System of Care

Starting Early Together:
Assessing A System Of Care Initiative

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Allegheny County Department of Human Services

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Supporting Youth & Families

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS offices, including: Aging; Behavioral Health; Children, Youth and Families; Community Services and Intellectual Disability. DHS research products are available for viewing and download at the DHS Research and Evaluation webpage at www.alleghenycounty.us/dhs/research.aspx.

Executive Summary

SYSTEM OF CARE INITIATIVE

The Allegheny County DHS Office of Behavioral Health, Bureau of Child and Adolescent Mental Health Services was chosen as one of two county agencies nationwide to receive three separate federal System of Care grants to support young people with serious emotional disturbances or mental illness and their families. The grants through the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), in concert, supported a System of Care Initiative (SOCI) for persons ages birth to 25 years of age, who live in select communities in the county.

SOCI consumers live in five communities in or around Pittsburgh (East End, Hill District, McKeesport, Sto-Rox and Wilkinsburg).

SOCI is based on 12 core values:

- Consumer/Family Focused and Driven
- Safety (Youth, Family and Community)
- Individualized
- Strengths-Based
- Collaboration
- Community-Based/Least Restrictive
- Cultural Competence
- Relentless Advocacy
- Outcome-Based
- Cost-Effective/Cost-Responsible
- Education/Vocation
- Physical and Mental Well-Being

The first SAMHSA grant for $4.8 million over six years, initiated in 1998, allowed OBH to initiate the Community Connections for Families (CCF) program for youth ages six to 14 years and their families. A $1.5 million SAMHSA grant awarded in 2002 resulted in Partnership for Youth Transition (PYT) for young adults ages 14 to 25 years. An award granted in October of 2005 and valued at $6.4 million over six years, provided for the Starting Early Together (SET) program that supported children younger than six years of age.

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Family enrollment in SET began in 2007. The purpose of SET is to coordinate services for children birth to six years of age with a Serious Emotional Disturbance (SED) or a mental health diagnosis.

Focus Groups

In order to determine the strengths and essential services that SET has provided for both families and the early childhood provider community, as well as any gaps in services and values, a series of focus groups was held in October and November of 2009. Results of the focus groups were intended to be used to inform brainstorming and planning sessions for value-based and family-driven services for early childhood mental health, which may or may not include SET services.

A total of eight focus groups were guided through the same discussion topics:
- Strengths of SET and value-based services
- Needs for families and the early childhood system
- Changes to the current SET service model

Results and Recommendations

The results of the focus groups centered around two theme areas – needs and strengths – and their relevant subthemes. There was a high-level of agreement among the stakeholder groups, which indicated a common vision of needs and desires for services and the system.

Strengths

- Family-driven, Family-focused
- Accessible Staff and Services Needs
- Family Engagement
- Workforce Development
- Public Awareness

Several key recommendations were identified, which will be critical to program planning as the SET grant ends. These recommendations are also relevant to other values-based and family-driven services in the early childhood mental health system.

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SET PROGRAM OVERVIEW

As a part of SOCI, SET was designed to serve children from birth to six years of age in four "high-need" neighborhoods or clusters of neighborhoods. The service delivery model is structured around service coordination staff and formal family support staff employed by subcontracted agencies, and supported by a DHS/OBH central administrative office. The SAMHSA grant was awarded in October 2005, and funding ended in September 2011. The initial grant year was designed as a planning year, and services to families and children began in June 2007.

Eligibility for SET program enrollment include a SED or mental health diagnosis, multi-system involvement, birth to six years old, and residency or significant amount of time in one of the four identified neighborhoods (Northside, South Pittsburgh, Braddock/North Braddock/Rankin, and East Hills/Penn Hills).

