Operations and program executives

Make pathways work across family support, placement, treatment, and discharge.

Valerie Holmes

The group discussed meaningful youth participation in policy, interviews, and court-related processes, along with practical supports for kinship families. Cross-county studies, visits, licensing, and treatment access can complicate a family's path through services.

Children and youth with complex needs exposed gaps between hospitals, psychiatric care, developmental services, and available placements. Participants considered assessment, stabilization, and discharge planning together, with attention to what must be ready before a transition.

Missing referral information, duplicate oversight, and court expectations created additional operational work. Participants also explored learning from prevention approaches in other states while recognizing that funding, authority, and local capacity differ.

Put the learning to work

- Map one referral-to-discharge pathway and identify where a child or family waits, repeats information, or loses continuity.
- Agree on the essential referral information and the person responsible for resolving a missing handoff.
- Invite appropriate youth or caregiver input into the redesign and specify how the feedback will change the process.

Questions for your team

Who owns the next step when several systems are involved? What support must be in place for a transition to hold?

Proposed CY2027 connection

March LX on stable care and complex needs; Q1 pathway definition, Q2 handoff test, Q3 access and continuity review, Q4 Chicago case clinic.

Source and coverage: Automatic transcript of the COO/CPO affinity discussion. Facilitator: Valerie Holmes.