

II. Children, Youth and Families

Background

Significant change began to occur in children's mental health services beginning in 1982 with the publication of Jane Knitzer's book Unclaimed Children about the lack of public mental health services for children. Congress created the Child and Adolescent Service System Program (CASSP) and funds were appropriated for states to develop comprehensive systems of care for children and adolescents with serious emotional disturbance (SED) and their families. Pennsylvania applied for and received the first of several federal CASSP grants and began building an infrastructure for a comprehensive system of care. That infrastructure developed over the next several years into:

- An enhanced emphasis on children and families in the Office of Mental Health
- Children's mental health specialists in each of the state's four regional offices
- CASSP or children's mental health coordinators in each county mental health program
- A statewide CASSP Advisory Committee

"Of the three million seriously disturbed children in this country, two-thirds are not getting the services they need. Countless others get inappropriate care."

Jane Knitzer, Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services, 1982

In May 1995, the state CASSP Advisory Committee approved a set of six core principles for mental health services for children and adolescents with serious emotional disturbance and their families. Services were to be (1) child-centered, (2) family-focused, (3) community-based, (4) multi-system,

Snapshot – Children, Youth, & Families

- In 2009, over 150,000 children and youth received services
- Evidence-based practices in 2009 included:
 - 1,000 children and youth in 23 counties received Functional Family Therapy,
 - Multisystemic Family Therapy is available in 52 of Pennsylvania's 67 counties
 - Multidimensional Treatment Foster Care is available in 12 counties
- 20,031 children with an autism diagnosis were served in Pennsylvania in 2008

(5) culturally competent, and (6) least restrictive/least intrusive. These core principles continue to guide system change.

“Achieving the Promise: Transforming Mental Health Care in America”, a 2003 publication of the President’s New Freedom Commission on Mental Health, called for continued system transformation. Focusing on the fragmentation of mental health and broader human service systems, OMH’s subcommittee on children’s services called for services based on a system of care approach. This approach included an array of services and supports provided in the home, school, and community, in partnership with the family and consistent with the culture, values, and preferences of the child and the family.

In 2005, the OMHSAS Children’s Advisory Committee established an overarching goal of transforming the children’s behavioral health system to one that is family-driven and youth guided.

Children, Youth, and Families Initiatives

1. Establish child and family teams and implement High-Fidelity Wraparound through the work of the Youth and Family Training Institute
2. Create home and community-based alternatives to residential treatment
3. Partner with the Department of Education to support the development of effective school-based supports and interventions
4. Develop a process for identifying and implementing evidence-based practices and promising practices as well as culturally relevant practices
5. Incorporate a systems approach and evidence-based practice to create models for Youth in the Child Welfare and Juvenile Justice Systems
6. Gain a better understanding of and develop programs to address autism
7. Create behavioral health competency to address the unique needs of early childhood including infants and toddlers
8. Develop programs which will address more effectively the issue of teen suicide

OMHSAS recognized that collaboration with other DPW offices and other child-serving agencies is a critical element of transformation. The OMHSAS Advisory Committee further emphasized the need for a financing strategy to

ensure long-term sustainability of the services. These changes led to organizational support for broader stakeholder involvement.

Child and Family Teams and High Fidelity Wraparound

High Fidelity Wraparound (HFW) emphasizes the use of child and family teams to engage and empower families to be the primary determinant of services in the treatment and recovery process. Initially, HFW was established in five counties and used family teams to reduce the use of residential placement and other intensive services. Currently, nine counties are implementing HFW, with nearly 300 youth and families served. In 2009, OMHSAS received a \$9M five-year Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant that will allow 15 more counties to develop HFW services.

The goal is to have HFW available in all county mental health programs. In support of that goal, the Youth and Family Training Institute was established in 2007 through an agreement with the University of Pittsburgh. The Youth and Family Training Institute provides training and credentialing oversight for HFW staff in partnership with youth and family leaders and trains counties to implement HFW. In addition, the Youth and Family Training Institute partners with the University of Washington to monitor fidelity to the model and with the Western Psychiatric Institute and Clinic to identify the best outcome measures to assess improvements in HFW.

Home- and Community-based Alternatives to Residential Treatment and Out-of-Home Placement

OMHSAS partners with the Office of Children, Youth and Families (OCYF), family members, advocates and BH-MCOs to develop community- and family-based services in order to reduce out-of-home placements and to stop out-of-state placements. Efforts have included work with OCYF and the Bureau of Juvenile Justice Services to divert youth with predominant mental health issues away from juvenile justice placements and into community-based programs. OMHSAS created a white paper, "Assessment of Residential Treatment Facility Use and Needs in Top Using Counties and Regions," which addressed the current environment, needs, and recommendations for alternatives to residential treatment. As a result of the focus on community and family-based alternatives, the number of youth in out-of-state placements has decreased.

