

Section Two



Transformation of the Children's Behavioral Health System in Pennsylvania

GOAL 1:

Develop the capacity for the system to be youth and family driven.

The SAMHSA System of Care expectation is that youth and families have a primary decision making role in their care as well as the policies and procedures governing care for all children in their community and state. This includes:

1. Choosing supports, services, and providers;
2. Setting goals;
3. Designing and implementing programs;
4. Monitoring outcomes;
5. Partnering in funding decisions; and
6. Determining the effectiveness of all efforts to promote the behavioral health and well being of children and youth.

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| Define characteristics of a youth and family driven model of service delivery. | <ul style="list-style-type: none"> - Review State and National information on youth and family driven systems. - Solicit input from stakeholder groups, such as: <ul style="list-style-type: none"> • Youth Sub-Committee • Y.O.U. - Youth Outreach Union • Philadelphia COMPACT – Youth Move Chapter • Child Welfare Training Program (Youth Advisory) • Dept. of Health TBI group • Family Involvement in the MacArthur Models for Change Initiative • Family organizations • Children's Advisory Committee • Youth and Family Training Institute Advisory Board. | <p>Draft review for March, 2011, Children's Advisory meeting.</p> <p>Children's Bureau will coordinate process for developing a draft beginning January, 2011.</p> | <p>9/1/2011 update-Family & Youth Advocacy Workgroup continues to work on reviewing this document for content and language changes. Proposed changes will be presented to Advisory for comment and approval.</p> |

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| | <ul style="list-style-type: none"> - Identify values such as respect, equality, meeting family where they are, cultural acceptance, cultural competency, etc. - Compile information. - Develop a workable draft. | | |
| <p>Develop practice guidelines which will incorporate youth and family priorities as drivers of the service process.</p> | <ul style="list-style-type: none"> - Develop information for caregivers and youth that help them understand that the more engaged and involved in their treatment they become, the better the outcomes. - Identify models for the parent and youth to complete a self-assessment, at the initiation of service. - Ensure each county/BH-MCO uses self-assessment tools. | <p>Establish a Workgroup to develop information for youth and caregivers, as well as a draft self-assessment tool by March, 2011.</p> | <p>Workgroup also suggests the revision of language used in the development of this action step.</p> |
| <p>Define the professional competencies needed to have a youth and family driven system.</p> | <p>Children's Bureau will develop Workgroup to:</p> <ul style="list-style-type: none"> • Identify certification standards and work with training centers to develop curriculum. • Explore what a system-specific certification process would look like using the youth and family driven competencies. • Collaborate with provider agencies to define and be accountable for staff to become youth and family driven. • Explore having providers incorporate these characteristics into job descriptions. • Identify options for standardized trainings including Continuing Education Units for provider staff. | <p>Establish Workgroup by January, 2011.</p> <p>Create the curriculum by April, 2011; begin to schedule trainings at the county level by July, 2011.</p> | <p>Workgroup also suggests the development of a new target date for workgroup development</p> |

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| | <ul style="list-style-type: none"> • Create a cross-systems speaker/training bureau at state and regional levels, consisting of youth and families who train providers on youth and family driven competencies. • Work with universities and colleges to incorporate youth and family driven principles and practices in the curriculum for human service majors. | | |
| <p>Ensure system transparency and availability of information to youth and families.</p> | <ul style="list-style-type: none"> - Establish a workgroup to develop ways to measure systems accountability to youth and families. - Establish a process for families and youth to identify what information is needed for engagement in the service process. - Work with counties/BH-MCOs, CASSP coordinators and providers to further develop the information process. - Engage counties/BH-MCOs in discussions about ways of providing information to assist youth and families. - Assess existing resources/sources to determine accuracy/functionality. - Develop means for availability of information to youth and families on how systems operate, their effectiveness, choice of and access to services, costs, provider performance. - Develop guidelines for youth and family involvement and a dissemination process for access to this information. | <p>Children's Bureau staff will convene a workgroup that will begin the process by January, 2011.</p> <p>Status report by June 30, 2011.</p> | |

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| | <ul style="list-style-type: none"> - Develop ways to educate youth and families about the potential (and limitations) to review the youth's clinical record. - Inform clinicians about the responsibility to assist youth and families in understanding and interpreting their records and protecting sources of information. - Develop and disseminate educational material on benefits paid for by Medicaid and other resources. - Identify ways to further involve counties with providing information on Network of Care. - Develop ways of informing youth and families of the availability of information and how to access it. - Develop online learning for families and for youth on the basics of the children's behavioral health system. - Develop "Dashboard" or other displays of provider profiles to include items such as license status, renewal, accreditation, evidence-based practices, restraints, number of incidents/violations, family/youth advisory committees, licensed staff, trainings, consumer satisfaction, consumer comment section, specializations, cultural make-up, payment options/cost for service. - Ensure that BH-MCOs keep provider profiles up-to-date (quarterly updates). | | |

