Project Connect 3.0 Memorandum of Understanding between
Egyptian Public & Mental Health Department & Children's System of Care Partners

This Memorandum of Understanding (MOU) is made and entered into by and between Egyptian Health Department and ______________________________________. Its purpose is to establish the terms and conditions under which the parties will collaborate in upholding System of Care (SOC) principles, originally developed by Project Connect and advanced by Project Connect 3.0. Stated briefly, an SOC improves children's mental health care by uniting community partners, coordinating appropriate services, and providing opportunity for youth to receive quality treatment in their communities.

Now, therefore, in consideration of the mutual understandings and commitments hereinafter recited it is agreed as follows by the parties hereto:

A) A SOC, based upon the following **core values and guiding principles**, for transitional aged youth (TAY) with severe emotional disturbance/severe mental illness (SEDSMI) and substance use disorder (SUD), homeless or at-risk of being homeless, aging out of child welfare system, returning home from institutional placements, and experiencing first episode of psychosis (FEP); for families of children who have SED and who are in or at risk for out of home placement in the mental health, juvenile justice, or child welfare system:

- Family Driven– The family is central to the care of the children and is a primary decision maker and equal partner in efforts to serve the children.
    - ***Healing individuals, families, and communities***: Individuals and families who experience or have been exposed to violence deserve support for healing. Healing includes safety, justice, the opportunity to make positive social-emotional connections, and self-determination. Opportunities for healing occur at all points of contact; healing interventions are accessible, trauma-informed, strength-based, individualized, and gender- and culturally responsive.
- Youth Guided– Youth are empowered, educated, and given the opportunity to make decisions about their own care.
- Individualized– Provision of care addresses the child's specific needs and incorporates his/her unique strengths.
- Evidence-Based Practices– Clinical practices are based on research findings that meet evidence standards.
- Cultural and Linguistic Competence – Services are provided with sensitivity and responsiveness to individual differences related to race, religion, language, national origin, gender, sexual identity, socioeconomic background and community-specific characteristics.
- Least Restrictive – Recognition that services should be provided in settings that maximize choice and movement, and that present opportunities to interact in normative environments. Care providers try to help children and youth stay at home and in their own schools.
- Interagency Cooperation – The involvement in partnership of core agencies in multiple child-serving sectors including child welfare, health, juvenile justice, education, religion, and mental health.
- Collaboration – Professionals working together in a complementary manner to avoid duplication of services, eliminate gaps in care and facilitate appropriate and timely services.
- Accessibility – Minimizing barriers to services such as physical location, scheduling and financing.
- Community- Based – Children and families get the services they need where they live. Ongoing consultation with individuals, organizations, and institutions facilitate the acceptance, integration and destigmitization of children with SED and their families.
- Data-Driven and Outcome Oriented Accountability – The provision of frequent, detailed and accurate reports by the service providers is an essential part of the Continuous Quality

Improvement process and decisions regarding system design and programming should be based on this data.

B) **Population of Focus** – Saline, Gallatin, White, Hamilton, and Wayne Counties children from 0 to 21 years of age who have an SED and who are in or at risk for involvement in the mental health, child welfare, and/or juvenile justice systems. Priority populations will include TAY; (16-21 years) with SED/SMI and SUD; homeless or at-risk of being homeless; aging out of child welfare system; returning home from institutional placements; and psychosis, particularly FEP.

C) **System Partners** - includes representatives of Mental Health, Child Welfare, Juvenile Justice, Schools, Special Education, Faith Based Community, Law Enforcement, Healthcare, Government, Corrections, Housing Authorities, Family Run Organization, Substance Abuse Treatment, and Advocacy Groups. System Partners are part of the community that provides services to the youth population and their families. These partners are familiar with SOC core values and principles and are part of the effort to reshape the traditional service structure.