The goal of the SET grant agreement is to transform the mental health system for children and families and its relationship to early intervention, child welfare, child care, and family support and so that young children with SED receive:

- High-quality services, care, and support that fully include their families
- Culturally-competent and family-driven care
- All of the resources available in their communities— both during the initial project period and in the years that follow

Objectives identified towards accomplishing this goal are to:

- Measurably strengthen coordination of services for children and families at the community and county levels
- Shift the provision of services to evidence-based practices in mental health and early intervention for young children and their families
- Increase the number of children with SED who are receiving appropriate services, as indicated by parent and family satisfaction, decrease the number of children who "touch" the system for one encounter, and create positive changes in child and family outcomes. Specific improvements will be sought and measured for these subgroups of children in the target population
  - o Children in foster care in the targeted communities
  - o Children whose parents have mental health issues
  - o Children whose parents are teenagers

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FOCUS GROUPS

Composition

Four focus groups were conducted in each community office with 19 individuals, including 14 persons representing 12 families enrolled in SET (71 percent) and five community members (29 percent). Two of the 12 families were represented by two caregivers. The 12 participating families represented 18 percent of the 66 families enrolled as of October 30, 2009. Of the enrolled families, just under half (45 percent) had been involved with SET for six months to one year, and 55 percent had been involved for more than one year. Approximately half of the community member participants reported knowledge of the SET program for less than six months and the remaining half knew about SET for more than one year.

Two focus groups were conducted with 16 early childhood and mental health provider staff. All participants in the provider staff focus groups had existing partnerships with SET or were 2006-07 planning committee members prior to SET's start of services. Several participants were members of various SET Community Network Teams.

The following twelve agencies were represented in the provider focus groups:

- DHS
- Allegheny Intermediate Unit
- Alliance for Infants and Toddlers
- Children's Hospital of Pittsburgh
- Head Start/ Early Head Start
- Every Child, Inc
- Family Resources of PA
- Family Services of Western PA
- Hilltop Community Children's Center
- University of Pittsburgh, Office of Child Development
- Pittsburgh Public Schools
- Turtle Creek Valley MH/MR

Two focus groups were held with eight SET central office staff and eight community staff members. Written responses were received from one additional central staff member and two community staff members.

Questions

Questions for all eight focus groups centered on three main topics:

- Highlighting the strengths of SET and value-based services
- Identifying gaps in early childhood services
- Recommending changes for SET services

Additional questions were tailored to the respondent groups and ranged from perceived impacts on the child-serving system to changes that enrolled families experienced in their individual lives. The Quality Assurance Team developed focus group questions with input from SET Operations staff. A Focus Group Question Guide Sample is included in Appendix A.

Recruitment

The Family Support Partners (FSPs) in each community office spearheaded recruitment for the family/community focus groups, and provider groups were recruited via email from the Project Director and the Community Organizers. Special effort was made to create a variety of days and times available for both families and providers to gain the highest participation rate possible. The following table provides detailed information about the 2009 focus groups.

Scheduled	Target Population	Location	Attendees
Thursday, October 15, evening	Enrolled families and community members	Northside SET Office	4 enrolled families
Friday, October 15, afternoon	Early childhood and mental health providers	Office of Child Development	8 providers
Monday, October 19, morning	Enrolled families and community members	East Hills SET Office	4 enrolled families
Tuesday, October 20, morning	Enrolled families and community members	TriBoro SET Office	3 enrolled families, 5 community members
Wednesday, October 21, afternoon	Enrolled families and community members	South Pittsburgh SET Office	1 enrolled family
Thursday, October 22, morning	Early childhood and mental health providers	Diversified Care Management Office, Greentree	8 providers
Friday, October 23, morning	SET Community Staff –Team Leaders, Service Coordinatiors, Family Support Partners	TriBoro SET Office	8 staff, written responses from 2 additional staff
Wednesday, November 4, morning	SOCI Central Office Staff	SOCI Central Office	8 staff, written responses from 1 additional staff

Table A: Focus Group Schedule and Attendance

Verification

A summary document was created from the notes of each focus group. These documents were emailed or mailed to each focus group participant for the group session attended. Participants were asked to review the summary document to verify that the notes and impressions were recorded accurately, and were provided the opportunity to include additional feedback if they did not feel the summary accurately reflected their opinions and feelings. None of the focus group participants exercised the opportunity to provide feedback or correct focus group impressions. As a result, the use of these notes as a basis for summarizing focus group results and making recommendations appears to be warranted.

Themes

The method for identifying focus group themes was a three-step process. First, the note summary from each focus group (as noted above for respondent validity) was reviewed. Note summaries were then grouped by respondent population (families, staff and providers) to provide a picture of the interests of each population. Finally, the population discussion threads were grouped by common topic.

