Introduction

The Pennsylvania System of Care (SOC) Partnership is governed by youth leaders, family leaders, and top officials from Mental Health, Child Welfare, Juvenile Justice, Education, and the Department of Drug and Alcohol who proudly serve as equal partners on the State Leadership and Management Team (SLMT). The SLMT is interested in hearing from counties, youth, and families about ways to enhance the SOC experience throughout Pennsylvania. One way of gathering input is through a survey entitled the County Assessment. All survey responses will be kept strictly confidential and results will be shared with state and local leadership teams but not published.

Thank you for your willingness to complete this Pennsylvania SOC Partnership survey. Pennsylvania has a rich history of collaboration among child-serving systems, education, youth, families, and communities. Your participation in this survey will help us capture a broader view of local communities who are engaging in SOC practice.

System of Care Defined

A System of Care approach provides an organizational framework and philosophy that result in a spectrum of effective, community-based services and supports for youth with complex behavioral health challenges, multi-system involvement and their families. These services and supports are organized into a coordinated network, build meaningful partnerships with families and youth, and address their cultural and linguistic needs in order to help them function better at home, in school, in the community and throughout life. - Beth Stroul

The County Assessment will gather input on these Pennsylvania SOC Standards:
- Equal partnership on leadership teams
- Youth driven
- Family driven
- Integration of child-serving systems
- Valuing natural and community supports
- Assuring cultural and linguistic competence
- Youth & Family Services & Supports Planning Process
- Evaluation and continuous quality improvement

Sincerely,
State Leadership & Management Team

Stan Mrozowski, System Tri-Chair
Ladona Strouse, Family Tri-Chair
Alex Knapp, Youth Tri-Chair

pennsylvania
SYSTEM OF CARE PARTNERSHIP

County Assessment
April 2015

Date: ☐☐ / ☐☐ / ☐☐☐☐

County: _____

I am a member of the System of Care County Leadership Team.

○ Yes   ○ No   ○ Unsure

Partner Type:

○ Youth Partner

○ Managed Care Organization Partner
  (Behavioral Health MCO, Physical Health MCO)

○ Family Partner

○ Community Partner
  (YMCA, United Way, Big Brothers/Big Sisters, Spiritual/Religious, etc.)

○ Elected/Appointed Partner
  (County Commissioner, County Council Member, Human Services Administrator, Court Administrator, etc.)

○ System Partner
  (Mental Health, Child Welfare, Juvenile Justice, Education, Drug and Alcohol, Physical Health, Individuals with Developmental Disabilities, Other)

○ Provider Organization Partner
  (public/private purchased/contracted services, e.g. Director, Manager, Direct Service Staff, etc.)

○ Other (please specify):
  _____

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I. Implementation of the PA System of Care Standards

A. County Leadership Team

Intent of Section A: To describe the make-up and function of the County Leadership Team (CLT). Leaders from the child-serving agencies with youth and families (who have/had services from the child-serving systems) support equal decision-making within the structure. The core belief is that youth and family voice are an integral part of its membership due to their lived experience. All members understand, commit, and participate, using information to develop policy about implementing an effective System of Care through the PA System of Care Partnership Eight Standards.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. The County Leadership Team (CLT) has family and youth members making up 50% of the team (25% youth membership and 25% family membership).	O	O	O	O	O	O	O
2. As a CLT member, I understand my role and responsibilities.	O	O	O	O	O	O	O
3. The CLT includes leaders from the child–serving systems.	O	O	O	O	O	O	O
4. The CLT meets regularly at times convenient for all members, including youth and families.	O	O	O	O	O	O	O
5. The CLT ensures that all information presented or discussed (printed and verbal) is understandable to all CLT members.	O	O	O	O	O	O	O
6. Decision-making is equal among all CLT members.	O	O	O	O	O	O	O

B. Youth-Driven

Intent of Section B: Youth have a decision-making role in their own care and in the policies and procedures that impact the future outcomes of youth in child-serving systems.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Youth partners are prepared for CLT meetings.	O	O	O	O	O	O	O
2. Youth partners are trained to understand the child-serving systems.	O	O	O	O	O	O	O
3. Youth partners' voices are supported and valued.	O	O	O	O	O	O	O
4. The county has motivators in place for youth participation. (Examples: stipends, assistance with transportation, travel reimbursement, and/or childcare, etc.)	O	O	O	O	O	O	O
5. The CLT identifies opportunities for youth voice and leadership in each child-serving system in the county.	O	O	O	O	O	O	O
6. Youth in the county are given the information needed to be a decision-maker about their own care and overall well-being.	O	O	O	O	O	O	O
7. Peer support is available to youth.	O	O	O	O	O	O	O