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| <p>Establish mechanisms for OMHSAS Children's Advisory Committee and Youth Subcommittee to be involved in monitoring Health Choices for children's behavioral health services.</p> | <ul style="list-style-type: none"> - Establish reporting mechanisms for OMHSAS committee meetings. - Ensure that youth and families are embedded into the Health Choices RFP process, including the review and bidding of contracts, development of plans, policies, and accountability to taxpayers, families and in identifying service needs. | <p>Report to OMHSAS Children's Advisory by March, 2011.</p> | |
| <p>Develop a communications plan that includes educational efforts addressing the above strategies, involving collaboration among professionals, family members and youth.</p> | <p>Work with the Children's Advisory and Youth Subcommittee to develop a communications plan and a timeline.</p> <ul style="list-style-type: none"> - Explore opportunities for collaboration efforts. - Develop written materials that are available online and written in "family-friendly" language. - Develop a family and youth page on the PA Recovery website that is "family friendly." - Explore the use of social networking site and/or other sites that youth access regularly. - Explore the pilot social networking site for behavioral health and determine its value. - Provide information to schools and universities on the importance of collaboration between youth, families, and professionals. - Work with counties and BH-MCOs and PH-MCOs to communicate and promote this goal through their handbooks, newsletters, etc. | <p>Communications Plan completed by August, 2011; with implementation extending through February, 2012.</p> | |

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| <p>Increase youth and family leadership involvement in the behavioral health system.</p> | <ul style="list-style-type: none"> - Evaluate mechanisms to ensure an independent family/youth advocate in every county/joinder. - Define what already exists in each county for youth and family advocates. - Examine options for paid behavioral health/cross-systems family advocate and youth advocate positions in every county. - Develop a credentialing process for these positions. - Create a process for stipends to aid youth and family in their participation in planning and policy levels. - Identify ways for advisory boards to have 51% consumer/youth/family participation. - Encourage providers to have substantial youth and family participation on their governing boards. - Ensure active and meaningful family participation in the Integrated Children's Service Plan process. - Develop ways to have youth/families (instead of provider) administer satisfaction surveys and exit interviews. - Develop and implement ways to get more youth involved in all regions. | <p>Develop report on survey by Youth and Family Subcommittee by January, 2011.</p> <p>Establish workgroup with youth, families, providers, counties and BH-MCOs by August, 2011.</p> | |

GOAL 2:

Ensure ready access to a cost-effective array of quality services including assessment, treatment and support services that help to sustain and nurture family and community ties. Quality services are comprehensive, integrated, and provided in the least restrictive environment as defined by the needs of the youth.

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| <p>Identify current services and publish the information.</p> | <ul style="list-style-type: none"> - Develop in consultation with the Children's Advisory Committee, a means of presenting information about Children's Behavioral Health Services on website. - Arrange for each county to have a specific list of services available. - Provide list to Network of Care. - Assist counties in assuring that the service list is comprehensive of all systems. - Ensure long term sustainability of Network of Care resource for families. | <p>Children's Bureau will develop survey of Counties by January, 2011.</p> <p>Children's Bureau will develop list for review at March, 2011, Children's Advisory Committee.</p> <p>List will be posted on DPW web site and on Network of Care web site for each county.</p> | <p>Family & Youth Advocacy workgroup will develop a spreadsheet listing the advocates in each county. Information will be gathered from a survey distributed to CASSP coordinators. Spreadsheet will identify trained advocates that are available to provide services, identify those advocates that are paid v. volunteers and identify what specific trainings are for advocates and families.</p> <p>Completed 5/13</p> <p>Due to low response rate, survey will be redistributed (Harriett). completed</p> <p>Family & Youth workgroup members will contact counties to ask additional questions about the availability of advocacy</p> |

