

Critical Issues Discussion Guide

Developing System of Care Values & Mission		
Objective: To identify the key values that stakeholders possess that underpin the system of care and to confirm that the vision and mission are consistent with these values		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> • Identification of values that stakeholders possess • Conflicts of values are identified • Stakeholder agreement on core values • Values inform and animate the system of care structures, functions, processes and outcomes. 	<ul style="list-style-type: none"> • Values statement clearly articulates core values of the system of care • Written vision and mission statements • Funding decisions support system of care principles • Continuous quality improvement monitors for system of care principles • Strategic planning processes embody the core values • Organizational structure supports values such as family involvement, cultural competence, interagency collaboration, etc. 	<ul style="list-style-type: none"> • Has the grant community formally assessed its own values and beliefs about the mental health needs of children? • How does the grant community ensure stakeholder participation in planning and prioritizing? • Are visions among stakeholders consistent? If not, what are the major differences and how are they appreciated in the process? • Does the grant community work from a strength-based model? • Does the grant community have a clear strength-based vision and mission statement? • Does the strategic planning process include an opportunity to revisit the values the system holds? • Is the grant community aware of how the different leadership and power styles impact the emerging system of care? Is the grant community aware of its own power, influence and style?

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Infrastructure Development		
Objective: To design, implement and refine inter-systemic mechanisms to ensure the participation of families, youth, public planners and child-serving systems in the planning, prioritization, service delivery, financing and evaluation processes of the system of care.		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> • Parents, youth, and families as partners • Real-time equality and parity for families in information-sharing and decision-making • Consumer-informed prioritizing of needs/issues • Coordination of public information and advocacy efforts • Interagency collaboration • Shared evaluation and quality management 	<ul style="list-style-type: none"> • Tables of organizations designed with clear linkages to other system of care entities • Communication pathways are clearly charted • Policies on shared responsibilities and resources to support the system of care • Infrastructure (collaboration mechanisms, i.e., joint-entity committees, hiring practices, etc.) at the policy/ administration, program and direct service levels • Subcommittees in place to actively support priority areas of development within the system of care • Shared information management systems • Service array is easily accessible 	<ul style="list-style-type: none"> • How does the grant community build an informed community at large that understands and advocates for needed system reform? Has the grant community been able to establish new alliances with child-serving providers? • How are families involved in the design, delivery and evaluation of services and outcomes? • How do entities merge funding to support the development of needed services? • How are interrelationships expressed in tables of organizations across entities? Are the pathways for services clearly delineated for staff and consumers? • What are your strategies for sustainability and obtaining long-term buy-in among stakeholders? • What policies have been changed to memorialize relationships and processes among stakeholders to ensure ongoing support for the system of care?

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Family Partnership		
Objective: To fully and directly involve families representing target populations and communities as full partners in all levels of planning and implementation of service organization, management, and delivery.		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> ▪ Participating families are representative of target populations and communities. • Families have authority and choice in design and implementation of individualized plans of care. • Families and professionals are equally involved at all levels of planning, administration, and service delivery from the start. • Families are involved in developing a strategic plan and a communications plan, program evaluation, and quality management. • Families have adequate resources and training to support effective participation in roles and responsibilities at all levels. 	<ul style="list-style-type: none"> • Policies and contracts reflect full family involvement. • Families are actively involved in the design of Individualized Service Plans for their children. The family signs off on care. No family = no meeting. • A plan for family development is in a place with a separate budget under the direct control of the family member of the management team. • Families are directly represented at the planning, management, and over-site levels. At minimum, they are represented on all committees, including evaluation, communications, and strategic planning committees. • Families train and orient management staff and providers. 	<ul style="list-style-type: none"> • If family participation is not representative of target populations and communities, is there a plan in place to reach this objective? • How are family members directly involved in: <ul style="list-style-type: none"> Planning - Management - Evaluation – Service Delivery - • How are funds allocated for the family development budget, and how are they matched to the family development plan? • What types of training and orientation do family members receive to help them participate effectively in their roles at all levels of service delivery? ▪ How is the philosophy of family partnership communicated in terms of outreach materials, direct service practice guidelines, and necessary program forms? For example, does the paperwork that families complete leave families feeling empowered?

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Community Investment/ Ownership		
Objective: To fully and directly involve community residents and indigenous community agencies and organizations as collaborative partners in the design and implementation of locally organized systems of care for specific neighborhoods, including all levels of planning, operations, and service delivery.		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> ▪ Community is aware of program values and objectives. ▪ Community stakeholders are identified and involved in outreach, long-term planning, developing communication strategies, program evaluation, and other essential aspects of System of Care development. ▪ Mechanisms exist for ongoing community input. ▪ Core services are available within neighborhood geographies. ▪ Children placed outside the community have pathways back to community residence. ▪ Neighborhood resources are consistently included in System of Care design and individual service plans. ▪ Community supports the inclusion of the target population in all activities to the full extent possible. 	<ul style="list-style-type: none"> ▪ Target populations of children, families, and communities are clearly described, defined, and profiled for numbers, characteristics, needs, strengths, and desired outcomes. ▪ Community leaders are represented in planning and oversight processes. These community leaders may include, but are not limited to: businessman, clergy, professionals, and advocates. ▪ Service maps are developed for community providers. ▪ Community resources are mapped and available for plan of care design and coordination. ▪ Strategies are in place for step down to community for out-of-community placements. 	<ul style="list-style-type: none"> ▪ Who are the leaders in target communities and how have they been identified? ▪ How is the community perspective brought into planning and oversight processes? Do community agencies and leaders support the project in an informal, advisory role or an institutionalized one? Are community leaders contractually involved with the project? ▪ Are community leaders involved in service evaluation? Does the project have a consumer satisfaction survey, or other ways to seek feedback from constituents? ▪ Is data collection and evaluation geared towards local community needs and objectives? ▪ What is the community perception of the project? How is this perception identified and interpreted? ▪ What additional community resources could be incorporated into Individual Service Plans?

