



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Kinder Konsulting & Parents Too

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

Mental Health:

- Emergency Stabilization
- Recovery and Resiliency
- Comprehensive Community Service Team

Substance Abuse:

- Detoxification
- Treatment and Aftercare

D. Total Activity Funding Requested: \$ \$ 10,000 per year
(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*:
(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)
**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: (Refer to Exhibit H)

- TANF
- SAPTBG Set Aside for Women
- SAPTBG Prevention Set Aside
- SAPTBG HIV Set Aside
- FIS Appropriation
- PATH Grant Award
- Indigent Drug Program
- Title XXI
- Purchase of Therapeutic Services
- Other: Describe
- Other: Describe
- Other: Describe



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

H. Individuals to be Served: (Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisor y	Direct Service	Support	Total FTE's
RECOVERY AND RESILIENCY	10	90	14	114

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:
 - b. Enhanced Services for Special Populations:
Examples:
 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

Currently, Kinder Konsulting receives referrals from the following agencies:

- **Department of Children and Families**
- **Part C program office (Early Steps)**
- **Part B program**
- **Various pediatricians in the community.**
- **Various therapy providers such as Occupational Therapists, Physical Therapists, and Speech Therapists** (this includes such facilities as Arnold Palmer, Orlando Regional Hospitals, and UCP).
- **Daycares in Orange, Osceola, Seminole, and Brevard Counties**
- **Head Start Program** (Brevard, Orange, Osceola, and Seminole Counties).
- **School Systems:** (Brevard, Orange, Osceola, and Seminole Counties)
- **All Case Management Organizations in our community** (i.e. CHS, Devereux, YFA, CBC, OHU, BFP)

a.) Our program focuses on infant/toddler mental health. Our target population is primarily young children ages birth to 9 years with emotional/behavioral disturbances, dually diagnosed children: those with developmental delays as well as a diagnosis related to mental health, or those at risk.

b.) Enhanced Services/Special Populations:

Kinder currently serves the following populations:

1. **Children at risk of residential services or juvenile justice involvement.**
2. **Children with co-occurring disorders.**
3. **Children diagnosed with a Pervasive Developmental Disorder.**
4. **While we do not currently serve Pregnant Women, we hope to offer this service –** especially to pregnant teens - as new studies show the importance of pre-natal intervention. The effects of trauma on the unborn child can be significant.
5. **Children in the 0-3 age group**
- 6.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity: (Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:
- b. Special Populations:



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Kinder Consulting has formed relationships within the community which help in the referral/engagement process. Currently, Kinder receives referrals from various agencies as well as private practitioners in the community. The communication with these outside agencies prior to receiving a referral, as well as once treatment begins, is crucial in engaging and educating the community about the needs of young children. Presentations within the community and memberships on committees and task forces also help to engage the community.

1. **Children at risk of residential services or juvenile justice involvement.**- We currently serve the siblings of children who have been involved in the juvenile justice system. Kinder works with such programs as Wrap Around Orange, which specializes in working with children younger than 12 who have involvement with juvenile justice, to identify possible siblings of these children who are at risk for juvenile justice involvement. Furthermore, many of the children we are referred by various community agencies have parents who are either incarcerated or have parent(s) who have a history of legal involvement. As such, these children are at risk for legal involvement themselves. By working with a family as well as our target child we hope to deter the pattern of legal involvement.
2. **Children with co-occurring disorders** - We serve children with co-occurring disorders from various community agencies. Agencies such as the Howard Phillips: Early Steps Program refers children to Kinder who are often diagnosed with various diagnoses such as Medical Issues as well as Global Delays. Other agencies within the community refer children who may not only be diagnosed with a mental health disorder but also delays in speech and language. Recently, we have seen an increase in referrals with children who have dual diagnosis of a Spectrum Disorder as well as disorders such as Post Traumatic Stress Disorder.
3. **Children diagnosed with a Pervasive Developmental Disorder** – Currently Kinder receives referrals from Developmental Pediatricians, Neurologists, as well as Community agencies who are seeking services for children who have been diagnosed with PDD. Many of these children do not simply have this diagnosis but many have family members with mental health issues which creates many difficulties in the treatment of these children. Our approach is to work with the child but also use such approaches as Family Systems Theory.
4. **While we do not currently serve Pregnant Women, we hope to offer this service** - especially to pregnant teens - as new studies show the importance of pre-natal intervention. The effects of trauma on the unborn child can be significant.
5. **Children ages 0-3** - Kinder receives referrals from all of our referral sources for these very young children. The treatment of these children may be related to mental health issues, in which case we use the DC:0-3 or global delays.

Children referred to our Mental Health program are initially assessed by a Licensed Clinician. During this process the child may be assessed using a variety of standardized measures such as: Ages and Stages SE, The Battelle II, Parent/Child Attachment, as well as many others. During the assessment process the evaluator may make particular referrals to community agencies such as the Early Steps office, the child's pediatrician, as well as case-management organizations.