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RESULTS

The following section describes two theme areas – needs and strengths – and their relevant subthemes. Themes were identified as topics that were prominently discussed by at least two of the respondent groups – such as families and providers or staff and providers. It is important to note that the majority of the themes crosscut all three of the respondent groups of families, providers and staff. This high level of thematic agreement suggests both a shared experience with SET and a common vision of needs and desires for services and the system. In addition, recommendations built on such universally agreed-upon results should confidently represent the larger family and provider population involved with SET. Identified strength themes include: 'Family-driven, Family-focused' and 'Accessible Staff and Services.' Need themes include: 'Family Engagement', 'Workforce Development' and 'Public Awareness.' Descriptions of the themes and focus group quotes follow.

Identified Strengths

Theme Area: Family-driven/Family-focused

All eight focus groups identified family-driven and family-focused efforts as a SET strength that the early childhood service system could learn from and build upon. This theme was defined by four main components: valuing families, parent to parent support, serving the whole family and building family skills and empowerment.

Subtheme: Valuing Families

Participants highlighted the infusion of family support into all grant activities and the positive impact this had on their involvement with SET. Participants spoke most notably about the importance of valuing families in service delivery through support, respect and understanding, creating and providing strengths-based interactions and services and staff sharing of similar life experiences with families as a way to enhance service delivery. Participants also discussed SET as a catalyst for the creation of the Allegheny Family Network (AFN), which plays an essential role in involving family support activities alongside of services.

- "SET provided an additional layer of support for families – more inclusive, nurturing. This is where SET is different than other agencies."

Subtheme: Parent to Parent Support

Participants spoke positively about the opportunities families have to build relationships and broaden informal support networks with staff and one another. Participants found these relationships vital for families who desire to share their experiences and offer support to others.

- "It's not just the staff, but it's the family members, too, that make this place. We're going to stay in contact outside of SET. We have formed some bonds."

Subtheme: Serving the Whole Family

Working as a team around an entire family, not just a child, to address and meet the family's particular needs was noted as a significant strength of SET. This was described as staff's ability to do 'whatever it takes' to meet the needs of a family. Participants provided examples such as transportation, education, emotional support, and additional funds (i.e. flexible funds) to support a family financially in times of crisis. Participants also appreciated that events are designed for the entire family.

- "You can't look at a child without looking at the whole family."
- "We should be assessing the family more than the child. It's never a baby – it's always a baby and someone else."

Subtheme: Building Family Skills and Empowerment

Providing educational opportunities and modeling that builds families' knowledge and skills so that they can become better advocates was identified as an important component of the current SET structure. In particular, participants noted that families are able to build confidence and specific life skills outside of parenting (i.e. job searching, giving a presentation) that will help them expand their involvement. One example given for where this occurs are the SET Community Network Teams (CNTs), which provide an arena for families to get involved and gain leadership and empowerment skills.

- "Families said they've learned a lot; they've learned about systems and how to advocate for themselves."
- "CNTs give the family a sense of empowerment and decision-making that will benefit everyone; giving families a chance to look at themselves and see what they need."

Theme Area: Accessible Staff and Services

The accessibility of staff and services prevailed as a major strength of SET in each of the focus group discussions. This theme was defined by three key components: proximity of services and supports, availability of staff, and linking families to services.

Subtheme: Proximity of Services and Supports

The proximity of services and supports to families emerged as a powerful element of SET. Participants expressed strong views on the importance of having a local place for families, staff and providers to talk, connect and build relationships. Participants articulated an appreciation for the provision of close and convenient locations, which might be the family's home, where families receive assessments, service planning and other services (i.e. clinical diagnoses). Discussions suggested that a community location is imperative for engaging the target population as it allows staff to respond quickly in times of family crises, and allows families to drop in to the local office and get to know the complete team of staff that is working with them. Participants also indicated that a community office brings together the family support team and access to clinical functions in one central location. Though physical proximity is important, it was also indicated that families value staff that reside in and know the community that they are serving.

- "SET has been very beneficial in getting these appointments and services (assessment and diagnosis) immediately. It has helped that some of these appointments have been done in their homes. This is a real plus at this age in particular."
- "Families are really drawn to staff from [their] communities – there's a benefit in this."
- "If you want something ongoing in the future – relationships built with people in the community – it is not possible without the offices in the community."