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| | | | <p>services. Completed 5/13</p> <p>Family & Youth Workgroup will develop a list of questions to be distributed to CASSP coordinators that will gather additional information about advocacy services and the availability of those services. Completed 5/13</p> |
| <p>Identify gaps in service array and opportunities to fill them.</p> | <p>Establish work group to:</p> <ul style="list-style-type: none"> • Survey counties • Ask counties to identify gaps in service • Research Network of Care and DPW licensing website • Identify potential prevention services • Identify possible waiting lists for services • Gather and analyze key data (PAYS, ChildStat, PDE data, CDC-BRFSS,) as well as CDC epidemiological info (e.g. ASD, FASD, depression, depression related to medical conditions, trauma, and multi-system involvement). • Identify potential transitional support services from one level of care to another. | <p>Establish Workgroup by January, 2011.</p> <p>Present a report to Children's Advisory Committee by May, 2011.</p> <p>Complete children's behavioral health information on Network of Care for every county by July, 2011.</p> | <p>Family & Youth Advocacy spreadsheet will help to give a clearer picture of where the advocacy gaps exist. Completed 5/13</p> <p>Family & Youth Workgroup members will have discussion with Federation of Families Completed 5/13</p> <p>Family & Youth Advocacy Workgroup members will explore trainings to families around Behavioral Health</p> |

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| | | | <p>Services and the Children's system for families (i.e. Temple Institute on Disabilities; Family Federation for Children's MH; College of Direct Supports; PA Families Inc.; MHA)</p> <ul style="list-style-type: none"> • Late entry 6/3 Some research has been completed some members are still working on gathering the requested information. |
| <p>Develop plan to assure every child/youth will have follow-up contact according to clinical need – routine care model – secondary prevention.</p> | <p>Work with counties/BH-MCOs to determine how plans are developed, implemented, and monitored.</p> | <p>Report to Children's Advisory Committee by May, 2011.</p> | |
| <p>Address specialization to meet needs of specific populations including:</p> <ul style="list-style-type: none"> ▪ Age ranges – early childhood to adolescence to transition age. | <p>Develop capacity for excellence for all Behavioral Health diagnoses.</p> <ul style="list-style-type: none"> - Inform parents. - Train workforce. - Include current expertise in higher level education. | <p>Initial report to Children's Advisory Committee by July, 2011.</p> | |

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| <ul style="list-style-type: none"> ▪ Geographic considerations – access. ▪ School/community/residential based services. ▪ Evidence-based treatment models. ▪ D&A and Substance Abuse/Co-occurring issues. ▪ Autism Spectrum Disorder. ▪ Pediatric and complex medical compromises. ▪ Trauma-Informed Care. ▪ Lesbian, Gay, Bi-sexual, Transgender, Questioning, Intersex. ▪ Deaf/Hard of Hearing. ▪ Traumatic and Acquired Brain Injury. ▪ Fetal Alcohol Spectrum Disorder and | <ul style="list-style-type: none"> - Specific training toward trauma informed, family driven, brain changes/cognitive disabilities approach across systems. - Establish a workgroup to evaluate the current system for serving youth with Autism Spectrum Disorders and/or developmental disabilities for clarification of coordination and funding responsibilities. - OMHSAS to be more prescriptive in identifying core competencies for specific populations: <ul style="list-style-type: none"> • For LGBTQ youth, research literature on meeting the needs of LGBTQ youth and young adults (to include the OMHSAS paper written on LGBTQ issues). • Ensure that LGBTQ youth and young adults have an opportunity to participate and/or provide feedback on projects and policies being developed within OMHSAS. • Facilitate focus group or workgroup with LGBTQ families and youth and young adults to identify what the specific issues are within the current BH system and to identify strategies to address the issues. • Ensure compliance of BH providers with new LGBTQ bulletins being issued by OMHSAS Policy bureau. <ul style="list-style-type: none"> ○ Develop protocol for addressing non-compliance with LGBTQ bulletins. • For youth with co-occurring disorders, ensure that OMHSAS Children's Bureau staff participates in the D & A Coalition. • OMHSAS Children's Bureau staff to participate on Prevention and Accessibility Workgroups of D&A | <p>Report by January, 2011.</p> | <p>FASD Workgroup is in final stages of developing the concept paper and devising an action plan for disseminating awareness and intervention information to stakeholders. Information will be presented at an OMHSAS Lunch and Learn on January 27, 2012.</p> |