Pennsylvania has joined the nationwide movement to enhance trauma-informed care and services within residential facilities by implementing Alternatives to Coercive Techniques (ACT). By 2010, the Sanctuary Model

for trauma-informed care had been implemented at 29 residential providers with a total of 2,397 beds. A ban on prone restraints was implemented in 2009 and the OMHSAS ACT committee has a goal of elimination of all unnecessary restraints in residential facilities.

Casey Family Programs has committed to safely reduce the number of children in foster care nationwide by 50% by 2020. The Office of Children Youth and Families was selected by the National Governor's Association (NGA) to participate in an NGA/Casey Foundation initiative to safely reduce the number of children in foster care. Pennsylvania's reduction plan includes the bold goal of reducing by 20% in 3 years (by 20,000) the number of children in foster care by increasing safety, improving permanency and reducing re-entry into the system. The Pennsylvania NGA Leadership Team involves staff from the OMHSAS Bureau of Children's Behavioral Health Services who are working with 16 counties to develop specific reduction plans that can be replicated throughout the Commonwealth. The early results are very promising.

Out of home placements for dependent youth (16 counties)

October, 2008 -12,239
April 1, 2010 - 10,180

Respite

In July 2007, the Bureau of Children's Behavioral Health Services received approval to distribute \$500,000 toward development of respite services for children. Every county received funds, ranging from \$5,000 to \$112,000 depending on the percentage of youth served. The Bureau solicited input from stakeholders to develop [Guidelines for Respite for Families with Children in the Behavioral Health System](#) and the guidelines were distributed to each county.

Counties used this allocation to create a respite program for the families living in their county or to expand the current respite services provided. In FY 2008-2009, 1,559 children and families received 54,038 hours of respite services.

School-based Supports and Interventions

There is a growing recognition that behavioral health services alone are insufficient, and that it is critical to have a school culture that is supportive of social, emotional, and behavioral development. Counties and managed care organizations partnered with school districts throughout Pennsylvania to

develop an array of school-based behavioral health services, including outpatient services, partial hospital services, and one-to-one support. As part of the advisory process, the OMHSAS Children’s Advisory Committee engaged school-age youth to get their perspective on school-based behavioral health services.

The School Wide Positive Behavioral Supports (SWPBS) initiative is a mechanism for implementing such a culture in schools in partnership with families, while respecting the family’s culture, values, and preferences. The effort is being led by a State Leadership Team composed of individuals from the Departments of Education, Health, and Public Welfare; providers; advocates; family members and behavioral health managed care organizations. SWPBS is being developed in more than 100 school districts. In addition, there have been several recent programs to expand the use of Dr. Nicholas Hobbs’ Re-Ed model, an approach that blends quality education and mental health services in school classrooms.

In the Pocono Mountain School District, positive behaviors are recognized by being given a “paw” pass. The paws become a form of currency in the school and are used to buy items and participate in special activities.

Evidence-Based Practices and Promising Practices

Efforts by OMHSAS and counties to improve access to evidence-based and culturally relevant mental health treatment have focused on three highly recognized programs that work within the context of the youth’s support system: Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care (MTFC). All three programs help divert culturally diverse youth with severe behavioral issues from residential and juvenile detention placements.

- Functional Family Therapy (FFT) is a research-based family program for at-risk adolescents between the ages of 11-18 and their families. It has been shown to be effective for adolescent problems such as violence, drug abuse/use, conduct disorder and family conflict. FFT targets multiple areas of family functioning and features well-developed protocols for training, implementation and quality assurance and improvement. Since its inception in 2005, FFT has grown to 11 providers who are approved to serve 23 counties and over 1,000 children/youth each year.

- Multisystemic Family Therapy (MST) is an intensive home-based service model provided to families in their natural environment. MST is intensive and comprehensive, with low caseloads and varying frequency, duration, and intensity levels. Since the first MST provider was enrolled in September 2005, the number of MST providers has grown to 12 providers with a total of 47 teams. Currently, over 10% of the world's MST teams are located in Pennsylvania.
- Multisystemic Treatment Foster Care (MTFC) initiatives began in 2007 with designing service definitions and standards. Since 2007, the Pennsylvania Commission on Crime and Delinquency (PCCD) has awarded grants to seven providers to serve 12 counties.

The OMHSAS Bureau of Children's Behavioral Health Services works with national certification bodies to establish, train, and/or certify providers to offer FFT, MST, and MTFC. Fidelity to the model is a requirement for OMHSAS approval and is monitored on a continuous basis. The Bureau also participates in meetings with OCYF and the PCCD to guide the newly-created EPIS Center at Penn State to support new providers and to support collaboration on funding, technical assistance, and monitoring efforts.

