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PCPA promotes a community-based, responsive and viable system of agencies providing quality services for individuals receiving mental health, mental retardation, addictive disease and other related human services.

January 7, 2003

The Honorable Ed Rendell
1500 Sansom Street
Philadelphia, PA 19102

Dear Governor-elect Rendell:

It is my honor to present the enclosed report on children's behavioral health in Pennsylvania. We promised to provide this report when you spoke at the Search Conference on Children's Behavioral Health in Harrisburg on December 4, 2002. We also intend to keep our other promise: to work with you and your administration to make things better for children in Pennsylvania.

The enclosed report strongly supports your announced intention of establishing a Child and Family Cabinet. We also recommend that you consider appointment of a broad-based Children's Commission to advise you and the Cabinet. This Commission would be integrally involved in a planning process that would engage concerned individuals throughout Pennsylvanians in a comprehensive review of children's behavioral health needs and services. Likewise, we recommend that you initiate action that would result in creation of local children's councils to participate in the statewide planning process and be responsible for local collaborative approaches to meeting the needs of children with behavioral health problems. Additional recommendations and supporting information are included in the enclosed report.

The Search Conference was one of the few times that families and individuals from all child-serving systems worked together toward a common goal. The Search Conference revealed many problems, as well as many resources. As you have made clear, there is a severe budget challenge, but there is also a wealth of expertise and commitment to children throughout Pennsylvania. The Planning Group for the Search Conference welcomes the opportunity to marshal these resources to assist in your goal of making things better for Pennsylvania's children.

We are grateful for this opportunity that you have extended. Please contact me if you have any questions about the enclosed material.

Sincerely,

Stan Mrozowski
Children's Policy Specialist

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RECOMMENDATIONS FROM THE SEARCH CONFERENCE ON CHILDREN'S BEHAVIORAL HEALTH

**Presented to the Transition Team for Governor-elect Ed Rendell
January 7, 2003**

The lack of a system-wide response to the needs of this population is frightening.
A parent's comment

OVERVIEW OF THE SEARCH CONFERENCE

During the summer of 2002, a coalition of individuals who work with and on behalf of children in Pennsylvania gathered to discuss barriers that children and their families confront when they need behavioral health services. The initial goal was to develop a series of recommendations for the new state administration taking office in Harrisburg in January 2003. The group soon realized that, before a meaningful action plan could be developed, stakeholders from across the state needed to identify a shared vision and values for children's behavioral health services.

The Planning Group sought assistance from the National Technical Assistance Center for Children's Mental Health at Georgetown University's Center for Child and Human Development. The Technical Assistance Center is nationally recognized for its work in assisting states and communities to collaborate on improving the service delivery system for children. The Center recommended a statewide "search conference" as a vehicle by which diverse stakeholders in Pennsylvania could come to consensus on a shared value base.

The Search Conference was held December 4 and 5, 2002 in Harrisburg. Over 200 individuals from across the state participated. Conference participants included families, whose intense personal experiences provide a needed centering voice, as well as representatives from the key sectors of mental health, drug & alcohol, education, early intervention, juvenile justice, child welfare, developmental disabilities, and state and local government.

Governor-elect Ed Rendell honored the Conference by his attendance and his presentation on the challenges that his administration will be confronting, including children's behavioral health. The Governor-elect indicated his intention to appoint a Children and Families Cabinet with responsibility for children's behavioral health.

The results of the Search Conference are summarized and major recommendations are presented in the first section of this report. Detailed information on specific areas related to children's behavioral health is presented in the second section of this report. Also included is a list of the Planning Group that coordinated the Search Conference and produced this report.

THE PROCESS

A Search Conference is a method of bringing people together and using their energy and expertise to achieve innovation, empowerment, shared vision and collaborative action. During the two-day event, there were a great number of issues discussed and ideas produced. After the Search Conference was over, the Planning Group worked with the consultants from Georgetown to develop a concise list of recommendations for the Rendell Transition Team.