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C. Family-Driven

Intent of Section C: Families have a decision-making role in their family's care and in the child-serving systems. Family partners have real involvement and are valued for their input.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. 25% of the CLT are family partners.	O	O	O	O	O	O	O
2. Family partners are prepared for CLT meetings.	O	O	O	O	O	O	O
3. Family partners have training to understand the child-serving systems.	O	O	O	O	O	O	O
4. The CLT supports the family partners' voice in decision-making at all times.	O	O	O	O	O	O	O
5. There is a family organization in the county.	O	O	O	O	O	O	O

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
6. Peer support is available for families in the county.	O	O	O	O	O	O	O
7. Training is available for families in the county.	O	O	O	O	O	O	O
8. Family members have a role in the decisions which influence their child and family.	O	O	O	O	O	O	O
9. Family members are involved with system partners in county or state decision-making committees, boards, etc.	O	O	O	O	O	O	O
10. Community and natural supports are included in service plans (such as IEP, ISP, FSP, etc.).	O	O	O	O	O	O	O

D. Integration of Child-Serving Systems

Intent of Section D: A more coordinated and cooperative approach among the systems with youth and family being the driving force, rather than the system. These efforts include the mandates and requirements of each system with a sharper focus on coordination of effort, resources, goals, and outcomes on an individual and systems level.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Overall the mission, vision, and outcomes of each of the child-serving systems are shared as part of its planning and work with all parties involved.	○	○	○	○	○	○	○
2. The county coordinates cross-system trainings that are developed and presented jointly with youth and families.	○	○	○	○	○	○	○
3. A "no wrong door" process is open to all youth and families, leading to a single plan of care.	○	○	○	○	○	○	○
4. Systems data is shared with the CLT to identify and address barriers to services.	○	○	○	○	○	○	○
5. Solutions to barriers are included in service plans for youth and families.	○	○	○	○	○	○	○
6. Child-serving systems work together to provide the family with one integrated family plan.	○	○	○	○	○	○	○

E. Natural and Community Supports

Intent of Section E: The CLT assures that county agencies and providers actively promote natural and community supports involvement for/by youth and families across the county. This includes identifying, developing, sharing, and promoting those resources in a way that is culturally competent and meaningful.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. The County Leadership Team (CLT) has developed a broad resource list of community supports and activities identified as positive and supportive by youth and families.	○	○	○	○	○	○	○
2. The CLT promotes connections with natural supports and community resources that help meet the broader community needs.	○	○	○	○	○	○	○
3. The CLT reviews and identifies natural and community supports to meet the county's unmet needs.	○	○	○	○	○	○	○
4. The CLT promotes the participation of natural supports on individual, youth, and family plans.	○	○	○	○	○	○	○

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F. Cultural and Linguistic Competence

Intent of Section F: The CLT strives to ensure services sought, obtained, and provided are culturally balanced, attainable, and available for all youth and families in System of Care. The promotion of Cultural and Linguistic Competence (CLC) is critical for meeting the individualized needs of children and families through cultural awareness, sensitivity, and acceptance of cultural and linguistic differences.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. The CLT understands the county demographics and diversity (culture, age, income, education, race, ethnicity, religion, primary language, sexual orientation, gender identity, and disability status).	O	O	O	O	O	O	O
2. The CLT ensures the availability of culturally relevant trainings for youth, family, system partners, and community partners.	O	O	O	O	O	O	O
3. The CLT partners with culture brokers (e.g. traditional healers, places of worship, ethnic media outlets, alternative medicine practitioners, cultural organizations, local businesses, social organizations, etc.) to meet the youth's and family's unmet needs.	O	O	O	O	O	O	O
4. Translation and interpretation services are available for those with limited English proficiency seeking services in the county.	O	O	O	O	O	O	O
5. Culturally and linguistically diverse families are represented in the decision-making processes at all levels of county services.	O	O	O	O	O	O	O

I. Implementation of the PA System of Care Standards (cont.)

G. Youth and Family Services and Supports Planning Process

Intent of Section G: The child serving systems within a county have a planning process in place for youth and family. The planning process will allow youth and families to drive the development of a plan that is meaningful and effective for them. It will include their strengths, natural and community supports, and services as needed. Examples of planning process models include but are not limited to: Child and Adolescent Service and Support Program (CASSP), Family Group Decision-Making (FGDM), High Fidelity Wraparound (HFW), Case Management, Rehabilitation for empowerment, Natural Supports, Education, and Work (RENEW), and other identified processes. The processes can include a range of youth and family supports including volunteers, advocates, and Certified Peer Specialists.

