



External Cross Functional Team Charter for System of Care Collaborative

Purpose of Cross Functional Teams:

The PBH management structure has been designed and organized to bring together stakeholders to assist in system planning and monitoring. We believe that it is critical that:

- those who use the system,
- those who manage the system,
- those who provide the services, and
- people from our community advocacy and local governmental service agencies

come together on a regular and pro-active basis to identify problems, propose solutions, and monitor the local/regional system of care for consumers and families.

This structure depends on the participation of key stakeholders and the varied expertise and perspectives that each brings to the table. Success of cross functional teams is reliant on mutual respect, a commitment to a common goal, and a clear understanding of the scope of work and responsibility of the team.

Purpose:

The mission of the System of Care Collaborative is to promote the sharing of resources and accountability across agencies and programs on behalf of families and children who have significant mental health, substance abuse, and developmental disability needs in order to build community capacity that will provide effective, community-based, family and youth driven services that are delivered within a System of Care philosophy. This System of Care collaborative will serve as the LME's multi-county community collaborative for promoting System of Care, as specified in the North Carolina Child Mental Health Plan. Collective community ownership of and responsibility for System of Care is built through collaborations among people who have a strong commitment to the community's well being. The System of Care is guided by a strategic vision and plan for joint action that describes goals, needs & strategies; along with the roles of the LME and specific stakeholders in carrying out the strategic plan system-wide. The overarching goal of the collaborative is to routinely evaluate and problem-solve systemic issues affecting PBH network as related to child & adolescent system of care issues.

System of Care Values & Principles:

Core Values

1. The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The System of Care should be community based, with the locus of services as well as management and decision making responsibility resting at the community level.
3. The System of Care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

Guiding Principles

1. Children with or at risk for serious emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
2. Children with or at risk for serious emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with or at risk for serious emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with or at risk for serious emotional disturbances should be full participants in all aspects of the planning and delivery of services.

5. Children with or at risk for serious emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
6. Children with or at risk for serious emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with or at risk for serious emotional disturbances should be promoted by the System of Care in order to enhance the likelihood of positive outcomes.
8. Children with or at risk for serious emotional disturbances should be protected, and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
9. The rights of children with or at risk for serious emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children with or at risk for serious emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural and special needs.

Chair: Nicole Prioleau

Reports to: Network Operations

Chair & Co-Chair responsibilities:

The role of the team's *Chair* is to coordinate the work of the team and communicate the team's activities to other groups as indicated and to obtain assistance as needed in developing solutions to problems the team is unable to resolve. The Chair will:

1. Facilitate the meeting and agenda development
2. Establish and maintain a meeting schedule
3. Ensure that minutes are maintained reflecting activities, actions and other shared decisions of the team
4. Refer issues and/or information to other teams or departments as appropriate
5. Serve as a conduit for communication among the SOC Collaborative and other community collaboratives, namely CFAC, Advisory Councils and High Risk Teams.

The role of the team's *Co-Chair* is to ensure that the family perspective is incorporated into all discussions and corresponding problem solving and system improvement efforts. The Co-Chair will:

1. Be a parent advocate/partner committed to promoting System of Care for youth and families
2. Assist with meeting facilitation. The co-chair will act on behalf of the chair person when the chair person is absent.
3. Serve as a conduit for communication among the SOC Collaborative and other community collaboratives, namely CFAC and Advisory Council

Individual team member responsibilities:

Each member of the team is responsible for representing the interests and perspectives of their organization or represented entity. Members will voice such perspectives in order to reach consensus on all decisions within the realm and scope of the collaborative. Specific responsibilities include:

1. To collaborate with the member's organization on the activities of the Collaborative as appropriate and necessary
2. To attend all meetings. However, if the member must be absent from a meeting, the member will notify the Chair person in advance and/or consult with the Chair as to the need to have another staff person represented at the meeting in their absence. Any member of the Collaborative who is absent from three consecutive meetings shall be contacted by the Chair to determine interest in continued membership.

3. Complete assignments as agreed upon by the team on a timely basis

Responsibilities of the team:

The team is responsible for monitoring of assigned Performance Indicators. The team is responsible for identified goals from the agency's business plan, and will develop its own work plan that reflects activities, target dates, and assignments. Specific scope of the collaborative will target the following domains:

- Identifying service gaps and offering recommendations to PBH for system improvement
- On-going monitoring of effective System of Care integration and practices

Fiscal year 2007-2010 - Specific plans will be developed for the following:

1. Child & Adolescent Substance Abuse Continuum Development Plan
2. Child & Adolescent Crisis Continuum Development Plan
3. Education & Outreach Plan Development
4. System of Care Integration Plan

Membership:

A standing/core membership will be maintained to represent cross agencies & counties; however, participation is encouraged and open to all community partners. Collaborative members are encouraged to recommend non-members to participate as a way to expand future collaborative interest and membership.

Decision Making and Voting:

The Collaborative will strive to reach decisions by consensus. In the event that consensus is not achieved, decisions will be made by majority vote of members present for the meeting and motion in question; to which each member will have one vote.

Monitoring Functions:

1. Dashboard Report (Bi-annual)

Documentation:

1. Minutes to be immediately posted to the SOC webpage once approved by the collaborative
2. Work Plans/Status Reports & Updates