Localizing Success: Implementing a Go Team Model For Your Community

November 20, 2023

Purpose and Background

This manual helps localize and implement Go Team and Rapid Response Teams, originally organized at the state level as part of the Safe and Sound Task Force. It supports the development of a localized structure to assist local organizations supporting high acuity youth facing significant needs, such as youth in foster care at risk of or experiencing placement disruptions. While Go Teams and Rapid Response Teams were initially designed for the Task Force's objectives, this template to localize that process can also be a broader tool for coordinating resources and authorities across localities and systems.

Go Teams started in June 2022 as a strategy to address needs around youth in foster care sleeping in offices and hotels. Involves a collaborative multi-system approach

Go Teams brings together representatives from relevant organizations to discuss, problem-solve, and plan and help ensure maximum coordination and cooperation

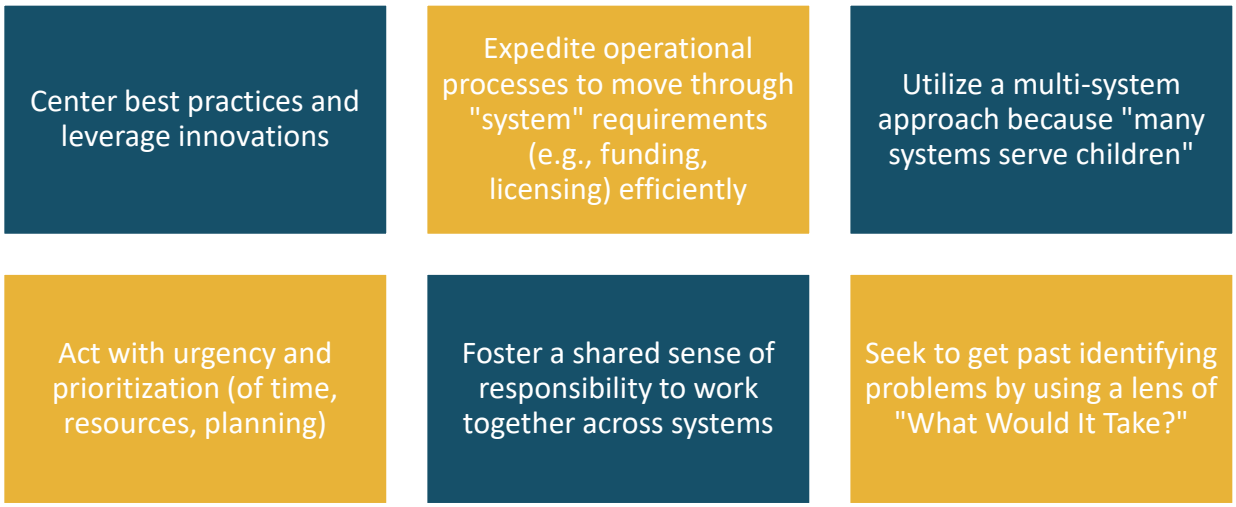
Go Teams emphasize shared responsibility in addressing individual and system-level barriers, while recognizing organizational-level duties, authorities, and roles

Go Teams aim for quick, coordinated decision-making; provides concurrent system-level education and information

"Go Team" refers to a state-level interagency process developed by the Task Force in June 2022. It involves designing a collaborative approach to address the needs of high-acuity youth in foster care—those requiring appropriate placement, currently displaced, or at risk. Go Teams bring together representatives from relevant organizations to discuss, problem-solve, and plan how to support youth (and localities) and help to ensure maximum coordination and cooperation. Each organization plays a

specific role, emphasizing shared responsibility while recognizing individual duties. Rapid Response is a similar concept, including past or potential placement providers based on the youth's current care needs. Both processes aim for quick, coordinated decision-making to ensure effective support and cooperation among involved entities.

Core elements of Go Teams



Why implement locally?