D) **TAY Mental Health Expansion** Practices include:

- Acknowledging and sharing these messages:
  - Early intervention is directly linked to better treatment outcomes.
  - Many SUD's and mental health conditions first emerge in transitional age years
  - Self-sufficient activities such as living alone, meeting educational goals, maintaining employment, and tending to relationships are exponentially more difficult with SED/SMI, FEP, and SUD.
  - Three percent of people experience psychosis
  - Those with co-occurring FEP/SUD are at higher risk for recurring psychosis, greater degree of psychosis, health problems, disability, hospitalizations, treatment dropout, and homelessness
  - Mental Health is for.... Everyone
- Providing services that will include evidence-based screening, referral, assessment, treatment, case management, peer support, and wrap around services.
- Establishing a Young Adult Center (YAC) as a base for TAY to access services and supports.
- Providing TAY with Peer Support Specialists who facilitate groups, social activities, provide assistance in enrollment benefits, and coordinate healthcare provisions.
- Instituting universal behavioral healthcare screenings in health clinics, placing behavioral health staff in the YAC, and training high school and community college personnel.
- Participating in training and providing TAY Consultation to healthcare systems, law enforcement-juvenile justice, school teachers, housing authorities, and others involved in the life of 16-21-year olds or allowing consultants to provide supports to your organization and families.
- Participating in evidence-based practices training and promoting the use of evidence-based practices to address the needs of 16-21 year olds and their families, including but not limited Integrated Dual Diagnosis Treatment (IDDT), Individual Placement and Support (IPS), Assertive Community Care (ACC), and substance use disorder counseling rooted in the Matrix model.
- Providing Counselors/Therapists with additional training, consultation, and supervision on evidence-based practices for co-occurring disorders.
- Providing a Housing Specialist to partner with local housing authorities, landlords, and real estate agents; coordinate with local foundations to create emergency and transitional housing funds.
- Training and consulting with mobile crisis teams and service providers in symptoms, screening practices, and interventions to transitional aged youth experiencing SED/SMI, SUD, and FEP.
- Healing individual, families, and communities: Individuals and families who experience or have been exposed to violence deserve support for healing. Healing includes safety, justice, the

opportunity to make positive social-emotional connections, and self-determination. Opportunities for healing occur at all points of contact; healing interventions are accessible, trauma-informed, strengths-based, individualized, and gender-and culturally responsive.

- Increasing access and utilization of tele-psychiatry by expanding contract hours and providing a licensed practical nurse (LPN) for medication monitoring, education, and on-site assistance.

E) **Protocol for Sharing Referrals:**

- For those in mental health crisis, call (800) 345-9049 to be connected with the CARES Hotline.
- For mental health services, including crisis/ lockout/ refusal to go home, call Egyptian Health Department at (618) 273-3326, One Hope United at (618) 242-8266, or call your local law enforcement
- The suicide lifeline is there for you at (800) 273-8255.
- For Recovery Oriented System of Care, contact (618) 294-8322.
- For all other referrals, please refer to directory for system of care partners (attached)

F) **Communication & Data Collection:**

- All community partners including parents, schools, social service agencies, churches, businesses, community members, and local government officials are encouraged to participate in monthly local area network (LAN #2) meetings to learn and share resources with other providers. LAN #2 meetings are held at Egyptian Health Department or via Zoom on the first Tuesday of every month at 9:00 a.m.
    - Zoom link: https://us02web.zoom.us/j/6018470310
        - Meeting ID: 601 847 0310
        - Passcode: 04032629
    - Phone number: 1-312-626-6799

- To reduce duplication of services and increase quality of care for children and families in our area, community partners are encouraged to share care coordination data (i.e., number of clients served). Attached is a data collection form.

Executed this _____ day of ________________, 2024
By: Angie Hampton
Title: Chief Executive Officer, Egyptian Health Department

Signature: ____

Executed this _____ day of ________________, 2024

Organization: ____

By: ____

Title: ____

Signature: ____