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| <p>Reactive Attachment Disorder.</p> | <p>Coalition to ensure that in areas of prevention and intervention, youth and young adult needs are represented and taken into account when developing specific strategies.</p> <ul style="list-style-type: none"> • Ensure there is youth and young adult representation on the OMHSAS Advisory Persons in Recovery Workgroup. • Ensure youth and young adults as well as family representation on OMHSAS initiatives concerning co-occurring issues. • Work collaboratively with OMHSAS Policy Bureau staff on priority projects that have an impact on youth and young adults. • Provide resource information on state approved trainers for adolescent co-occurring training opportunities. <p>- Provide feedback to strengthen ICSP guidelines in order to assure multi-system planning occurs regularly and unmet needs are addressed.</p> <p>- Support the existing workgroup to determine how best to meet the behavioral health needs of children with Fetal Alcohol Spectrum Disorder and Reactive Attachment Disorder and their families. Priorities include: Awareness, Diagnosis, Treatment and Prevention.</p> <p>- Continue collaboration with EPIS Center, PCCD and OCYF to promote Evidence-Based Programs and Promising Practices and work to improve sustainability, outcomes and data related to these programs.</p> | <p>Periodic reports to Children's Advisory Committee on implementation of Evidence-Based Practices.</p> | |

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| <p>Build cross-systems coordination and collaboration with physical health and education as well as any system a child may need (in keeping with youth/family privacy and consent issues).</p> | <ul style="list-style-type: none"> - Monitor System of Care development. - Examine ways to do enhanced assessment for complex situations including independent psychologists, psychiatrists, ICMs, and other disciplines to assure appropriate diagnosis and recommendations - not just services the agency can provide. - For youth with complex medical conditions, determine how to assure a bio-psychosocial approach which recognizes social and emotional and health issues. - Identify ways of coordinating behavioral health and physical health services for youth with medical conditions. - Work with PH-MCOs for a system of social-emotional/ mental health screening and referral. - Work with Department of Education and OCDEL to monitor SAP referral, school success, pre-school exclusion, EI services for social-emotional delays, etc. - Identify language and cultural differences as part of the work to embrace system partners at county/ state/ provider levels. - Increase awareness and understanding between systems. | <p>System of Care reports at each Children's Advisory Meeting.</p> <p>Report to Children's Advisory Committee by July, 2011.</p> <p>Reports to Children's Advisory Committee.</p> | |

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| | <ul style="list-style-type: none"> - Examine potential incentives for cross-system collaboration. - Consider options for Cross-system training. | | |
| <p>Increase access to services.</p> | <ul style="list-style-type: none"> - Work with BH-MCOs on a system for monitoring of access to services. - Identify ways to track referrals from point of contact to decision made and 3 to 6 months follow-ups. - Develop process for utilizing documentation to report on service array and access. - Assess the need to develop ways to provide services as early as possible. - Develop continuum of providers similar to the Physical Health system – including use of allied professionals. - Utilize Quality Assurance measures to ensure reliable effective service - (i.e., using EBP or trauma informed care) and outcomes. | <p>Present report on referral tracking system by March, 2011.</p> <p>Report on allied professionals by March, 2011.</p> | |
| <p>Assure development of natural support systems for youth as a legitimate part of every individual plan.</p> | <p>Work with the Youth and Family Institute to build on the experience with natural supports in High Fidelity Wraparound to determine how to build and nurture natural supports.</p> <p>Develop plan for educating professionals on how to use natural supports.</p> | <p>Report by March, 2011.</p> | |
| <p>Facilitate input and feedback in system management.</p> | <p>Develop mechanisms for incorporating child and family satisfaction information.</p> | <p>Establish process by March, 2011.</p> | |

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| | <p>Involve youth and families in OMHSAS reviews, including the complex situation process.</p> | | |
| <p>Continue to develop strategies that ensure youth with Residential Treatment Facility (RTF) needs are served in Pennsylvania.</p> | <p>Continue to work collaboratively with youth, family, providers, and stakeholders to identify and develop specialized RTF services to ensure youth are served in Pennsylvania.</p> <ul style="list-style-type: none"> • LBGTQ • Deaf/Hard of Hearing • Transition-Aged Youth • Youth with Autism • Dual Diagnosis • Co-Occurring • Juvenile Justice. <p>Work with providers to develop effective interventions that will intensify individualized treatment and reduce length of stays for youth.</p> <p>Work with providers to address aftercare plans to ensure youth receive timely access to community based services upon discharge.</p> <p>Continue involvement with the Continuum of Care workgroup which is currently working with BH-MCO's, providers, and counties to:</p> <ul style="list-style-type: none"> • Reduce the number of youth currently served outside Pennsylvania. • Identify community services/evidence based practices to assist counties in reducing RTF use and serve youth in the least restrictive environment. • Develop and implement guidelines to ensure | <p>Provision of regular reports to Children's Advisory Committee on cross-system collaboration which includes Children's Bureau staff, other systems, and family members.</p> | <p>Lakeview Neurobehavioral RTF has opened its 16 bed facility for boys located in Lewistown. The facility specializes in working with youth with behavior's that have neurological complexities. The facility is now accepting admissions.</p> |

