A Work Group of the Children’s Subcommittee met on December 8, 2008 to review the recommendations that were reported in the LC System of Care Summary Report (October 2008 – see attached). The report and recommendations were presented to the Purchasing Collaborative on October 23, 2008. The report was favorably received and the Purchasing Collaborative requested that specific recommendations and priorities be developed. The Work Group drafted the following for review by the Children’s Subcommittee at the December 16, 2008 meeting.

**Recommendations**

1. The Purchasing Collaborative should use its authority to promote stakeholder involvement in Local Collaboratives. This would include, but not be limited to, City governments, County governments, Community Health Councils, Schools, Public Health, CYFD-Protective Services, CYFD-Juvenile Justice, law enforcement, the private sector (including business), and others. The Purchasing Collaborative should work within and outside State government to secure the involvement of these groups with Local Collaboratives. The Purchasing Collaborative should develop marketing materials so that stakeholders get what their stake is, why behavioral health is important, and why they should be involved in the Local Collaborative.

2. The Purchasing Collaborative should provide organizational development resources to Local Collaboratives. This would include facilitators and strategic planners especially trained in System of Care and logic models who would work with Local Collaboratives on problem solving and addressing barriers, developing mission and vision, writing business and strategic plans, and so forth.

3. The Purchasing Collaborative should provide technical assistance to Local Collaboratives in becoming a legal entity – a not-for profit (501-C-3) – and/or finding a fiscal agent.

4. The Purchasing Collaborative should make flex dollars available from reinvestment or other sources for filling local gaps.

5. The Purchasing Collaborative should support the development and description of a System of Care model for rural and frontier communities where there are few resources. They should convene rural and frontier communities that are without resources to work together on this model/ ecological design. As appropriate, one or more individuals from other states with expertise in rural/frontier communities and Systems of Care should be brought in to assist in this effort.

6. The Purchasing Collaborative should assure that training and technical assistance in wraparound and System of Care is provided statewide.

7. The Purchasing Collaborative should look at rebalancing and redistributing resources to provide significant funding for community based services and supports for children and youth and their families with extensive and complex service needs.

8. The Purchasing Collaborative should look at rebalancing and redistributing resources to provide significant funding for early childhood and infant mental health.

9. The Purchasing Collaborative should make decisions, one way or another, on the infrastructure elements that have been discussed for some time such as expansion of Clinical Homes and designation of Core Service Agencies.
These are the recommendations that appeared in the original summary report that was presented to the Purchasing Collaborative in October.

**LC System of Care – Aggregate Recommendations**

**October 2008**

**Report Excerpt**

**Support Local Collaboratives**
In most communities, Local Collaboratives have begun the important work of self-assessment and System of Care development. They need to be supported as they move forward and it is imperative that the State provide training, technical assistance and other supports (including consultant resources). High priority areas should include:

- Working with LCs to get more stakeholder involvement, balance, and representation
- Providing training, coaching and mentoring in wraparound, System of Care development, and consensus and coalition building
- Providing system data and technical assistance in using data
- Providing assistance in assessing local needs / conducting behavioral health needs assessments
- Allowing for restructuring of LCs when counties are not “natural” systems of care
- Providing resources for LCs to hire staff (possibly as an alternative to using CAT members)

**Support the Re-Balancing of Services**
Local Collaboratives generally know what kind of prevention, assessment and planning, and recovery, resiliency, and community supports are needed. They have recommended:

**Crisis services (these were cited in several categories)**
**Transportation (also cited in several categories)**
**Prevention, recovery, resiliency, and community support**

- Family support and supports for grandparents raising grandchildren
- Teen parenting programs
- Early developmental and behavioral health screening, prevention and early intervention for infants and young children
- Prevention, outreach, and education programs: child abuse, alcohol and drug, and violence prevention
- School based health education and prevention programs
- After school and summer programs, including tutoring and mentoring
- Public information and community outreach and education
- Respite
Day care (therapeutic, 24-hour, etc.)

**Outpatient and intensive outpatient services**
- Substance abuse services and outpatient detox
- School based services
- Infant mental health services
- MST and other family intervention services
- Psychosocial rehabilitation
- Home based services including home visiting and intensive home-based services
- Intensive outpatient services

**Residential**
- Foster homes and therapeutic foster homes
- Group homes
- Shelter care
- Access to residential treatment when needed

**Inpatient care** (access as needed to regional and/or statewide services)

**Transition services**
- Protective Services and Juvenile Justice to community
- Between levels of care
- Between child and adult systems

**Provide Resources**
The State should consider developing a **pool of funding** that LCs could access to support community-specific shifts towards a community based System of Care. Such a pool could be used to secure community-based services and supports funded through the Statewide Entity and State Agencies; start-up of services; training and technical assistance; and staffing.