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Interagency Collaboration		
Objective: To promote and develop models and mechanisms for the effective integration of financing, policy, authority, and resources of child servicing systems to support System of Care objectives for target populations of children and families at risk.		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> ▪ Core child-serving agencies (Health, Mental Health, Child Welfare, Education, Substance abuse, Juvenile Justice) are involved at all levels of planning and implementation. ▪ Cross agency funding is available for Individual Service Plans. ▪ Child-serving agencies are actively involved in program review and sustainability planning. ▪ Project fully participates in public sector managed care initiatives. ▪ Individual Service Plan's and care management processes reflect interagency approaches to permanency and service delivery. • The service array includes formal and informal service options to help families negotiate and navigate the system and facilitate communication among providers and agencies (e.g., case/care management, service coordination function). 	<ul style="list-style-type: none"> ▪ Child-serving agencies are represented in oversight, planning, and evaluation. ▪ Communication plan targets key staff and decision-makers in participating agencies. ▪ Mechanisms are in place for integrating interagency revenue. ▪ Interagency agreements have been developed for referral and shared case management. ▪ Strategies are in place for participation and leadership with public managed care initiatives. ▪ A Shared Information Management System respects child and family confidentiality. 	<ul style="list-style-type: none"> ▪ What interagency councils exist for planning, implementation, and evaluation? ▪ What are the major areas of difference among stakeholders? ▪ How is the interagency perspective reflected in service delivery and daily program operations? How is communication managed with collaborating agencies at the point of service? ▪ Are there clearly mapped services, interagency agreements for referral and shared case management, and confidentiality guidelines? ▪ How is flexible funding (available from interagency sources) utilized in Individual Service Plans? ▪ Do all partners meet to insure system compatibility in data collection efforts? • Are there interagency councils involved in long-term planning with a vision for service reform?

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Cultural Competence		
Objective: To assure the design, development, and implementation of culturally sensitive and competent services and business management processes in the context of the specific diversity represented by the target populations and communities.		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> ▪ All components of project leadership understand the cultural diversity of target population and communities and implications for service financing, organization, management, and delivery. ▪ Commitment to cultural competence and sensitivity through all policies, hiring practices, business strategies, and training/communication programs. ▪ Nontraditional, cultural specific services are included in the service array and are regularly used appropriately in Individual Service Plans. • Project staff represent cultural diversity of target populations and communities at all levels of management, administration, and service delivery. 	<ul style="list-style-type: none"> ▪ Cultural diversity is mapped and profiled by target population and community. ▪ An appropriate plan, developed by representatives of the target population, for identifying and implementing culturally competent services is in place. ▪ All policies, procedures, and business practices reflect commitment to cultural sensitivity and competence. ▪ Individual Service Plans reflect the use of appropriate, culturally diverse resources. 	<ul style="list-style-type: none"> ▪ What is the cultural diversity of target populations and communities and how did you determine it? ▪ How has the cultural competence of providers and project management been assessed? What are the critical areas for improvement? ▪ What culture-specific services are available? How were they selected? How well do they match the needs of the target population? What steps have been taken to train providers and care coordinators in appropriate utilization? ▪ Are there under-served populations to whom outreach could be extended? ▪ What percentage of the budget is allotted for cultural competency training? ▪ Are provider services sensitive to gender, sexual orientation, and racial and ethnic issues?

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Individualized Care		
Objective: To assure the design, implementation, and coordination of Individualized Service Plans (ISP's)		
Critical Issues	Critical Indicators	Self Study Questions
<ul style="list-style-type: none"> • Individualized service plans that are child centered and family focused are developed for each child in the system. • Children and their families are fully involved in all aspects of service planning process, including Individual Service Plan design, implementation, and evaluation. • Strategies are developed for resolving differences of opinion regarding treatment priorities. • Individual Service Plans are strengths-based. • Transition to Adult Services are in place and meet the standards for individualized care. • Procedures are in place to minimize the inappropriate use of restrictive service options. • Efforts are made to assure that services within the array have adequate capacity to serve all who need them. • Buy-in is obtained from providers on Individual Service Plan use. 	<ul style="list-style-type: none"> • Staff receive training on the provision of individualized care (e.g., service options in the array; matching children with services; developing creative service options). • Appropriate Guidelines exist for child centered, family focused, strength-based Individual Service Plans. • Appropriate guidelines exist to assure the confidentiality of the Individual Service Plan. • Child and family teams are organized to facilitate Individual Service Plan design, implementation, and review. • Services in the array support children's preferences and defend children's rights (e.g. advocacy role). • Flexible funding is available for Individual Service Plans. • Families have choice of providers. • Service plans support the child's needs across the life domains. • Staff receive training on the use of least restrictive care. 	<ul style="list-style-type: none"> ▪ What are the core standards for Individual Service Plan design, implementation, and coordination? ▪ How are Individual Service Plan standards monitored and reviewed? ▪ How do you review team decision-making processes and decisions about adding new members to the team? ▪ How is child and family participation in designing, implementing, and evaluating Individual Service Plans assured? ▪ What funding strategies have you developed for financing Individual Service Plans?

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