In addition to the vast and invaluable input of the Search Conference participants, the Planning Group drew on other sources in developing its recommendations:

Recent reports on developments in Pennsylvania. In November 2002, the Pennsylvania Joint State Government Commission released a report on the Children and Youth Services Delivery System in Pennsylvania. Several findings on structural and system issues are particularly relevant to Search Conference issues, including fragmentation of services, the challenges related to staff recruitment and retention, and the obstacles to the effective and efficient delivery of services created by current funding mechanisms. An earlier Report from the Task Force on Dependency and Delinquency documented the difficulties of adjudicated youth with behavioral health problems. Another report recently released by the Department of Public Welfare documented problems of fragmentation and complexity in the systems that serve the families of children with Autism Related Disorders, and recommended a statewide assessment to determine the extent of autism and identify family-supportive resources.

These are issues that challenge our nation. The 1999 Surgeon General's report and the recent Interim Report from the New Freedom Commission cite fragmentation and ineffectiveness of the public and private systems that are to serve children with behavioral health problems.

Public and private efforts in other states. Maine's governor-elect has announced a proposal to consolidate children's programs from corrections, mental health, human services and education into one new state agency. Maine is also facing the issue of the child psychiatry shortage. This challenge is similar to that faced by Pennsylvania and other states, as nationally, there are only 6,300 child and adolescent psychiatrists. Mental health experts estimate that number should triple or even quadruple to meet the need.

In Massachusetts, the Blue Cross Blue Shield Foundation is financing the development of community-based collaborations to expand access to mental health services for children and their families. Through this effort, the Foundation has identified several key factors to the success of community initiatives, which include participation by all key stakeholders (including primary care physicians), active engagement of families at every stage, and integrated cross-agency care coordination and case management.

The CASSP experience in Pennsylvania. For more than a decade, Pennsylvania has implemented systems of care through the Child and Adolescent Service System Program

(CASSP), a nationally recognized model promoted by the federal government. Research demonstrates that systems of care and evidence-based interventions must guide system reform in children's behavioral health.

REALITIES OF THE CURRENT SYSTEM

Search Conference participants identified a number of trends – ranging from specific systems issues to more global societal developments -- that impact the need for and delivery of behavioral health services in Pennsylvania. These involve:

- Increased identification and diagnosis of children with various behavioral health disorders. Children are demonstrating more complex and/or more severe behavioral health problems at a younger age. The rates of Autism diagnoses are skyrocketing.

- Increased demand for services and corresponding demand for cost containment. While better and earlier identification of children with behavioral health needs is a positive trend, it has resulted in an increased demand for services. At the same time, funding resources are under great pressure. In addition, there is a limited availability of qualified, competent professionals to deliver crucial services. Thus, child-serving systems are in a double bind – they are trying to do more with less.

- Greater need for cross-system collaboration. When children have behavioral health care needs, their families typically must navigate a number of different systems, which can include mental health, drug and alcohol, mental retardation, education, juvenile justice and/or child welfare. But there are barriers to effective cross-systems collaboration, both on the individual case level as well as on a more global policy level. These obstacles include “turf issues” and laws and regulations that make it difficult to blend funding to create better services.

- Increasing strain on families' ability to negotiate complex systems of care. A number of factors negatively impact the capacity of individual families to obtain all the appropriate, needed services for their children. These factors include:

- changes in family structure;
- diminishing natural and community support systems, and increased isolation;
- excessive demands upon the discretionary time and financial resources of families, as caretakers work longer hours and struggle to find affordable, high-quality day care for their children;
- families are “blamed and shamed” for their children's behavioral health disorders, and must confront racial and cultural issues, judgmental attitudes and punitive responses.

- Children with behavioral health disorders are being “criminalized” as zero-tolerance policies result in suspensions, expulsions and referrals to the juvenile and criminal justice systems.

- Advances in our understanding of behavioral health disorders including a better of understanding of the relationship between the brain and mental illness, serious emotional disturbance and behavior.

- There is an expanding base of knowledge regarding evidence-based interventions to effectively address behavioral health problems.

- There is need to develop more culturally competent services for diverse populations.

- The growing epidemic of substance abuse among young people throughout the Commonwealth.