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| | <p>family and youth participation in PRTF treatment.</p> <ul style="list-style-type: none"> • Continue to support and expand the trauma informed care initiative including the Sanctuary Model and Trauma Focused-Cognitive Behavioral Therapy pilots for RTFs. | | |
| <p>Increase awareness and treatment of children with brain injury and co-occurring behavioral health needs.</p> | <p>Children's Bureau staff will continue to actively participate on the Traumatic Brain Injury Advisory Committee and other planned meeting/trainings.</p> <p>Research "best practices" literature regarding brain injury in children and assist in providing training to government and community stakeholders/professionals. Promote the dissemination and use of "best practices" among child-serving agencies/professionals by encouraging them to train and/or seek training in the areas of comprehensive assessments and specific treatments for children with behavioral health problems due to brain injury.</p> <p>Promote the development of a comprehensive evaluation process when brain injury is suspected with children entering the behavioral health system.</p> <p>Encourage child-serving agencies to work collaboratively for the best interest of families and their children with brain injuries.</p> | <p>Report and recommendations to OMHSAS Children's Advisory Committee in the future and to be reviewed for appropriateness for the Building Bridges subcommittee.</p> | <p>Continue to participate and collaborate with the Department of Health TBI Advisory Board.</p> <p>More information can be obtained by contacting Dahl Krow 717-772-7859.</p> <p>Continue to assist Counties and Providers, as needed, in finding the appropriate behavioral health services for children/youth with brain injuries.</p> |
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| <p>Continue to increase and promote the use of Respite Services across the Commonwealth.</p> | <p>Children's Bureau staff will continue to provide technical support to Counties/Joiners to ensure the full use of allocated respite funds.</p> <p>The Respite Development Workgroup will continue to create guidelines, and evaluate the progress of County/Joiner spending on a quarterly basis.</p> <p>Counties will continue to complete quarter reporting forms and submit them to the Children's Bureau on a quarterly basis.</p> <p>Counties/Joiners continue to be submitting 4th quarter reporting forms for FY 2010-2011. The primary reason for late reporting is delayed billing from providers. The final statistics on spending for FY 10-11 should be determined by the end of September.</p> <p>A request for Additional Respite Funds was submitted and approved in the amount of \$70,648 for FY 2010-2011. These were one-time additional funds. Counties/Joiners who spent 95% or more of their allocation this Fiscal Year were eligible for these funds. They included: Armstrong/Indiana; Bedford/Somerset; Blair; Bucks; Butler; Carbon/Monroe/Pike; Chester; Columbia/Montour/Snyder/Union; Delaware; Fayette; Franklin/Fulton; Huntington/Mifflin/Juniata; Lehigh; Montgomery; Northampton; and Northumberland.</p> | <p>This is an ongoing initiative</p> | <p>Continue to work with Counties in strengthening their current respite programs.</p> <p>The Workgroup continues to meet in person twice years. Conference calls will occur twice per month.</p> <p>FY 10-11 Information is still pending. An update will be provided once all the data is analyzed.</p> <p>For more information or for specific questions please contact Crystal Doyle 717-705-8397.</p> |

GOAL 3:

Establish the infrastructure (financing, policies, training, etc.) to implement a system of comprehensive, integrated, cost-effective array of services.

In order for change to occur, it must be supported by funding, policy, and other organizational structures.

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| <p>Funding - establish a study group to examine financial models, incentives, flexibility, etc.</p> | <ul style="list-style-type: none"> - Secure support for study group; if approved, identify members of study group. - Conduct an analysis of the current funding landscape and consider possibilities of alternate payment arrangements, strategies and funding collaborations with other systems. - Focused stakeholder meetings (i.e., specific groups like providers, BH-MCOs) to brainstorm on best financial practice models from each group perspective. - Maximization of DPW funds to serve youth in the most cost effective and most competent manner. - Ensure payment mechanisms support clinically competent services. - Sustaining desired service array across Pennsylvania with the appropriate fiscal support, rural cost challenges. - Explore financial strategies for promoting prevention that will be sustainable. | <p>Study groups begin January, 2011.</p> <p>Study group submits reports to the Children's Advisory Committee by September, 2011.</p> | <p>Study group membership is being developed</p> |