Subtheme: Availability of Staff

Focus groups revealed that the flexibility and availability of staff is critical in providing services to families. Families appreciate that they can call staff any time of day, any day of the week – not just during traditional business hours – which is especially important when a family is in crisis. It is also important that staff have flexibility within their schedules so that they are able to quickly respond to families' needs.

- "I like that the SET office isn't 9-5. It's weekends, it's evenings. If you need help with anything, they're a phone call away."

Subtheme: Linking to Services

Sharing information with and linking families to specific services needed through individualized service plans/goals was reported as an essential strength of SET. Participants also identified that SET has been instrumental for serving the four to six year old population; a group for which resources are somewhat lacking.

- "We have become a one-stop shop type of program since we have SET to use for mental health services, which we don't have on our own."

Identified Needs
Theme Area: Family Engagement

The topics of family engagement and support were often cited as SET strengths, but were also referenced as needing further development in two specific areas: increasing family support and informal family programs, and increasing communication with families.

Subtheme: Increase Family Support and Informal Family Programs

Although all focus group participants noted SET's success at engaging families, they also indicated that there is a need to increase overall family support and the variety of family activities offered. In particular, participants wanted to create more opportunities for parent-to-parent networking through additional family support meetings and by increasing programming and support for fathers.

Focus group participants recognized that the AFN plays a key role in providing additional family support activities and encouraged an expansion of AFN's role throughout SET communities and the county at large. Additionally, it was noted that although SET valued and engaged families, further efforts could be made by staff to demonstrate a commitment to families.

- "Show interest with families. Show that you want to help."
- "We would like to see families that come once to keep coming."

Subtheme: Increase Communication with Families
Family focus group participants noted that improved staff communication with families would lead to better involvement and participation in meetings and activities. Increasing the frequency of home visits to families was also desired.

- "(We) want to have more meetings and more family participation at meetings."

Theme Area: Workforce Development
Many of the needs revealed during the focus groups were rooted in workforce development and building capacity for early childhood skills in all system staff, and are reflected in the subthemes of increasing workforce training and increasing and expanding services.

Subtheme: Increase Workforce Training
Participants noted several areas where workforce development efforts could be developed and enhanced. These include: the availability and use of mobile therapists; knowledge about early childhood needs, diagnoses, and appropriate services; finding and/or creating treatment alternatives for early childhood consumers; and providing services with a greater focus on the parent-child interactions. Other important items in this theme include: providing opportunities to use the skills gained in workforce development trainings; increasing knowledge regarding trauma and attachment for young children; building staff skill sets to help families identify and strengthen their natural support networks; and enhancing cultural competency skills.

- "If you don't give staff (clinicians) the opportunity to use a training you've given them, it's a waste of money – it's a systems change and we need it."
- "Talking with families about establishing natural supports is sometimes a burden, depending on their situation. This is especially true in transient families or those that don't have a lot of strong relationships to begin with – we haven't done this very well— helping families to build these [natural supports]."

Subtheme: Increase and Expand Services
Participants identified several areas in the early childhood system where service gaps exist or where SET services could be modified or expanded upon. These include providing additional resources to families in the child's transition periods (i.e. from the early intervention to the education system), and

additional SET service coordination staff so that more families can benefit from the services. It was also proposed that expanding enrollment for children up to eight or 10 years old would allow families who, after experiences with their child in the school environment, may be ready for a diagnosis and treatment. Participants stressed that efforts to increase and expand early childhood services will require successes in workforce training.

- "(We need a) system change in a clinical capacity. (We) want them (families) to walk in anywhere and (staff) recognize concerns/issues with children."

Theme Area: Public Awareness
Creating public awareness of early childhood mental health services and wellness in general was a need participants identified in all areas such as home, family and community.

Subtheme: Show the Need
Participants noted that special attention should be devoted to those families whose grandparents are raising very young grandchildren, because for the older caregivers, it is often more of a struggle to accept a young child's mental health needs and pursue appropriate services. Participants also said that it is important to expand the visibility of the existing young child mental health services, so that as awareness and education increase, the projected utilization of services can be adequately addressed.

- "We are reaching out to the neighborhood, trying to get more families involved. It's hard for parents to accept their child has a problem. We don't want to wait until school ages for a problem to be identified."