Youth in the Child Welfare and Juvenile Justice Systems

In 2005, Pennsylvania was one of eight states selected to participate in a Policy Academy with the National Center for Mental Health and Juvenile Justice. The Policy Academy includes representatives from the Juvenile Court Judges Commission; Office of Children, Youth, and Families; Juvenile Detention Centers' Association; Department of Health's Bureau of Drug and Alcohol Programs; as well as families and youth representatives. The Policy Academy work was adopted by the MacArthur Foundation Model Systems Project.

Pennsylvania was the first state chosen by the MacArthur Foundation to be part of a "Models for Change" initiative. Models for Change is an ambitious effort to build a "comprehensive model system" for responding to court-involved youth with behavioral health disorders. It focuses on early identification, prevents unnecessary system penetration, and provides for timely access to appropriate treatment in the least restrictive setting consistent with community safety. This initiative has involved top-level representatives of the state's juvenile justice, mental health, child welfare, drug and alcohol, and education systems.

One of the hallmark developments of the MacArthur Models for Change initiative was a “Mental Health/Juvenile Justice Joint Policy Statement”, formally committing the Commonwealth to the goal of having statewide:

- Routine screening and assessment of youth for behavioral health problems utilizing the Massachusetts Youth Screening Instrument (MAYSI)
- Appropriate continuum of programs and services for diversion and treatment (for example, MST, FFT, and MTFC)
- Opportunities for family involvement in their treatment, appropriate protections for their privacy, and other legal interests
- Sustainable funding mechanisms that support all of these practices

System of Care

The 2009 SAMHSA System of Care grant focuses on services to youth (ages 8-18) with multi-system involvement (mental health, child welfare, juvenile justice) and are in or at-risk of out-of-home placement. The grant covers six years and will be implemented in 15 Pennsylvania counties. The initial year of the grant is to be a strategic planning year to develop criteria for selection of counties. For the grant, a State Leadership Team comprised equally of youth and family representatives and top officials from mental health, child welfare, and juvenile justice was established. With the Governor’s Commission on Youth and Families, the Leadership Team will be responsible for the Pennsylvania System of Care Partnership, and the Youth and Family Training Institute will support, monitor, and evaluate the System of Care development in the counties. The 15 counties identified during the planning year (based on need, commitment, and readiness) will establish the infrastructure to build systems that work with the youth and family, integrate professional services, and utilize the natural supports that exist in families and communities in Pennsylvania.

The System of Care Partnership builds on and enhances cross system efforts that have been underway for several years to integrate and more effectively provide services to youth.

Autism

In response to the dramatic increase in the number of children being diagnosed with autism spectrum disorders, the DPW Autism Task Force was

created in 2003. The Task Force included over 250 family members of people living with autism, service providers, educators, administrators, and researchers, and was charged with developing a plan for a new system that would make Pennsylvania a national model of excellence in autism service delivery.

In 2004, the Autism Task Force published its final report and recommended creating a program office within DPW to focus on the challenges faced by individuals with autism spectrum disorders. DPW created the Office of Autism Affairs, which in early 2007 became the Bureau of Autism Services within the Office of Developmental Programs. The Bureau of Autism Services successfully established statewide diagnostic, assessment, training and intervention standards, and offers training to meet the lifetime needs of Pennsylvanians living with autism. A website with up-to-date information and training material is available to family members, friends, neighbors, or others who support individuals with autism in everyday life.

In 2009 OMHSAS published guidance for conducting functional behavioral assessments (FBA) establishing that the use of an FBA is the current standard of care for treating children and adolescents with behavioral health needs compounded by developmental disorders such as autism spectrum disorder. In 2009 training in the use of the FBA was provided to almost 200 Behavioral Specialist consultants and over 800 Therapeutic Staff Support workers. In calendar year 2008 the behavioral health system served 20,031 children with an autism diagnosis.

Early Childhood

There are about 900,000 children under age six in Pennsylvania; more than 450,000 are infants and toddlers. An active and energized statewide Early Childhood Mental Health (ECMH) Advisory Committee provides guidance to the child and family-serving agencies and has spearheaded the development of early childhood services in Pennsylvania. ECMH consultation is available in early learning facilities enrolled in the DPW Office of Child Development and Early Learning's (OCDEL) Keystone STARS program. Consultation services were provided in 48 of the 67 counties in Pennsylvania to 244 early learning facilities and 837 early childhood educators. In 2008-2009, 434 children also received early childhood mental health consultation services. In addition, cross-system initiatives included

- Pilot projects for screening in pediatric offices
- Mandated screening using Ages and Stages Questionnaire–Social-Emotional (ASQ-SE) in all OCYF child welfare facilities

Suicide Prevention

Suicide is the third leading cause of death among youth age 15-24, accounting for more deaths than cancer, heart disease, AIDS, birth defects, stroke, pneumonia, the flu, and chronic lung disease combined. During the past half century, the incidence of suicide among adolescents and young adults has nearly tripled. In 2001, OMHSAS and its stakeholders developed the PA Youth Suicide Prevention Plan to promote awareness that youth suicide is a preventable public health problem and to develop strategies to reduce youth suicide.