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. The CLT has identified a team based planning process for youth and families.	O	O	O	O	O	O	O
2. The Planning Process reflects the PA System of Care Partnership standards (Youth Driven, Family Driven, Integration of Child-Serving Systems, Natural and Community Supports, Cultural and Linguistic Competence, Evaluation and Continuous Quality Improvement).	O	O	O	O	O	O	O
3. The planning process has a dedicated referral process.	O	O	O	O	O	O	O
4. Youth and families can self-refer.	O	O	O	O	O	O	O
5. The Plan developed through the Planning Process is individualized and is based on the strengths of the youth and family.	O	O	O	O	O	O	O
6. The Planning Process is inclusive of the needs that are identified by the youth and family.	O	O	O	O	O	O	O
7. The Planning Process assures development of life skills with the youth and family so they can manage their future care and services.	O	O	O	O	O	O	O
8. The Planning Process includes youth and/or family peer supports as identified and needed by the youth & family.	O	O	O	O	O	O	O

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I. Implementation of the PA System of Care Standards (cont.)

H. Evaluation and Continuous Quality Improvement (CQI)

Intent of Section H: *The county takes an active role in gathering and reviewing data for the purposes of informed decision-making. Data is used to determine the strengths and challenges of county systems, services, and supports and identifies areas for improvement. Additionally, data is collected and analyzed to help identify and eliminate any cultural, linguistic, racial, or ethnic disparities.*

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. The CLT ensures that the county participates in the System of Care evaluation requirements.	O	O	O	O	O	O	O
2. The CLT regularly reviews and uses data to make decisions.	O	O	O	O	O	O	O
3. Data is used to help county services and supports continuously improve their practices.	O	O	O	O	O	O	O
4. The CLT analyzes data to identify and eliminate any cultural/linguistic/racial/ethnic disparities in services and supports.	O	O	O	O	O	O	O
5. The CLT collaborates with child-serving systems to reduce barriers related to data-sharing between systems.	O	O	O	O	O	O	O

*SKIP to Section III. Feedback if you are NOT a member of your county's System of Care County Leadership Team.

Commitment to the System of Care Philosophy and Approach: For each group below, rate the extent to which there has been buy-in and commitment to the System of Care Philosophy and Approach in your county during the last 12 months.

A. Youth and Family Leaders

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Youth Leaders	O	O	O	O	O	O	O
2. Family Leaders	O	O	O	O	O	O	O

B. Child-Serving Systems

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Mental Health System	O	O	O	O	O	O	O
2. Child Welfare System	O	O	O	O	O	O	O
3. Juvenile Justice System	O	O	O	O	O	O	O
4. Education System/Intermediate Unit system	O	O	O	O	O	O	O
5. Drug and Alcohol System	O	O	O	O	O	O	O
6. Physical Health System	O	O	O	O	O	O	O
7. Individuals with Developmental Disabilities System	O	O	O	O	O	O	O

C. Other Systems

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Human Service Administrators	O	O	O	O	O	O	O
2. Court Administrators	O	O	O	O	O	O	O

D. Elected/Appointed Partners

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. County Commissioners and/or County Council Members	O	O	O	O	O	O	O
2. Judges	O	O	O	O	O	O	O

E. Providers

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Provider Organizations and Associations	O	O	O	O	O	O	O
2. Provider Agency Administrators and Mid-Level Managers	O	O	O	O	O	O	O
3. Direct Service Staff	O	O	O	O	O	O	O

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II. Commitment to the System of Care Philosophy and Approach (cont.)

F. Managed Care Organizations

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Behavioral Health Managed Care Organizations	O	O	O	O	O	O	O
2. Physical Health Managed Care Organizations	O	O	O	O	O	O	O

G. Community Partners

	Not at all	Rarely	Sometimes	Often	Most of the time	Unsure	N/A
1. Community Providers (United Way, YMCA, Big Brothers/Big Sisters, etc.)	O	O	O	O	O	O	O
2. Spiritual / Religious Partners	O	O	O	O	O	O	O

III. Feedback

Please leave any comments or questions regarding this survey or the PA System of Care Partnership.

If you would like additional information about the PA System of Care Partnership, visit our website: www.pasocpartnership.org

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Definitions:

CASSP - Child and Adolescent Service System Program

Child serving systems/agencies - may include but are not limited to: mental health, behavioral health, drug and alcohol, children and youth, juvenile justice, individuals with intellectual and developmental disabilities, early intervention, physical health, education, etc.

Community Supports - Community organizations, churches, social groups, memberships, and social clubs in which youth and families participate.

County Leadership Team (CLT) - While it might vary from county to county, membership includes representation from *System Partners* (Drug & Alcohol, Mental Health, Behavioral Health, Children and Youth, Juvenile Justice, Intellectual & Developmental Disabilities, Education, etc.) and *Youth and Family Partners*. It has as its core the belief that youth and family voice are an integral part of its membership in transforming the way individual child serving systems integrate their efforts to help youth and families be successful in their homes, schools, and communities. The team should be composed of 50% system partners and a minimum of 25% youth and 25% families. All members understand, commit, and participate, using information to develop policy about implementing an effective System of Care through the PA System of Care Partnership Eight Standards. The functions of the CLT may include but are not limited to: assessment of county needs, identification of priorities, and development of outcomes, goals, and action steps to meet goals. The CLT engages in a method of review (continuous quality improvement) to assess progress and data sharing to use when making decisions for budgeting, expenditures, progress assessment, etc.