During treatment, such techniques as Play Therapy, Filial Therapy, Behavior Analysis, Behavioral Therapy, Child-Parent Interaction Therapy, and Systems Approaches are used.

Some of our clinicians are also trained in the Triple P Parenting Program, which would be used for parenting.



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

N/A

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

N/A

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
 - a. The general SAMH target populations served. This description should address:
 1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
 4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs,
 5. Any science-based or evidence-based models employed or practices utilized,
 6. The service capacity proposed for funding
 7. Admission and discharge criteria;
 8. Average length of participation for persons served,
 9. The use of Incidental funds and any categorical funding to support consumer participation in services.
 10. Minimum service qualifications for each type of service delivery position

Describe the role and contribution of matching funds to support these strategies (Plan for Match).

1. **The cost centers that will be used:**
In Homes On Site Services, Assessment, and Psychiatric Cost Centers will be used.
2. **The specific services that will be made available through each cost centers:**
 - **In Home On Site Services (IHOS)** - will provide children and their families with mental/behavioral services in their natural environment (home, school, and/or community).
 - **Assessment** - will provide an overall assessment, which will focus on child's overall development and current emotional/behavioral health. Assessment will include specific developmental screening tool, which will assess the child's social/emotional health. Assessment will determine whether services will be needed and the intensity/frequency of services needed.
 - **Psychiatric** - will include Psychiatric services such as a Psychiatric Evaluation as well as Medication Management, as long as the client is receiving regular therapy services from one of our clinicians.
3. **The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care.**
It is Kinder Konsulting & Parents Too, Inc.'s policy is to re-evaluate a client at least every six months. The treatment plan review specifically reviews client and their families' continued need for services.



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs:

Referrals are received by telephone, fax, or internet. Upon receipt the referral is reviewed, parent/caretaker and referral source are contacted. Depending on geographic location and client behavioral/mental health concerns, an appropriate clinician is selected to provide the client and their family with mental/behavioral services.

5. Any science-based or evidence-based models employed or practices utilized:

- Clinicians primarily utilize such proven therapeutic philosophies/models such as Cognitive/Behavioral Therapy, Play Therapy, Family Systems Theory, and Applied Behavior Analysis.
- Clinicians are prompted to keep measurable data during their daily treatment notes, treatment plan reviews, master treatment plan, and discharge. C-FARS data is also used.

6. The service capacity proposed for funding:

At least six children are expected to be served with the \$10,000

7. Admission and discharge criteria

Prior to a child's admission the following must occur:

- A referral must be submitted to Kinder Konsulting & Parents Too, Inc.
- The referral sheet consists of information relevant to treatment planning including behavioral problems and services, which may be needed.
- If it appears that the program will be able to meet the child's needs, a clinical interview/assessment will be scheduled.

Discharge Process:

- Discharge planning begins at the time of referral and continues throughout placement.
- Successful discharges are planned at least 30 days in advance in cooperation with the liaison (referral source), parent or legal guardian, and practitioner.
- Client will have met his/her treatment goals as delineated in the Treatment Plan.
- Discharge may be delayed in cases if the client continues to exhibit problematic behaviors.
- Client may be discharged prior to meeting his/her goals if little or no progress has been made and noncompliance/resistance during treatment is documented.
- Practitioner will address continued needs and will give family possible referrals

8. Average length of participation for persons served,

Our primary goal is to provide mental health services and innovative treatment strategies that will empower families and promote their child's independence and more active participation within the home, school, and community. By providing these services we hope to provide families with the knowledge and skills needed to independently and effectively work with their child in acquiring new and more appropriate skills.

- The average length of treatment is approximately 6 months.
- The length of treatment can be directly correlated to the attainment of particular treatment goals listed in the treatment plan.

9. The use of incidental funds and any categorical funding to support consumer participation in services: n/a

10. Minimum service qualifications for each type of service delivery position.

For our Mental Health Program a Clinician will have at least a CABA (Certified Associate Level Behavior Analyst) or a Master's Degree in one of the Mental Health fields. In our Early Intervention Program we contract with teachers who have at least a Bachelor's degree in Education with particular certifications.

Describe the role and contribution of matching funds to support these strategies (Plan for Match). N/A



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

- b. Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address
1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
 4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
 5. Any science based or evidence based models employed or practices utilized,
 6. The service capacity proposed for funding,
 7. Admission and discharge criteria,
 8. Average length of participation for persons served
 9. The use of incidental funds and any categorical funding to support individual and family participation in services.
 10. Describe the role and contribution of matching funds to support these strategies (Match Plan).
 11. Minimum service qualifications for each type of service delivery position
 12. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

1. The cost centers that will be used:

In Homes On Site Services, Assessment, and Psychiatric Cost Centers will be used.