VISION

Given the realities of the current complex system, the Search Conference sought to identify areas of common perspective and commitment. Search Conference participants agreed on the following Vision of Children's behavioral Health:

In Pennsylvania, the well being of all children and families is supported by an excellent, effective, collaborative system that insures easy access to early and effective prevention, intervention, treatment and support services in adherence to the CASSP principles and values:

- Child-centered
- Family-focused
- Community-based
- Multi-system (involving Education, Mental Health, Child Welfare, Juvenile Justice, Drug and Alcohol, Mental Retardation, and Health)
- Culturally competent
- Least restrictive/ least intrusive
- Services based on outcomes that are known to be effective
- Strengths-based approach
- Partnerships with families, providers, businesses, communities, etc.
- Formal as well as natural services
- No eject/ no reject

SUMMARY OF RECOMMENDATIONS

With the ideas generated from the Search Conference, and the expertise of the members of the Planning Group, the following recommendations on children's behavioral health are presented for the Rendell Administration Transition Team. The Planning Group and the Search Conference participants are grateful for this opportunity to be part of the process for addressing the behavioral health needs of children and adolescents in Pennsylvania. The Planning Group recognizes the dynamic nature of this endeavor and stands ready to be part of the on-going process of improving the behavioral health of Pennsylvania's young people.

- Governor Rendell should move immediately to convene the Children and Families Cabinet, consisting of appointed Administration officials, and charge it with implementing the long-term goal of improving the behavioral health of all Pennsylvania children.

- Governor Rendell should appoint a Children's Commission, to advise him and the Children's Cabinet. The Commission should include parents, young adults who have been in the system, county administrators, school district representatives, the courts, advocates, community, business and religious leaders, legislators, providers, child psychiatrists, primary care physicians, managed care, universities and professional and trade associations/guilds.

- The Children's Cabinet should adopt guiding principles such as the CASSP principles, which will be the basis for all publicly funded programs.

- In order to comply with the Legislative initiative for a comprehensive children's plan, the Children's Cabinet, along with the Children's Commission should undertake a strategic plan, which, in 12 months, will outline the future of services and supports for children and their families in Pennsylvania. The planning process shall include, but not be limited to: evidence based interventions, a statewide assessment to determine the extent of Autism Related Disorders and other behavioral health problems, attention to recruitment and retention of quality staff, identification of the resources that are needed to support children and their families, and plans for integrating the resources of all child-serving systems.

- The Children's Commission should monitor the children's behavioral health system in Pennsylvania and issue an annual Report Card on the state of services and supports for children and their families.

- Given Pennsylvania's strong system of local school districts and county-based human services structure, Governor Rendell should direct his staff to bring together the leadership of the local school districts, county administrators of mental health, substance abuse, children and youth, juvenile justice, and mental retardation services, and families, to create local cross-system Councils. The purpose of these Councils will be to advise and work with the Children's Cabinet, and to provide leadership and accountability for how local communities implement systems of care. The first charge to these Councils will be to local efforts as part of the comprehensive planning process.

DETAILED RECOMMENDATIONS

The Search Conference generated extensive discussion of the major issues related to children's behavioral health. The consultants from the National Technical Assistance Center facilitated discussion about current realities, long-term goals, and what participants wished to retain, drop or create. The ideas, which can serve as a beginning step in identifying a comprehensive plan for children's behavioral health, have been organized into twelve topic areas, which are presented in the following attachment.

The Search for Common Ground Conference
TOPIC: Family Issues

LONG TERM GOAL: Ongoing and meaningful family involvement at all levels including policy development, program planning and service delivery

TRENDS: Many trends identified by participants demonstrate the need for, and benefits of ongoing and meaningful family involvement at all levels. Participants identified a dramatic increase in identification and diagnosis of children with Autism, Bipolar Disorder, Attention Deficit Disorder and other complex behavioral health disorders at an early age. Participants identified decreases in natural and community support systems, as well as the availability of qualified, competent staff – trends which, combined, lead to more pressure on the family at a time when families are being impacted by general societal trends that impact families in general. These include reduced stability of communities, diminishing natural support systems, increased isolation, excessive demands upon the discretionary time and financial resources of families, increasing unemployment and increasing availability of harmful media. Participants also identified increases in children/adolescents being “pushed” into the Juvenile Justice system when other desperately needed services are not available.

