

Attachment D

PA System of Care Expansion and Sustainability Application

We want to ensure that the application process is not cumbersome to you and provides clarity. You may submit attachments to supplement your application.

This Expansion and Sustainability application includes several main areas listed below describing what an enhanced and or embedded SYSTEM OF CARE would look like through involvement and leadership of youth, family and system partners in your county.

The population of focus is 0-21 year olds and their families, who have complex behavioral health challenges along with involvement in the juvenile justice and/or child welfare system(s) and are in, or at risk of out of home placement.

1. County Leadership or Management Team

Expression of commitment and description of readiness to be a System of Care partner county. What makes your county a good candidate for System of Care implementation? By responding to the questions below, and detailing information about the questions, will assist with understanding your readiness to build a System of Care In your county.

- a. **Do you currently have a Leadership Team, Governance Team or Planning Council or other type of leading team in your county?** Yes No
- b. **Does this “Team” have representation from various offices in the local government? If so check who is currently involved?**

CLT Membership includes the following representation*

<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Education
<input type="checkbox"/>	Dependency Court	<input type="checkbox"/>	Drug and Alcohol
<input type="checkbox"/>	Juvenile Court	<input type="checkbox"/>	Youth partners
<input type="checkbox"/>	Juvenile Justice	<input type="checkbox"/>	Family partners
<input type="checkbox"/>	Children and Youth	<input type="checkbox"/>	Other:Click or tap here to enter text.

- c. **Briefly describe the current function and roles of the leadership team, governance team, planning council or other leading team.**

- d. **Describe how family and youth voice has been or would be included and influential in as the *System of Care* is implemented in your County.**

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e. What challenges to recruitment/engagement/maintenance of youth and family partners do you have or perceive you will have?

f. Describe your county strengths, needs, and planned action steps to establish a *System of Care County Leadership Team (CLT)* or similar structure within three months. Use of the attached Leadership Team template is optional. [\(Click Here\)](#)

g. Name and title of the person who will lead the county's *System of Care* implementation work.

Name	Click or tap here to enter text.
Department	Click or tap here to enter text.
Title	Click or tap here to enter text.

2. Youth and Family Services and Support Planning Process

a. Please select one or two Youth and Family Services and Supports Planning Process (YFSSPP) which your county would like to be part of the study.

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<input type="checkbox"/>	Family Group Decision Making	<input type="checkbox"/>	Rehabilitation, Empowerment, Natural Supports, Education, and Work (RENEW)
<input type="checkbox"/>	High Fidelity Wraparound	<input type="checkbox"/>	The Open Table Model
<input type="checkbox"/>	Multi-Systemic Therapy	<input type="checkbox"/>	Other: Click or tap here to enter text.
<input type="checkbox"/>	Case Management/Blended Case Management	<input type="checkbox"/>	Other: Click or tap here to enter text.
<input type="checkbox"/>	Psychiatric Rehabilitation/Mobile Psychiatric Rehabilitation	<input type="checkbox"/>	Intentionally Left Blank

b. How does this youth and family driven planning, support or treatment model facilitate integrated services and supports planning among youth, families and key child-serving systems at present?

c. Does the planning model currently have dedicated and trained staff to support the planning model through: coordination, facilitation, implementation and support?

Yes No

If yes, please describe

If no, please describe what you envision to have staff working with the program/process

d. Describe the current referral process (including information about the ability for families to self-refer) and any planned changes to the process.

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- e. How do families, youth, and system partners know about the process, what efforts are made to inform or to assist them in understanding the process?

- f. If the YFSSPP is currently operating, provide the number and source of referrals in the last year?

- g. How is the voice of youth and families included in their planning process, and how will it be enhanced in the future?

- h. The youth and family plan should include the following elements: (Please check all that are included in your current process).

<input type="checkbox"/>	Assessment of strengths and needs	<input type="checkbox"/>	Assessment across multiple domains
<input type="checkbox"/>	Crisis plan	<input type="checkbox"/>	Cultural and linguistic sensitivity
<input type="checkbox"/>	Natural and community supports	<input type="checkbox"/>	Plan for self – efficacy

- i. If these components are not presently included could they be included in the future? Are there other components you are utilizing?

- i. Name and title of the person who will work with the PA System of Care Partnership evaluation team to fulfill short and long term evaluation requirements.

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Name	Click or tap here to enter text.
Department	Click or tap here to enter text.
Title	Click or tap here to enter text.

j. Designated contact person with contact information for follow-up to this submission.

Name	Click or tap here to enter text.
Department	Click or tap here to enter text.
Title	Click or tap here to enter text.

3. Additional Information

a. Does your County currently have active youth and or family organizations running in the county?

Yes (Describe the Organizations- Name, contact information, and focus)

b. Please select from the list below the types of training or technical assistance that would help to enhance youth and family support in your planning model.

<input type="checkbox"/>	Meeting the expectations of the Family/Youth plan	<input type="checkbox"/>	Youth and Family as equal members in the process
<input type="checkbox"/>	Developing peer support	<input type="checkbox"/>	Crisis planning
<input type="checkbox"/>	Theory of Change	<input type="checkbox"/>	Youth Organization Development
<input type="checkbox"/>	Family Organization Development	<input type="checkbox"/>	Trauma Training
<input type="checkbox"/>	First Episode Psychosis Training	<input type="checkbox"/>	Other: Click or tap here to enter text.

Please submit applications to:

Mark Durgin, Project Director, PA System of Care Partnership





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Mail to:

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