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| Examine ways to braid/blend funding to support cross-systems approaches. | <ul style="list-style-type: none"> - Investigate nationwide efforts and local efforts. <ul style="list-style-type: none"> o Crosswalk and blend programmatically. - Uniform availability approach and language should be consistent as part of the effort to address cost shifting. - Consider ways to have a County protocol for replicating the complex case process. | Research to identify innovative funding arrangements completed by March, 2011. System of Care reports to Children's Advisory starting in May, 2011. | DPW has established a Complex Case Team that reviews Complex Cases to address funding issues as needed. |
| Examine possibilities of Parity and Health Care reform for children's behavioral health. | <ul style="list-style-type: none"> - Identify policy changes needed to support model adjustments identified in HCR. - Examine possible State Plan amendments to support potential system improvements through HCR. | Reports at each meeting of the OMHSAS Children's Advisory Committee. | |
| Leadership – educating new administration and legislative leaders. | <ul style="list-style-type: none"> - Identify strategies to educate the new administration on Advisory functions, importance, and accomplishments. - Identify the role of Advisory in regard to broader state government and the legislature. - Develop Executive Summary of what Advisory is and the goals are to introduce Call for Change document. | Children's Bureau, on-going. | |
| Sustaining OMHSAS Advisory Structures. | Establish a study group to devise strategies to increase diverse participation from the Children's Behavioral Health System (CASSP coordinators, MH/MR administrators, providers, BH-MCO's, etc) possibly by inclusion in subgroups and the use of a listserv. | Report to Children's Advisory Committee by May, 2011. | In response to concerns raised by Committee members regarding changes to the reimbursement structure, a new reimbursement policy has been |

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| <p>Workforce development – assure a stable, competent behavioral health workforce.</p> | <p>Establish a Workgroup to address the broad range of workforce issues, including:</p> <ul style="list-style-type: none"> • Identify ways to assist Providers to have a workforce which is able to respond appropriately to all needs, including bio-neurological needs of clients. • Use of technology: <ul style="list-style-type: none"> ○ Lunch and Learn series ○ Build a repository of learning resources ○ Define the training platform ○ University assistance. • Identify training resources across state agencies and identify common practices, ways to share resources and training. • Document reasons for staff departures. • Identify barriers to recruitment and retention. • Study options for loan forgiveness. • Identify ways to implement recommendations of the DPW Early Child Mental Health Committee. | <p>Develop a report to OMHSAS Children's Advisory Committee on current status and barriers w/loan forgiveness.</p> <p>Workgroup established by March, 2011.</p> | |
| <p>Reevaluate the current structure of Outpatient (OP) clinics.</p> | <p>Develop a work group to examine outpatient behavioral health services for children:</p> <ul style="list-style-type: none"> • Review findings of Outpatient Task Force. • Examine financial sustainability. • Research how to best maximize impact at this lower level of service. • Consider mobile OP. • Review regulatory structure, no ramp up phase, must have the full staffing complement when the program opens. | <p>Report to Children's Advisory Committee by May, 2011.</p> | |

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| <p>Increase youth and family leadership involvement in the behavioral health system.</p> | <ul style="list-style-type: none"> - Evaluate mechanisms to ensure independent family/youth advocate in every county/joinder. - Define what already exists in each county for youth and family advocates. - Examine options for paid behavioral health/cross-systems family advocate and youth advocate positions in every county. - Develop credentialing process for these positions. - Create a process for stipends to aid youth and family in their participation in planning and policy levels. - Identify ways for advisory boards to have 51% consumer/youth/family participation. - Encourage providers to have substantial youth and family participation on their governing boards. - Ensure active family participation is meaningful in the Integrated Children's Service Plan process. - Develop ways to have youth/families (instead of provider) to administer satisfaction surveys and exit interviews. - Develop and implement ways to get more youth involved in all regions. | <p>Develop Report on survey by Youth and Family Subcommittee by January, 2011.</p> <p>Establish Workgroup with youth, families, providers, counties, and BH-MCOs by August, 2011.</p> | |

GOAL 4:

Develop a public health approach to social and emotional wellness for children, youth and families.

The public health model emphasizes promotion of emotional wellness as well as the prevention of behavioral health problems. Promotion of positive development is a protective factor strategy. Protective factors such as relationship skills, conflict management, employment skills, and positive problem solving can be taught to children, family members, teachers, etc.

The Institute of Medicine has identified preventative interventions as:

- Universal which is proactive, has no stigma attached, and is available regardless of risk status;
- Selective such as preschool programs for all children in impoverished neighborhoods and support groups for children who have experienced trauma;
- Indicated prevention for individuals who have symptoms but not severe enough to meet diagnostic criteria – intensive parent child programs, mentoring, and social-emotional skill building.