2. The specific services that will be made available through each cost centers,

- **In Home On Site Services (IHOS)** - will provide children and their families with mental/behavioral services in their natural environment (home, school, and/or community)
- **Assessment** - will provide an overall assessment, which will focus on the child's overall development and current emotional/behavioral health. Assessment will include specific developmental screening tool, which will assess the child's social/emotional health. Assessment will determine whether services will be needed and the intensity/frequency of services needed.
- **Psychiatric** - will include Psychiatric services such as a Psychiatric Evaluation as well as Medication Management, as long as the client is receiving regular therapy services from one of our clinicians.

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

It is Kinder Konsulting & Parents Too, Inc.'s policy is to re-evaluate a client at least every six months. The treatment plan review specifically reviews client and their families' continued need for services.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs,

Referrals are received by telephone, fax, or internet. Upon receipt the referral is reviewed, parent/caretaker and referral source are contacted. Depending on geographic location and client behavioral/mental health concerns appropriate clinician is selected to provide the client and their family with mental/behavioral services.



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

5. Any science-based or evidence-based models employed or practices utilized

- Clinicians primarily utilize such proven therapeutic philosophies/models such as Cognitive/Behavioral Therapy, Play Therapy, Family Systems Theory, and Applied Behavior Analysis.
- Clinicians are prompted to keep measurable data during their daily treatment notes, treatment plan reviews, master treatment plan, and discharge. C-fars data is also used.

6. The service capacity proposed for funding,

At least six children are expected to be served with the \$10,000

7. Admission and discharge criteria;

Prior to a child's admission the following must occur:

- A referral must be submitted to Kinder Konsulting & Parents Too, Inc.
- The referral sheet consists of information relevant to treatment planning including behavioral problems and services, which may be needed.
- If it appears that the program will be able to meet the child's needs, a clinical interview/assessment will be scheduled.

Discharge Process:

- Discharge planning begins at the time of referral and continues throughout placement.
- Successful discharges are planned at least 30 days in advance in cooperation with liaison (referral source), parent or legal guardian and practitioner.
- Client will have met his/her treatment goals as delineated in the Treatment Plan.
- Discharge may be delayed in cases if the client continues to exhibit problematic behaviors.
- Client may be discharged prior to meeting his/her goals if little or no progress has been made and noncompliance/resistance during treatment is documented.
- Practitioner will address continued needs and will give family possible referrals

8. Average length of participation for persons served,

Our primary goal is to provide mental health services and innovative treatment strategies that will empower families and promote their child's independence and more active participation within the home school, and community. By providing these services we hope to provide families with the knowledge and skills needed to independently and effectively work with their child in acquiring new and more appropriate skills.

- The average length of treatment is approximately 6 months.
- The length of treatment can be directly correlated to the attainment of particular treatment goals listed in the treatment plan.

9. The use of incidental funds and any categorical funding to support consumer participation in services: N/A

10. Minimum service qualifications for each type of service delivery position.

For our Mental Health Program a Clinician will have at least a CABA (Certified Associate Level Behavior Analyst) or a Master's Degree in one of the Mental Health fields. In our Early Intervention Program we contract with teachers who have at least a Bachelor's degree in Education with particular certifications.

Describe the role and contribution of matching funds to support these strategies (Plan for Match). N/A

*Organizations must complete an Enhanced Services for Special Populations Matrix to delineate the additional services rendered. Our services are the same as those for our other populations served.



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services,
 2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to affect the transition, and
 4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

1. The processes by which individuals and families are prepared for and transitioned to continuing care services:

Clinicians are trained to consistently assess the need for alternative care services or continued care services throughout treatment and upon discharge. Discharge paperwork documents the need for continued services.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care):

Kinder Consulting & Parents Too's clinicians are aware of various services in the community. The office has information for those clinicians who may have specific questions regarding extenuating circumstances. Part of the therapy process and discharge process is assessing the client (and caregiver's) needs.

3. A description of any Activity funded cost centers and related services utilized to affect the transition:

Part of Treatment (IHOS- In home on site services) may address transition from one program to the next, the client or client's family's feelings and needs regarding this transition.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions: N/A



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, and individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

1. The processes by which individuals and families are prepared for and transitioned to continuing care services:

Clinicians are trained to consistently assess the need for alternative care services or continued care services throughout treatment and upon discharge. Discharge paperwork documents the need for continued services.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care),

Kinder Konsulting & Parents Too's clinicians are aware of various services in the community. The office has information for those clinicians that may have specific questions regarding extenuating circumstances. Part of the therapy process and discharge process is assessing the client (and caregiver's) needs.

3. A description of any Activity funded cost centers and related services utilized to affect the transition,

Part of Treatment (IHOS- In home on site services) may address transition from one program to the next, the client or client's family's feelings and needs regarding this transition.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions. N/A



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Upshie Schmitt

Network Provider

7.28.12

Date