KEEP, DROP and CREATE:

- **Keep:** Participants recommended that the following services be maintained: Family Centers, Family Service System Reform and System of Care initiatives. Participants overwhelmingly support family empowerment initiatives, parents as partners, keeping programs that “work” and parent representatives on all key committees at the state and local level
- **Drop:** Participants recommended dropping exclusive determination of services by professionals, separation of children from their families, negative stereotypes, segregation and discrimination against children with behavioral differences, judgmental attitudes, punitive responses to children requiring treatment and negative and unfriendly attitudes by school personnel towards parents regarding their very real concerns for their children.
- **Create:** Participants recommended that when children cannot remain with their families, out-of-home placement must be viewed as temporary and as an extension of the family. This treatment must be available close to the child’s home and family members must be involved in all decisions regarding their child.* Participants also expressed the need for parent/family education and training opportunities, child support and mentoring systems, increased respect for families of children with emotional, behavioral and mental disorders, parent-driven and parent-created/implemented services, supports, availability of more and different in-home services, services that are culturally competent and a transportation system for families to get to treatment and back home. It is important to note that these recommendations include financial as well as moral support for these initiatives.

SHORT TERM OBJECTIVES:

- Turn rhetoric of family involvement into action*
- Reestablish the Children's Bureau in the Office of Mental Health
- Reexamine the administrative costs of the Behavioral Health Managed Care system in Pennsylvania
- Develop a statewide plan to promote and fund Family Advocates in every county
- Develop a plan to ensure that families have a significant voice in determining how the resources in their community are allocated.
- Commitment to CASSP values and principles for all child-serving systems

*From Federation of Families for Children's Mental Health (note: Parents Involved Network of PA is the state organization of the Federation of Families for Children's Mental Health)

The Search For Common Ground Conference
TOPIC: Community/County Structure

LONG TERM GOAL: Maintain and solidify the local, county and community ability to design and implement services and service systems that suit the needs of the individual community and county.

TRENDS: Many trends identified by the participants relate directly to this goal. Many of these identified trends represent opportunities as well as challenges. Participants identified the increase in identification and diagnosis of children with Autism, Attention Deficit Disorder, Pervasive Developmental Disorder and other behavioral health disorders. While increased identification, especially early identification, is a positive trend, it has resulted in a greater demand for services and need for cross-system collaboration in an environment of reduced availability of funds, reduced availability of qualified, competent staff, increasing “turf” issues among child and family-serving systems and increased “unfunded mandates” and administrative responsibilities associated with increased reporting, requirements for service authorization, etc. These trends have occurred concomitantly with, and are impacted by general societal trends that impact families in general such as reduced stability of communities, diminishing natural support systems, increased isolation, excessive demands upon the discretionary time and financial resources of children and families, increasing unemployment and increasing availability of harmful media. However, there are also positive trends such as increasing understanding of the relationship between the brain and mental illness, serious emotional disturbance and behavior, and greater collaboration among child-serving systems.

KEEP, DROP and CREATE: Participants demonstrated consistency in recommendations related to elements of the current system that should be kept, dropped and created.

- **Keep:** Participants support county-level planning and administration of the behavioral health system, including HealthChoices, local control and decision-making, community-based services and local collaborations based upon the needs and strengths of communities.
- **Drop:** Participants recommended dropping approaches that are either too general (e.g., statewide unified approach) or too specific (e.g., inconsistencies in program options and policies across systems). Participants also recommended dropping geographical boundaries that are complex and not necessarily consumer-focused.
- **Create:** Participants recommended creation of local structures for collaboration of systems, increased opportunity for community input into services, cross-system service teams at both management and direct-service levels and community homes (safe havens) for children.

SHORT TERM OBJECTIVES: The Child and Family Cabinet should collaborate with community and county representatives to develop plans that will provide for flexibility and authority at the county level to design and provide appropriate children’s services for that community. The Child and Family Cabinet should implement at least one new initiative within its first year.

The Search For Common Ground Conference
TOPIC: Funding

LONG TERM GOAL: Create a unified, comprehensive, flexible and efficient funding stream that produces services that address the needs of the children and families entitled to those services.