Developing and implementing a local model is essential for aligning goals of state-level initiatives like Go Teams with the unique needs and assets of specific communities. While some critical actions must be carried out at the state level, many impactful solutions, flexibilities, and actions occur locally. Embracing localization empowers communities to shape their strategies, enhancing the Go Team model's effectiveness in the context of state processes and solutions. Locally developed solutions can also strengthen local child-serving system relationships and systems because participants invested in their communities actively contribute to tailored solutions for their challenges and strengths, as well as identify gaps and needs.

Considering a regional approach

Some localities may want to consider implementing Go Teams on a regional level. This approach becomes critical to consider when multiple localities or communities need to collaborate such as when a community services board covers more than one locality. Developing a regional model can lead to a more cohesive and robust model. Regional collaboration enables the pooling of resources, expertise, and perspectives, which can foster a collective approach that is often more comprehensive and efficient. Also, a regional approach can also allow for the identification and utilization of shared resources and best practices. When neighboring localities work together, they can leverage each other's strengths and learn from successful initiatives and promote a sense of unity among communities within the region. Although this guidebook uses the term “local” throughout, also consider whether a regional approach is the right approach for your community.

How is the Go Team Model Different from a FAPT?

Go Team and Rapid Response have similar characteristics to Family Assessment & Planning Teams (FAPT) but are not intended to replace or duplicate FAPT. Go Team/Rapid Response is a multi-system process to collaborate to address the urgent needs of youth in foster care and determine what each participant within the scope of their role and authority can do in a coordinated, critical timeframe. A Go Team must be able to gather with the identified team roster quickly. The representatives should have easy access to the key decision maker they represent, be the decision maker, or be authorized to act on behalf of the decision maker.

FAPT is the multi-disciplinary process responsible for determining eligibility for CSA, exploring the strengths and needs of individual children and families, and recommending services. The FAPT prepares an individual family service plan (IFSP) with the child and family. FAPT members include representatives from DSS, schools, CSU, CSB, and a parent representative. FAPT may include other members, such as the health department or a service provider. The FAPT process includes completing a standardized assessment called the CANS or the Child and Adolescent Needs and Strengths. The power and duties of FAPT are outlined in the Code of Virginia (§ 2.2-5200). FAPTs generally convene on a scheduled basis, which may vary from locality to locality, with some meeting as often as weekly and others monthly. Although they are not prohibited from doing so, the membership of FAPT does not typically include a representative from the youth's Medicaid (Managed Care) plan, the VDSS Regional Permanency Consultant, or specific private providers who might consider accepting the youth for placement.

"High acuity youth": Defining and Prioritizing

While there is not a firm definition that we recommend or require there are some accepted definitions and characteristics of a youth who is high acuity. Generally, high-acuity youth are in the custody of local departments of social services and have multi-system involvement (i.e., child welfare, juvenile justice, mental health), and complex medical and/or behavioral health needs that typically exceed the resources, processes, and expertise of any one provider or system. The table below can serve as an example of how to prioritize youth for local Go Team or similar processes. Ultimately you will need to discuss and determine locally your target population.

Example target or priority populations		
Youth Currently Displaced	**Youth at risk of displacement**	**Youth who are unable to step down from high acuity, congregate settings**
• Youth who are sleeping in a local DSS office or hotel • Youth who are spending >1 night in an emergency department because of a behavioral health or other crisis, discharge or barriers to lesser restrictive settings (e.g., returning to foster or relative home)	• Currently in a foster home but requires a high level of support due to complex behavioral, developmental, and/or medical conditions • Currently in a residential treatment facility and no lesser restrictive environment can be identified pending discharge due to various reasons e.g., No payer, no accepting provider, no family placement available, delayed administrative processes	• Youth who are at CCCA and ready for discharge, but no step-down placement has been identified • Youth who are at private inpatient psychiatric facilities or psychiatric residential facilities who are ready for discharge, but no step-down

	• Youth with escalating behavioral health crisis who may need acute or residential psychiatric care	placement has been identified