Cultural and Linguistic Competence (CLC) - one of the core values of systems of care.

Cultural Broker - A person who bridges, links, or mediates between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change. It is someone who acts as a liaison or more simply, a go between to advocate for another person or cultural community. Cultural Brokers include but are not limited to: social workers, interpreters, health educators, community organization board members, program support personnel, healers, spiritualists, etc.

Cultural Brokering - Bridging, linking or mediating between groups or persons of different cultural backgrounds to effect change.

Cultural Competence - The integration of knowledge, information, and data about individuals and groups of people into clinical standards, skills, service approaches and supports, policies, measures, and benchmarks that align with the individual's or group's culture and increases the quality, appropriateness, and acceptability of health care and outcomes.

Disparities - Differences in treatment that are due to a person's cultural, linguistic, racial, or ethnic background. The sources of disparities include differences in geography, lack of access to adequate health coverage, communication difficulties between consumer and provider, cultural barriers, provider stereotyping, and lack of access to providers.

Family - parent or family member who has/had a child or youth involved in the child-serving systems and may be a member of the County Leadership Team or a county leadership group.

Family organization - informal or formal support that may be led by family members who have an interest or lived experience.

FSP - Family Service Plan

High Fidelity Wraparound (HFW) - team-based planning process with youth and family support partners. The HFW model is an evidence-informed process based on a specific framework that includes 10 principles, 4 phases, and the HFW Theory of Change.

IEP - Individualized Educational Plan

ISP - Individualized Service Plan

Leadership team/group - While it might vary from county to county membership includes representation from *System Partners* (Drug & Alcohol, Mental Health, Behavioral Health, Children and Youth, Juvenile Justice, Intellectual & Developmental Disabilities, Education, etc.) and *Youth and Family Partners*. The functions of the group may include but are not limited to: assessment of county needs, identification of priorities, and development of outcomes, goals, and action steps to meet goals. The group engages in a method of review (continual quality improvement) to assess progress and data sharing to use when making decisions for budgeting, expenditures, progress assessment, etc. (Examples of groups include, but are not limited to: Communities That Care, County Children's Roundtable, Community Collaborative Boards, etc.)

Linguistic Competence - The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

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MCO - Managed Care Organization

Natural Supports - personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and work places; and associations developed though participation in clubs, organizations, and other civic activities.

"No wrong door" - a process by which a youth/family get into the "system" for services. Wherever you come in you are welcome, helped to easily access other needed system(s) without having to repeat your information and you feel that wherever you are is the right place to be.

PA System of Care Standards - A set of eight standards that the state of Pennsylvania has adopted to implement its System of Care:
1. Equal partnership on leadership teams
2. Youth driven
3. Family driven
4. Integration of child-serving systems
5. Valuing natural and community supports
6. Assuring cultural and linguistic competence
7. Youth and Family Services and Supports Planning Process
8. Evaluation and continuous quality improvement

available on www.pasocpartnership.org

PA System of Care Partnership - the name that Pennsylvania has given to its System of Care effort that has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Planning Process - a team-based planning approach for youth with complex behavioral health needs and multisystem involvement and their families. This can include High Fidelity Wraparound (HFW), Family Group Decision Making (FGDM), Child and Adolescent Service System Program (CASSP), Case Management, RENEW, and others.

Population of Focus 8-18 year olds and their families who have complex behavioral health challenges along with involvement in the juvenile justice and /or child welfare systems and are in or at risk of out-of-home placement.

RENEW - Rehabilitation for Empowerment, Natural Supports, Education and Work. It is an evidence-based practice.

Shared data - systems data shared with youth, family, community and system partners in a way that is understandable, educates and meaningfully informs everyone.

SOC - System of Care

System of Care (SOC) - a philosophy made up of a set of values and principles that provides an organizing framework for systems reform in partnership with youth and families.

Training - information and skill-building to help make informed decisions regarding but not limited to: IEP, ISP, child-serving systems, etc.

Youth - may include ages up to 27 and may have lived experience in managing their own complex behavioral health issues and also has direct experience with one or more child-serving systems. Youth may have direct experience in an out of home placement (such as foster care, RTF, hospitalization, kinship care, independent living, detention) which adds a valuable perspective. Youth may or not be involved in a county leadership team or a leadership group in the county.

Youth/Family Peer support - person/s who may or may not have formal training. He or she uses their lived experience to support youth and families who are involved with the child serving systems.

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