The Youth Suicide Prevention Advisory Group developed a five year plan to reduce youth suicide by improving access to non-stigmatizing prevention and mental health and substance use treatment. To implement the plan, the Suicide Prevention Monitoring Committee was established to monitor five year plan goals. The tasks listed below have been the focus of the group, with new tasks and activities targeted on design of specific services throughout Pennsylvania.

The Pennsylvania Youth Suicide Prevention Plan (based on the United States Surgeon General's National Strategy for Suicide Prevention)

- Promote awareness that youth suicide is a preventable public health problem.
- Develop broad-based support for youth suicide prevention.
- Design and implement strategies to reduce the stigma associated with being a youth consumer of mental health, substance abuse, and suicide prevention services.
- Identify, develop, implement, and evaluate youth suicide prevention programs.
- Promote efforts to reduce access to lethal means and methods of self-harm.
- Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Develop and promote effective clinical and professional practices.
- Improve access to community linkages with mental health and substance abuse services.
- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in media and entertainment.
- Promote and support research on youth suicide and youth suicide prevention.
- Improve and expand surveillance systems.

Transition Age Youth

It is essential that the system tailor itself to the developmental needs of transition age youth, helping them to successfully enter adulthood and avoid admission to inpatient or residential treatment facilities.

To help understand these needs, OMHSAS created five pilot programs in 2004 and dedicates one full-time staff person to support initiatives for transition age youth and young adults. Pilot projects were established in seven counties: Allegheny, Chester/Delaware, Clearfield/Jefferson, Dauphin, and Westmoreland. The pilot projects successfully tested approaches to enhance community-based supports for transition-aged individuals with

A Memorandum of Understanding, established in 1998, and updated in 2006, by the Departments of Education, Labor and Industry, Public Welfare, and Health expresses the commitment to “work together in supporting youth and young adults with disabilities transitioning into adult life in the achievement of their desired post school outcomes, with a focus on post-secondary education, training and lifelong learning, community participation, and healthy lifestyles.”

behavioral health challenges. In recognition of the unique needs of youth and young adults who are transitioning to adulthood, in 2009 OMHSAS created a Transition Age Youth Subcommittee of the OMHSAS Advisory Committee. In addition, OMHSAS and its collaborators implemented a training curriculum for peer specialists who work with transition age youth. While the focus on transition age youth is relatively new, the youth and young adult subcommittee has become an important voice helping the behavioral health system understand the needs of this population.

Progress

- In 2001, OMHSAS and its stakeholders developed the PA Youth Suicide Prevention Plan.
- In 2003, the Autism Task Force was created.
- Beginning in 2005, Pennsylvania implemented an expanded array of evidence-based practices (MST, FFT, and MTFC) for children and youth to create alternatives to residential placements.

- In early 2007, the Bureau of Autism Services was created within the Office of Developmental Programs.
- In 2007, the Youth and Family Training Institute was established through an agreement with the University of Pittsburgh.
- In 2007, OMHSAS awarded funds for respite services and issued guidelines for respite care
- In 2008, Pennsylvania received the Garrett Lee Smith Youth Suicide Prevention grant to implement an early identification system for youth at high risk for suicide (ages 14-24 years). The primary aims were to reduce death and hospitalization from self injury in three counties in northern Pennsylvania.
- OMHSAS issued a bulletin in 2009 on the ban of prone restraints in all children's residential facilities effective June 2010.
- In 2009, OMHSAS published a bulletin on conducting functional behavioral assessment for children with an autistic disorder.
- In 2009, OMHSAS created a Transition Age Youth subcommittee of the OMHSAS Advisory Committee
- A child, youth and family "Call for Change", a strategic plan to transform the children's behavioral health system to one that is youth-guided and family-driven, will be issued in 2010.

Resources:

- Early Childhood Mental Health, A periodic update on early childhood mental health initiatives in Pennsylvania, Number 4, April 2010 (http://parecovery.org/documents/ECMH_Initiatives_040110.pdf)
- Report and Recommendations of the DPW ECMH Advisory Committee, September 1, 2009 (http://parecovery.org/documents/ECMH_Adv_Recommendations.pdf)
- Bureau of Autism (<http://www.dpw.state.pa.us/dpworganization/officeofdevelopmentalprograms/bureauofautismservices/index.htm>)
- Pennsylvania Youth Suicide Prevention Plan (http://www.parecovery.org/services_suicide_prevention.shtml)