Example: Team Members in Go Team/Rapid Response and Their Responsibilities

Entity	Role	Description - Example
VDSS	Participant	Regional Permanency Consultants: Provide practice and technical assistance related to kinship/relative care, foster care and foster care system, and child welfare practices.
LDSS Director (or designee)	Participant	Provide information about the youth's long-term goals and recommendations about immediate placement needs, strengths, service needs, health history, and referral history.
Court Services Unit	Participant	Provide knowledge of the youth and services that they may receive/have been receiving, system expertise, and technical assistance to support appropriate placement.
Local CSA Coordinator	Participant	Provide information and technical assistance related to child-serving agencies in the community and information about local community resources and services. Can seek technical assistance from Office of Children's Services (OCS).
Local CSB	Participant	Provide information about developmental services waivers and procedures for youth with waivers; provides information related to CSB services the youth receives or could be eligible for. Can seek technical assistance in various aspects from DBHDS.
Medicaid representative (Service Authorization and Specialty Services Contractor, MCO Foster Care Liaisons, or MCO Behavioral Health Case Manager	Participant	Provide technical assistance, foster care coordination, behavioral health, and medical service authorization, non-residential placement options identification, service provider identification, care coordination, and IACCT assistance related to the Medicaid members in their plans.
CCCA (discharge planning/care coordination staff)	Participant	Provide a level of care recommendation, treatment plan updates, discharge barrier context, and

		knowledge of youth in the CCCA setting.
Providers (RTC, TGH, LCPA, CRF, IL, sponsored residential)	Participant	Determine if able to provide placement for the youth; coordinate with relevant offices/agencies on specific needs to support step-down or placement (DBHDS regarding licensing variance requests, health plan to authorize services, etc.).
Clinicians (i.e. treating therapists) / community-based providers	Participant	Provide current clinical knowledge of youth in support of goals; provides insight to providers considering placement.

Meeting Format

The designated person provides a comprehensive overview of the youth's status and current needs, high acuity challenges, preferences, long-term goals (e.g. adoption, return to family, kinship care, etc.) along with strengths and service needs. Sometimes providing referral history can be informative. Clarity is sought from the group participants as necessary via discussion. Providing a framework for discussion around the *What Would It Take?* lens is often critical and can change the course of the discussion. Collaboratively, the group engages in brainstorming level of care needs and placement ideas. A designated person records the discussions and shares notes with all attendees for follow-up. The designated individual ensures that follow-up actions are addressed and reports back to the larger group, effectively closing the loop when a suitable placement is identified.

Sample Opening Script

Welcome, everyone. I'm [Your Name], and I'm pleased to have you here for today's Go Team meeting. These sessions were established to address challenges faced by local child-serving agencies to support high acuity youth with placement needs and challenges.

In our meeting, we are bringing together representatives from various child-serving organizations, each with specific roles related to child welfare, mental health, behavioral health, and funding, but all to focus on ideas and a plan to support the child and their long-term goals.

Our goal is to gather subject matter and operational experts, brainstorm and identify placements based on care needs, to collaborate, and to align resources and processes for a swift and safe placement. By the end of today's meeting, we aim to identify action items to assist the agency with next steps in appropriate step-down, wrap-around, or placement support.