Focus Group Comments on Current Grant Operations
Throughout the course of the eight focus groups, participants offered comments related to specific grant operations and opportunities for improvements. Some of the suggested changes are not possible for the next two years under the current grant requirements (see Appendix B for details); however, they could be implemented following the end of grant funding in October 2011. These discussions focused on two broad categories: service delivery model and collaboration.

Service Delivery Model

Participants spoke often about their dissatisfaction with the enrollment requirements for receiving SET services, and specifically about the need to obtain a clinical diagnosis for children between birth and six years of age.

The assessments and other paperwork necessary for SET enrollment were also cited as cumbersome, not family-friendly, and duplicative of other agencies' processes. Finally, some participants expressed frustration that the enrollment process is too long and that too many staff are involved with families through screening and enrollment.

Another identified opportunity for change in the SET service delivery model proposed by focus group participants related to various SET community staff structures and functions. In particular, some participants noted that 'community-based' staff does not exclusively indicate a resident of that community, but rather can be fulfilled by a staff fully integrated, engaged and located within the community it serves. It was also suggested that the role of the Team Leader was not being utilized to its full potential and other functions should be explored.

As previously stated in the 'identified needs' section of this report, some participants voiced a desire to implement mobile therapy services, and consequently de-emphasize or eliminate service coordination.

Collaboration

Many focus group participants spoke of revitalizing and rebuilding old partnerships with SET and pursuing other unexplored avenues for collaboration. Reviving SET's relationship with Children, Youth and Families was frequently cited as an opportunity to access the whole family unit and the SET target population. Participants also expressed a desire to strengthen the partnership with the Local Interagency Coordinating Council, using them as a resource for sustainability planning and introducing more systems change around preventative aspects of children's mental health. Finally, AFN was repeatedly noted as a major player in SET service delivery, and participants frequently recommended that AFN's role should be expanded to include tasks such as more training and preventative education to families.

In broad terms, participants encouraged that SET build new 'outside the box' relationships for support, and emphasized that local community organizations are an untapped resource. Specifically, the list of local agencies suggested for new partnerships was somewhat wide-ranging and included University

of Pittsburgh Medical Center, Staunton Farms, Office of Child Development, Western Psychiatric Institute and Clinic, and the Birmingham Foundation. Additionally, National Alliance on Mental Illness and the Federation of Families were proposed as national technical assistance partners.

Focus Group Impressions

Although overall the themes discussed in each focus group were echoed across all participant stakeholders, there were some notable differences in group engagement, tone and secondary discussion topics.

Family focus groups were predominantly positive in nature, and participants were interested and engaged in the discussions. Although each group reported some negative experiences, most families were very satisfied with SET services and expressed a strong belief that SET services are needed in their communities and the early childhood mental health community at large. As would be expected from direct-service recipients, family members' comments focused mainly on programmatic strengths and needs. However, responses could also be characterized as rooted in philosophical/values-based terms and are often reflected as such in the preceding themes.

The providers who participated in the focus groups spoke largely from a systems perspective rather than about specific SET program elements, creating rather broad-reaching dialogue about early childhood services. One programmatic element, however, that was strongly spoken of was the desire to de-emphasize or eliminate service coordination within SET – as several individuals felt it was a duplication of other agencies' services. Additionally, there were frequent expressions of frustration about SET's extensive enrollment requirements and the child-serving system's continued avoidance of more family-friendly preventative service models for the very young child.

Participants in the staff focus groups expressed satisfaction with SET and SET services, and comments were very positive overall. Staff discussions centered on the strengths of SET as a program and its impact on the larger child-serving system. Staff agreed that while SET has increased exposure and awareness for the needs and services for young children, there are many broad issues yet to be addressed. However, it was noted there are also opportunities within the larger DHS and Office of Behavioral Health (OBH) systems that should be explored and developed.

Conclusions

Based on focus group results, the quality assurance staff conducting this project developed several key recommendations that are critical to the planning for SET as the SAMSHA grant comes to a close and for other values-based and family-driven services in the early childhood mental health system:

- All key stakeholders of SET should review the themes and findings of this focus group report and actively participate in the brainstorming and planning process.
- Any suggested model changes for SET must follow its current grant requirements (see Appendix B).
- The SOCI unit is undergoing a shift from a program support unit to a consultation and education unit designed to sustain values-based services throughout the OBH within the Allegheny County DHS. SET will remain a major project of this unit's functions. Changes to SET operations should consider these shifts in unit function for future sustainability.

