

Oklahoma Systems of Care
Core Practice Standards
Approved by the State Team on 8-6-04

Collaboration

Community Team

1. The community team should be led by a trained and active chair who understands their role and assumes a leadership position within the Systems of Care Initiative within their community. (Job description under development)
2. An active and effective community team is in place that not only ensures a well run systems of care project but makes pro-active and high profile efforts in the community to improve the overall system of care for children and their families struggling with behavioral and emotional issues.
3. Community Team membership
 - A. Core membership shall include: Parents, DHS, Child Welfare, DHS-DDSD, Youth, OJA, School, Host agency, Other Social Service Providers (substance abuse, mental health, and others), Child Guidance
 - B. Recommended: Primary health care providers, District Attorney, Judges, Child abuse response agency, Faith, Youth activities (BBBS, Boys/Girls clubs, Scouts, law enforcement, etc.), Community coalitions (Turning Point, Community Partnership Boards, Child Abuse Prevention Task Forces, etc.)
 - C. Referral Team Membership: Directors or supervisors of Child Welfare, OJA/JSU, mental health, Special Ed.
4. Community Teams will have significant family voice and leadership from the community at every team meeting with minimal staff involvement.

Services

Clinical Treatment and Wrap around

1. SOC Communities must adopt the standard referral form. However, SOC Communities may require additional information and adapt the form to include local contact information.
2. A referral shall be reviewed and the referred family contacted within two weeks of receipt and taken to the next scheduled referral team for review and acceptance unless special circumstances make it impossible or unwarranted.
3. The referral source will be informed of the team's decision.
4. All referrals will be tracked using the client tracking form. This form will be monitored by local Project Directors and the State Project Director to insure reasonable timelines for referrals are maintained.
5. Crisis Plans: Initial Crisis plans will be developed with the family within one week of acceptance by the referral committee. A copy of the crisis plan will be put in the family's chart and a copy will be given to all appropriate family team members and advocacy organizations that the family desires. Contact information will be listed on the crisis plan.

6. All documentation required by the DMHSAS, Medicaid and any other pertinent oversight bodies will be maintained according to the oversight body's guidelines.
7. Holiday, evening and weekend office coverage: Each SOC project will create and maintain a plan for off hour coverage that insures a systems of care staff member can respond by phone to a crisis within 15 minutes.
8. If a family is placed on a waiting list, systems of care staff will inform the family they are being placed on the waiting list with an estimate of when they may begin SOC services and make all referrals necessary to insure the family is in a stable and safe environment.
9. Graduation: Graduation criteria will be developed by the family and family treatment team at the onset of services. These individualized criteria will be the basis for each family's graduation.
10. Team membership: Teams include all formal family support representatives and as many informal supports as possible. At the midpoint of treatment the majority of family treatment team members should be informal supports. By the end of treatment most of the members should be informal.
11. Wrap around treatment plans will be reviewed and modified if needed at each family team meeting based on the changing needs and goals of the family.

Support Infrastructure

Staffing

1. A primary lead executive or Project Director who administers the local SOC initiative and supervises staff.
2. Paid Family Advocate(s) who meet the minimum job description.
3. Care Coordinator(s) who meet the minimum job description.

Financial Reporting

1. Monthly financial statements that compare monthly actual expenditures to the monthly budget approved by the community team as well as year to date expenditures. (See current budget template)
 - A. Provided to the community team on a regular basis for review, approval and recommendations for changes as needed.
 - B. Provided to the State Project Director for review along with the monthly invoice.
 - C. The annual budget and major budget changes throughout the year must be approved by the State Project Director.

Evaluation

1. Completion and submission of all required evaluation information as outlined in the current data submission timeline and current statement of work including submitting and implementing any required plans of correction.
2. Share and use data locally.

Training

1. All systems of care staff serving in the role of a wrap around facilitator will be credentialed utilizing prescribed tools.
2. Project Directors will insure all staff working under their supervision attend training necessary to perform their duties including but not limited to crisis and safety planning and wraparound.