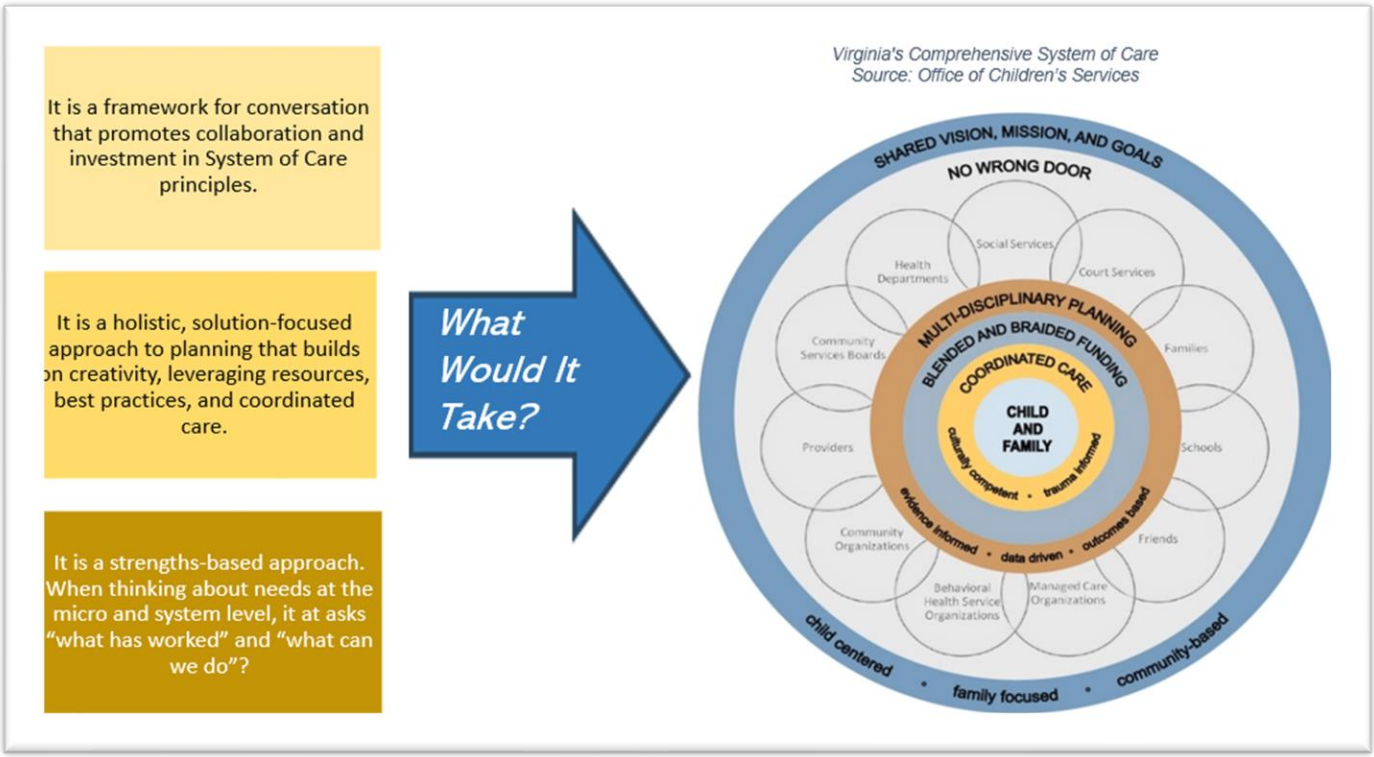
We're fortunate to have many representatives today. Let's kick off with introductions. I'll put names in the chat, and then [NAME] will begin with a summary and what is needed for this youth.

As we proceed, we will need you to share your thoughts, brainstorm ideas, and propose potential solutions. Remember that it is often easy to slip into "barrier" mode in these meetings because in the past, certain ideas may have been tried and haven't worked out. This is why we are using a What Would It Take lens, which we have talked about in our pre-planning meetings. That approach leverages all available resources, reaches across systems, and encourages a holistic and creative mindset to address barriers and challenges. It seeks to look at "old problems" in "new ways" and not to get stuck in the past.

[NAME] will distribute notes and action items afterwards and please use the email thread with encrypted email because of health information for further communication and follow-up. Thank you for your valuable participation.

Framework for Success: What Would It Take?

"What would it take?" is a philosophy and framework for conversation employed by the Task Force primarily through Go Team and Rapid Response meetings but also more generally in thinking about how best to serve and support high acuity youth, localities, and partners. The approach is based on system of care principles and acknowledges that within a system of care, addressing the unique needs of individuals requires flexibility, coordination, and accountability. By asking "*What Would It Take"* organizations, providers, and others within the system of care utilize a solution-focused perspective to consider how they might be able to support a youth, particularly in emergent or urgent situations. What Would It Take builds off what has worked and remains anchored to where are we going when considering needs. A *What Would It Take* framework leverages all available resources, reaches across systems, and encourages a holistic and creative mindset to address barriers and challenges.



