please describe the benefit of this grant to the community.

This grant will allow for the coordination and enhancement of existing children's mental health services with other children's services such as education, recreation, and health. The outcome should improve service delivery for children and their families.

Please describe the operational impact to Lee County Government.

A unit of local government is required to be the applicant. Some positions required of the grant will be employees of the Department of Human Services with the required salary being funded with grant dollars. Other positions and services will be contracted with local service providers.

[Signature]
Department Grant Administrator/designee

[Signature]
Department Director

Date

9/23/03
Date

draft

**Lee County, Florida
Lee County Integrated Network for Kids (LINK)**

PROJECT ABSTRACT

The Lee County Integrated Network for Kids (LINK) is best described as a collaboration of local, state and federal public and private non-profit agencies joining together to plan, develop and implement an integrated system of care for children and young adults with severe emotional disturbance (SED) and their families in Lee County, Florida. The overall goal is to provide a comprehensive system of care where services will be community-based, client driven and culturally competent. The system of care will be integrated across various mental health and non-mental health service delivery and funding systems in order to provide a flexible, seamless array of services that are needed to meet the continuing needs of children and young adults with SED and their families.

This proposal addresses child mental health needs that have been identified over a period of two years through a regional task force formed to identify the gaps in services and develop recommendations for service providers and policy makers. System redesign based on integration and cultural competence, wraparound services and a centralized point of access for case management are the primary recommendations covered in this proposal.

The timing of developing an integrated network of services for children with SED and their families could not be better. The State of Florida Department of Children and Families is in the process of piloting a managed system of care for mental health and substance abuse services in Lee County. A community based care provider network for mental health and substance abuse services has just been established in Lee County. The LINK project will formalize a model of service integration that can be replicated throughout the country as more communities adopt the administrative service organization approach to managing the funding and delivery of mental health and substance abuse services.

Over the six year period, Lee County will enter into formal agreements with key local and state stakeholders, policy makers and service providers to develop a strategic plan and implement the Lee County Integrated Network for Kids (LINK). Specific initiatives include the establishment of a single point of access, a formalized infrastructure of wraparound services including mental health, non-mental health and natural support services, a parent/family-run council that will assist and ensure the involvement of families in the planning, development and implementation of LINK and an intensive training component that will ensure cultural competency of the delivery of services.

TITLE: Child Mental Health Initiative
APPLICANT: Lee County Department of Human Services
FUNDING: Up to \$9,500,000 over 6 years
DUE DATE: October 15, 2003

REQUIREMENTS:

- Funding is only available to public entities
- **Extensive** partnerships with State and community based agencies must be developed to coordinate and integrate mental and non-mental health services for children and young adults with serious emotional disturbances.
- A letter from the Governor designating Lee County's eligibility to submit the application must be included in the application package
- Letters from State, County and Community-Based organizations certifying the availability of matching funds must also be included in the application.

SCOPE OF WORK

The grant provides funding to hire staff to plan, develop and implement a comprehensive integrated system of services for children and young adults with serious emotional disturbances (SED). The system must involve families of children with SED in the development of the system and services through the establishment of a governing board to hold the system of care accountable for high standards, cultural competence, family involvement and effective evaluation.

ANTICIPATED ACTION

Lee County Department of Human Services will be the official applicant for the grant. An "Integrated Child Mental Health Council" will be established under the Human Services Council to act as the governing board. Memorandums of understanding between the State, local governments and community-based organizations will be entered into between the DHS/Human Services Council to provide matching and child mental health services identified in the final Child Mental Health Plan. Ruth Cooper Center will be a subgrantee under DHS and will utilize funds to hire staff to develop and implement the program in accordance with grant award requirements.

PRE-APPLICATION TASKS

- **Designation by Governor to become applicant (signed Sept. 16, 2003)**
- Memorandums of Understanding with key stakeholders, DJJ, DCF and Southwest Florida Children's Network
- Review of community resources
- Community and parent forums to identify gaps, barriers and opportunities.

DRAFT

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
		3. DATE RECEIVED BY STATE 	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Lee County Board of County Commissioners		Organizational Unit: Department of Human Services	
Address (give city, county, state, and zip code): 83 Pondella Road North Fort Myers, FL 33903		Name and telephone number of the person to be contacted on matters involving this application (give area code): Karen Hawes, Director Principle Investigator for LINK (239)652-7930 haweskb@leegov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000702		7. TYPE OF APPLICANT: (enter appropriate letter in box) B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
		9. NAME OF FEDERAL AGENCY: SAMHSA Center for Mental Health Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-104 TITLE: Child Mental Health Initiative		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lee County Integrated Network for Kids (LINK)	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Lee County, FL			
13. PROPOSED PROJECT: Start Date Ending Date 01/01/2004 12/31/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 14 14	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 333,333.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program income	\$.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,333,333.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	