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FOCUS GROUP PURPOSE

Identify the 'essential' services of SET – why is SET important or of value to you?

Ground Rules

In the interest of time, we will present these rules and ask for any additions:

- Only one person talks at a time
- No comments will be linked to your name
- Respect others' opinions and comments
- It's important to hear from everyone
  (do a round robin if people are not speaking)
- We want to hear both the negative and positive
- Cell phones should be on silent
- All comments and opinions are important, but we do have
  limited time. Items that are not related to our questions will be
  put in the parking lot to be discussed after the focus group session.

Materials Needed

- Laptop/notebook (for notes)
- Demographic survey forms
- Consents
- Sign in sheet

Introduction

Welcome to this SET Planning Focus group and thank you for joining us. This is one of a series of focus groups being conducted as a part of the strategic planning for SET. We are talking with families, providers, community staff and administrative staff. It's important to remember that we will hear your ideas, and record your opinions and comments. All your ideas will then be shared with the strategic planning group.

A focus group is meant to be a guided discussion. So I have a few questions here to ask you, but overall you will be doing all the talking. We would like to hear from everyone, and there is no right or wrong answer. Whatever you say is anonymous, and your comments will never be linked to you. The report we write summarizes what everyone says.

Questions

Opening Question (serves as an icebreaker)
- What is your name/ how many kids do you have/ do you have a child enrolled in SET/ how did you hear about SET/how long have you been with SET?

Introductory Questions:
- What made you enroll in SET?
- Probe: What were you looking for when you found SET?
- What are some of the services you have received from SET, or services that SET has helped you access?
  Probe: Why did you need/want those services?

Transition Questions:
- What is one way your life has changed because of SET?
- Probe: How is your life different now?
  What changes have you seen in your child/family?
- What are the strengths of SET?
- Probe: What do you really like about SET?

Key Questions:
- So you've listed many different services SET has provided or linked you with, noted ways it has changed your life – so what are some things that you think are good or going well with SET that should definitely be carried into the future?
- Probe: (write responses on flipchart) what are the most important of these? Pick top 2.
- If you could suggest one change to SET, what would it be?
- Probe: Why?
- Ending Question:
- To summarize, please comment on how valuable SET has been in your life or community. (leave open, or can offer guides: very valuable, somewhat valuable, of little value, or no value)

Closing

Here is a sheet of paper and pencil to write down any thoughts you did not have a chance to say, or additional comments for us. Thank you for your participation.

You will receive a summary of this focus group through the mail, to verify that we have collected all your comments correctly.

All of the information from this and other focus groups will be reviewed and summarized in a report. Then it will be shared with the strategic planning group to build a plan for SET's future.

Focus Group Follow-up

A focus group summary will be written immediately after each group. Thank you letters will be sent to each participant with the focus group summary to continue their involvement in the process, and ask for any additional feedback.

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Requirements

The following is derived directly from the cooperative agreement documentation of the requirements for a system of care grantee community. These requirements continue to be in effect through the federal fiscal year ending on September 30, 2011.

Eligibility for services:

Diagnosis

- The child or youth must have an emotional, behavioral, or mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or its International Classification of Diseases, Revision 9, Clinical Modification (ICD-9-CM) equivalents.
- For children 3 years of age or younger, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) should be used as the diagnostic tool.

This eligibility requirement was recently reviewed and edited to more appropriately address the early childhood population. The guidance released in November 2009 is as follows:

- For children three years of age or younger there must be significant behavioral or relational symptoms that meet the criteria for a:
- DCM-IV diagnosis,
- A diagnosis as identified in the Diagnostic Classification of Mental Health Development Disorders of Infancy and Early Childhood-Revised (DC-0-3R), including an Axis II Relationship Disorder with a Parent-Infant Relationship Global Assessment (PIRGAS) Score of 40 or below, or
- A diagnostic impression of "imminent risk" that is identified through an intake process that includes a standardized measure and an approval by a licensed mental health practitioner with knowledge and experience with early childhood development.