Three Steps to Launch a Localized Go Team Process

Step 1: EVALUTE. Evaluate existing processes/meetings.
Evaluate whether any existing processes satisfy the parameters and your local needs around a Go Team/Rapid Response process. Are there existing processes that could be altered or improved to support the necessary structure and process? What are your guiding principles and values in the local process you will use? Consider the System of Care planning tool.
Evaluate and examine whether best practices, technical assistance, and continuous quality improvement (CQI) are available/implemented related to your process. If not, what are the barriers to accessing or implementing?

If it is determined that an existing process could be utilized, are all recommended local participants included? If not, what are the barriers to including them?
Is there a single person who is designated with the authority, responsibility, and information to convene a local meeting rapidly when needed?
Does a team bring or have access to decision-makers to the extent possible in order to support placement?
Does the identified team have the tools needed to facilitate a local meeting and placement options (participants; background; OASIS number, Medicaid ID, providers, services, encrypted email to communicate; virtual platform to meet)? If not, what are the barriers?

Step 2: PLAN. Plan local needs by adjusting existing processes or establishing new ones to meet local needs.
Clarify target population for your local efforts
Clarify the process to determine when there is a priority youth that needs to be staffed
Determine participants, roles, and expectations
Determine designated coordinator with responsibility and authority to convene
Clarify the process to invite the team
Clarify the best practices, technical assistance, and continuous quality improvement that will be utilized
Determine when and how you will convene
Agree upon the necessary information needed, if any, in advance of meeting; determine how you will obtain and disseminate ahead of time, and how it will be shared to ensure privacy and encryption
Develop a predictable format for the meetings
Discuss the process to invite providers, if you plan to do that
Determine who will facilitate meeting and do the follow-up

Step 3: LAUNCH! Once you have successfully met the pre-planning and planning stages, finalize your readiness to launch.
The team has held a pre-meeting(s) to discuss, evaluate, plan, and agree on a process
The team has been assembled and participants know and are comfortable with their role, expectations, and purpose for holding a Go Team (or however you are referring to your local process)
The team has discussed and clarified the best practices and technical assistance to utilize
There is a process for inviting providers to meetings, if needed
There is a plan for follow up and assigning responsibilities, if needed
All participants are comfortable and supportive of the purpose, expectations and plan
What else does your team need to be ready?

System of Care Principles

The following questions are intended as a guide for localities and system partners to consider questions when evaluating their work and for planning as they look to improve their local System of Care. *Source: Office of Children's Services*

System of Care Principles and Questions
Shared Vision • Do we all know what the vision is? (community or individual/child/family level)

- How are shared values infused/present in all meetings and interactions? (micro and macro level)
- What is working? What has worked in the past?
- "What would it take?"

No Wrong Door

- Do we have in place a structure to operate in line with this principle?
- Does our operating structure align with our community values and goals?
- Are services accessible to families?
- Do we collect feedback from families regarding access? Which structure/s creates frustration for families? Why? How do we utilize such feedback to increase access?

Multidisciplinary Planning

- Is responsibility and ownership shared across all levels of the child serving system?
- Does one agency exert excessive influence?
- How do we maximize the strengths and knowledge of team members?
- What can I/our agency do?
- Who are we missing?

Blended and Braided Funding

- Are community members/child serving agencies knowledgeable about funds?
- Do agency representatives/partners bring knowledge of resources to the table?
- Are funds used effectively and efficiently?

Coordinated Care

- Do we have a continuum of care of to include prevention, early intervention, treatment and aftercare?
- Do we prioritize community-based care? How do we invest in this priority?
- How do we engage community support?
- What is the role of discharge planning? (especially for high needs youth)

Child Centered and Family Focused

- Are services put in place for the youth AND family?
- What structures exist for partnering with families and involving youth at the policy, management, and service delivery levels?
- How do we provide families with necessary resources to partner effectively?
- How do our structures promote or limit participation of diverse families?

Conclusion

Establishing a local Go Team process is a unique journey for each community. There's no one-size-fits-all approach. If your locality sees the value in creating a similar process, the first step is simple—start a conversation. By fostering open dialogue, you pave the way for a tailored and effective Go Team that meets the specific needs of your community and the youth and families you serve.