The public health model is based on the pyramid (universal, at-risk, need services). Children and youth tend to move between levels; it is also important to note that life is more circular than pyramid-like, with people going in and out of the three levels of the pyramid at various points in life.

General resource: *Public Health Approach to Children's Mental Health* (from Georgetown University's National Technical Assistance Center for Children's Mental Health, 2010)

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| Define social and emotional wellness for all developmental stages. | <ul style="list-style-type: none"> - Establish OMHSAS Early Childhood Workgroup; use Georgetown document as appropriate to develop framework for Pennsylvania based on the definition of social and emotional wellness, identify the issues. - Promote the importance of social and emotional wellness in all contexts, as part of general health and wellness and how we see the whole person. Suggested settings: families, preschools/schools, pediatricians, primary health, and community. Develop family-friendly resources on social and emotional wellness that can be made available in pediatric and family practices. Build on existing initiatives | <p>OMHSAS staff/March, 2011.</p> <p>Draft document identifying/defining the issues by July, 2011.</p> <p>Regular Reports to OMHSAS Children's Advisory on OMHSAS collaboration with ECMH Advisory Committee (and OCDEL/PAKey).</p> | <p>Working on consolidating the strategies and action steps and listing existing resources/programs related to each strategy that we can build on.</p> <p>Using the approach in the Georgetown document (Promote—to optimize positive mental health; Prevent—to reduce mental health problems;</p> |

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| | <p>that promote the development of social and emotional wellness in young children in early care and learning facilities.</p> <ul style="list-style-type: none"> - Develop a library or toolkit identifying sources of resources on a variety of topics related to social-emotional wellness: <ul style="list-style-type: none"> • Culturally and linguistically competent approaches to social-emotional wellness. • Information about normal/healthy child development and behavior. • Information on building resilience in children and families (e.g., Strengthening Families approach to five protective factors) - Create an anti-stigma campaign that allows for comprehensive discussion of wellness to include social/emotional issues. - Develop and disseminate an approach to social/emotional wellness in clinical practice/case management. | <p>Report to OMHSAS Children's Advisory, and Youth Advisory Subcommittee, May, 2011.</p> | <p>Treat—to diminish or end the effects of a mental health problem; and Re/Claim—to optimize positive mental health within the context of an identified mental health problem) to conceptualize a framework that applies to Pennsylvania.</p> |
| <p>Develop an approach that promotes the collaboration of the behavioral and physical health systems to promote prevention.</p> | <ul style="list-style-type: none"> - Adapt/expand existing programs that promote physical wellness to include social/emotional wellness components (e.g., shape-up programs). - Research existing integration models across the country. - Promote more extensive use of existing screening instruments with social and emotional domains in key settings (early care and learning, schools, pediatricians/family practice, drug and alcohol); provide training on | <p>OMHSAS staff report Advisory committee membership, May, 2011.</p> | |

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| | <p>the use of these screening instruments (or develop recommended training resources).</p> <ul style="list-style-type: none"> - Identify and promote the use of screening instruments for special populations/special initiatives (e.g., youth suicide prevention, FASD). - Include all human service/public welfare delivery systems in integration efforts—addressing the fact that wellness means more than physical/behavioral health integration. - Explore the creation of Diagnostic Centers across the state which are multi-disciplinary, perform bio-neurological assessments for all children, determine PH and BH needs in the language of individual functioning skill levels, and provide treatment recommendations for child and family. | | |
| <p>Clarify mechanisms for sharing information between systems.</p> | <p>Identify current barriers to information sharing and develop options.</p> | <p>Report to Children's Advisory, March, 2011.</p> | |
| <p>Examine health care reform opportunities for prevention and early intervention.</p> | <p>Explore currently existing prevention/identification programs in Pennsylvania and how they might be accessed and expanded under health care reform initiatives.</p> <p>Identify and promote examples of coordination and co-location of behavioral and physical health services and the "medical home"/"health home"/accountable clinical home" concept (explore use of language for this that is appropriate for a more holistic approach that includes social-emotional wellness).</p> | <p>Reports to OMHSAS Children's Advisory from staff involved with Health Care Reform.</p> | |