Disability

- The child or youth is unable to function in the family, school, or community, or in a combination of these settings or
- The level of functioning is such that the child or adolescent requires multiagency intervention involving two or more community service agencies.

Duration

- The identified disability must have been present for at least 1 year, or
- On the basis of diagnosis, severity, or multiagency intervention, is expected to last more than 1 year.

Infrastructure Development

Some key administrative structures and procedures that awardees must develop include the following:

- Establishment of Governance body
- Systems integration
- Financing Approach
- Flexible Funds
- Interagency collaboration
- Service integration
- Wraparound process
- Care review
- Access
- Clinical network
- Workforce development
- Training Capacity
- Support from community leaders
- Administrative team
- Performance standards
- Management information system

Key Activities and Concepts of Service Provision

The provision of systems-of-care services for children with a serious emotional disturbance and their families emphasizes:

- Delivery of effective clinical interventions, which as research has demonstrated, produce positive child and family outcomes; Provision of care management services for each child and the child's family;
- Development of an individualized care plan for each child and the child's family;

- presence of a strong family and youth voice in all aspects of governance of the system of care, service delivery and evaluation;
- Promotion of cultural and linguistic competence and responsiveness by individual service providers and agencies to ensure and support the well-being of children and their families.

Data and Performance Measurement

Section 565(c) of the Public Health Service Act requires that evaluations be conducted to assess the effectiveness of systems of care.

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Appendix C: Focus Group Theme Reference Sheets

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What are the identified strengths?

Family-driven, family-focused

Valuing Families

Family support activities incorporated into SET model; families are treated with respect and understanding; strengths-based interactions and services; other agencies treat families more fairly with SET involvement; provided the platform for the creation of the Allegheny Family Network; staff share their similar life stories with families

Parent to Parent Support

Families have the chance to build relationships, share experiences, support each other, build informal support networks

Serving the Whole Family

Staff are able to do whatever it takes to get the job done, including transportation, education and emotional support for the parents, additional funds (flexible funds) allow for financial support of parents when in crisis; events are designed for whole family; staff works as a team around the family to address all aspects of need

Building Family Skills and Empowerment

Families gain leadership and empowerment skills through their involvement with the Community Network Team (CNT); provides parents the skills and tools that help their child, family and self; gives families the confidence to advocate for their children, builds life skills outside of parenting (e.g., job searching, giving a presentation)

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Accessible Staff and Service

Proximity of Services and Support

Provides a local place to talk and connect for both families and providers; staff from the community know the community; family support team and clinical ties are in one location; family-friendly locations for assessments, service planning and services-such as in the home; close location allows for quicker response time for crises; community location helps build relationships between staff and families; clinicians available for on-site at home diagnoses; physical office full of staff gives families sense of team working for them

Availability of Staff

Schedule flexibility to quickly respond to families' needs; families can call staff any day, any time-not just traditional business hours-especially important for crises

Linking to Services

Links families to services they need, shares information with families about available services and parenting skills; serves the 4-6 yr old age group; service planning goals are individualized

What are the identified needs?

Family Engagement

Increase Family Support and Informal Family Programs

Create more family support meeting and opportunities for parent to parent networking; increase programs and opportunities for fathers; increase the role of AFN and the philosophy of family support in communities

Increase Communication with Families

Increase and be more consistent with communicating meetings and events to families; increase commitment to families through staff; increase home visits to families

Workforce Development

Increase Workforce Training

Increase training for those working with young children; increase the prevalence, use and understanding of mobile therapists; strive to build a workforce that can identify need in young children and link to proper diagnoses and treatments when appropriate; increase knowledge and attachment and trauma for 0-3 yr; provide opportunities for follow-up after trainings (e.g., DC 0-3R); increase training on building natural supports with families; increase cultural competency training

Increase and Expand Services

Dependent on increasing workforce development; increase options for formal treatment for 0-6yrs; increase services that address the parent child dyad with focus on undiagnosed parent issues; increase non-traditional services and treatments for 0-6yr; increase enrollment age to 8 or 10 yrs; provide more resources for families through the graduation/transition period; increases the staff for more families to benefit from services

Public Awareness

Show the Need

Increase public awareness of the value of, and the services for, early childhood mental health-with special focus on intergenerational stigma for families; increase visibility of services in the community