

Project Connect 4.0 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 4.0. 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) **SOC**, based upon the following core values and guiding principle, for children, youth & young adults 6-21 Years with serious emotional disturbances (SED) or serious mental illness (SMI) & their Families; 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.

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- 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 destigmatization 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, and White County; children from 6 to 21 years of age who have a serious emotional disturbance (SED) and who are in or at risk for 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. Planning to serve 600 members over the funding period.

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) **CMHI SOC PC 4.0 Requires:**

- Acknowledging and sharing these messages:
 - Increasing Infrastructure in our Crisis Program.
 - Utilizing the CAMS-Collaborative Assessment and Management of Suicidality Framework.
 - Ensuring that youth experiencing crisis services receive a trauma-informed, individualized, assessments and identifying individuals who may be at risk for substance use disorder.
 - Expanding therapeutic mentoring program.
 - Developing an Intensive Outpatient Program
 - Developing an Intensive Care Coordination Crisis Program
 - Increase Social Determinates of Health Screenings for youth in Crisis
 - YAM – Youth Aware of Mental Health
 - Develop a Crisis Advisory Team

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E) Required CMHI SOC Services:

- Mental Health Services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child:
 - Diagnostic and evaluation services;
 - Outpatient services provided in a clinic, office, school, or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications;
 - Emergency services, available 24-hours a day, 7 days a week;
 - Intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;
 - Intensive day-treatment services;
 - Respite care;
 - Therapeutic residential homes, and group homes caring for not more than 10 children; and
 - Assisting the child in making the transition from the services received as a child to the services to be received as an adult.

F) Protocol for Sharing Referrals

- For those in mental health crisis, call **(800) 345-9049** to be connected with **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)

G) 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 9:00a.m.
 - Zoom link: <https://us02web.zoom.us/j/6018470310>
 - Meeting ID: 601 847 0310
 - Passcode: 04302629
 - Phone Number: 1-312-626-6799
- To reduce duplication of services and data sharing, attached is a data collection form.

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Executed this _____ day of _____, 2025

By: Angie Hampton

Title: Chief Executive Officer, Egyptian Health Department

Signature: _____

Executed this _____ day of _____, 2025

Organization: _____

By: _____

Title: _____

Signature: _____