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| | <ul style="list-style-type: none"> - Identify ways in which substance abuse/mental health parity and expanded eligibility for Medicaid services can be opportunities for promoting social and emotional wellness. - Expand scope of and eligibility for Nurse-Family Partnership as an evidence-based program that addresses social/emotional wellness. | | |
| <p>Continue to develop and promote Positive Behavior Support programs in early care and learning facilities and in schools.</p> | <ul style="list-style-type: none"> - Continue to work within the Department of Education to expand the number of schools implementing Positive Behavior Interventions and Supports. - Examine ways to use the Strengthening Families five protective factors approach. | <p>Regular reports to OMHSAS Children's Advisory Committee.</p> | |
| <p>Ensure that families and all those who provide services to children understand the impact of trauma on children's social and emotional well-being and know how to provide trauma-informed care.</p> | <ul style="list-style-type: none"> - Disseminate information about the impact of trauma, especially early trauma, on children. - Build on existing initiatives like the Sanctuary Model that address trauma to develop a comprehensive strategy for informing all those who work with children and families in primary and behavioral health care about how to incorporate trauma-informed care into their service delivery. | <p>Report to OMHSAS Children's Advisory by March, 2011.</p> | |
| <p>Create supports for transition-aged youth.</p> | | | |

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| Information to be made available to youth, families and practitioners about the unique characteristics of individuals with brain-based disorders. | | | |
| Identify how behavioral health provider systems can promote social/emotional wellness. | | | |

GOAL 5:

Develop increased capacity for service systems to meet the needs of transition age youth and young adults through cross systems collaborative relationships and initiatives.

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| <p>Identify the service and support programs, financing, training, and monitoring components necessary for an approach tailored specifically to the development of youth and young adults with behavioral health needs.</p> | <ul style="list-style-type: none"> - Create a cross-systems workgroup involving youth and young adults, advocates, multi-system representatives to document existing services and supports, identify gaps, review national literature, and develop a report with recommendations for action. - Examine the potential for High Fidelity Wraparound, Assertive Community Treatment, and Peer Support services, which can bridge the child and adult systems. - Address the unique role that the family plays and will be integrated with other services and supports (such as Education, career training and the development of positive social relationships) that will assist transition age youth to lead healthy and productive lives. - Develop a detailed assessment of the current system. - Develop a data base to determine the number of youth and young adults with mental health needs that are in child welfare, corrections systems, and education system. - Conduct a literature review to identify evidence based and promising practice. - Formulate an ideal plan for a transformed system of care for youth and young adults. | <p>Workgroup established by January, 2011; report completed by September, 2011.</p> | |

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| | <ul style="list-style-type: none"> - Develop an action plan for implementation, including training, financing, and evaluating. - Identify immediate problems that can be addressed in regard to policy, regulation, medical necessity criteria, and other operational issues. | | |
| <p>Support the continued development of the OMHSAS Youth Advisory Subcommittee.</p> | <ul style="list-style-type: none"> - Provide ongoing lead staff support for subcommittee. - Provide financial support and accommodations for youth and young adult participation on advisory structure. - Ensure ongoing recruitment of new members. - Provide ongoing advocacy for youth and young adult involvement in various advisory initiatives. | <p>Children's Bureau Transition Specialist – ongoing.</p> | <p>The TAY is exploring options to obtain funding from community provider organizations to assist with expenses incurred by TAY to attend Advisory meetings. Mentors are trying to coordinate transportation for TAY subcommittee members with members from the</p> |

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| | | | <p>other Advisory committees.</p> <p>Due to budgetary issues membership is capped.</p> |
| <p>Identify and obtain youth and young adult input into identifying needs, developing plans and programs, and implementing and monitoring service development.</p> | <ul style="list-style-type: none"> - Advocate for youth feedback/participation in all OMHSAS initiatives that impact youth and young adults (i.e. Adult County Planning process; ICSP; LGBTQ, OMHSAS workgroups, etc.). - Advocate for and support Transition-Age Youth and Young Adults involvement in cross-systems activities and advisory boards to ensure interests and needs are represented in the development of projects and initiatives (i.e. Education, OCYF, JJ, D& A, OIM, L & I, PID, etc.). - Work collaboratively with OMHSAS Policy Bureau to ensure that the interests of transition-age youth and young adults are represented in bureau initiatives. | <p>Transition Specialist – ongoing.</p> | |
| <p>Identify and assist counties in the identification and replication of “transition promising practices”.</p> | <p>Develop a workgroup involving county representatives, youth and young adults to identify county issues that impede successful transition and how those issues have been addressed (i.e. RTF discharge planning, child/adult service system transition, housing, etc.).</p> | <p>Workgroup established by July, 2011.</p> | |