TRENDS: A number of trends identified by the participants relate directly or indirectly to this goal. Participants identified an increased need for behavioral health services due to increased prevalence of behavioral disorders, increased identification of younger children requiring services; and increased complexity of needs of children and adolescents. These increased demands exist in an environment where there is increased financial stresses on child serving systems, inadequate numbers of well trained staff; increased tension and “turf” issues between child serving systems and an uncertain economic environment.

KEEP, DROP and CREATE: There was a wide diversity of recommendations related to what to keep, drop and create reflecting the long-standing challenge in creating a rational cross-system funding structure to support children’s behavioral health needs. Participants highlighted the need to keep an entitlement with a broad behavioral mandate, along with a mechanism to permit families of children with disabilities, regardless of income, to access the entitlement. The focus of the drop and create categories reflect the elimination of “turf” and barriers to braided or pooled funding; while the focus of the create category was to identify ways to allow for funding to be more assessable to support children with behavioral needs.

SHORT TERM OBJECTIVES: Recommendations, Activities and Outcomes for Year 1

- Identify success and/or failure of prior or current attempts to integrate funding systems in order to support effective integration efforts
- Identify funding redundancies among child-serving systems
- Identify regulatory/systematic barriers to achieving braided/pooled funding
- Pilot Testing of pooled funding for complex, multi system situations
- Identify gaps between actual needs and actual funded provider functions
- Access federal dollars for autism-specific waiver
- Produce report on impact/perceived failure of MOU to operate at local level
- Enforce accountability for failure to coordinate and deliver services
- Produce Blueprint for how unified, comprehensive, and flexible funding (braided or pooled) would operate with input and support from all stakeholders.

The Search for Common Ground Conference
TOPIC: Shortage of Quality Personnel in Children's Behavioral Health

GOAL: To recruit, train, and retain a highly qualified workforce for behavioral health services for children and families in Pennsylvania

TRENDS: Multiple trends were identified in support of this concern. Individuals at the conference noted a clear decrease in quality of workforce and number of competent qualified workers, not enough people are going into field and those that do experience low pay. In addition, a number of people are leaving the field. Universities are not training entry level professionals in knowledge and skills to do the job that is needed, not are they participating in an active recruitment program for children's human services. Currently, the state is experiencing a significant increase in the complexity and severity among the children with mental health needs. These children are experiencing problems at an earlier age and more and more children are demonstrating symptoms consistent with Autism Spectrum Disorders. Again, the workforce is not prepared to address these increasingly complex concerns, and the training for providers in the field is rarely consistent.

KEEP, DROP and CREATE: Multiple characteristics of the current system were identified as positive. The move toward increasing the number of licensed and certified workers was identified as a step in the right direction. Recognition of effective workers and providers willing to push the envelope for the benefit of children were regarded as an improvement. State support for collaborative new programming and diversity in this programming was regarded as positive. Current efforts at the development of competency-based, consistent curriculum, that includes educational and cultural competency objectives were supported.

Characteristics that should be eliminated were very specific: sort out the workers who are not competent or qualified and reduce the number of workers without mental health related degrees.

The focus of future development was also very specific: provide better training and incentives for people to work with children. Training should be targeted to "relevant" intervention skills. Collaboration between providers and universities should be increased to maximize relevant evidenced-based training and curriculum, both for current workers, and those coming into the field.

SHORT TERM GOALS and OBJECTIVES:

First and foremost, efforts should be directed to identify what currently exists in terms of quality training and standards for practice and promote these efforts. Secondly, efforts should identify university programs that are training the children's behavioral workforce and develop a forum for collaboration to increase relevance and research to practice implementation. Third incentives should be developed for recruitment and retention.

The Search For Common Ground Conference
TOPIC: Public Awareness

LONG TERM GOALS: To raise public awareness of the magnitude of the multiple, complex needs of children and families in our communities. To raise public awareness of the importance of the care and education of children and the helping professionals who support and serve them.

RELEVANT TRENDS: The participants identified a number of positive trends in discussions focusing on public awareness. A number of concerns related to confusion and misinformation, which exists in the general population, were also identified as trends. Research and general news articles have focused attention on the significance of early brain development and behavior. The group identified that there appears to be an increased public understanding of brain/behavior as it relates to mental illness and behavioral health issues. There was also positive trend noted related to the increased levels of awareness of cultural diversity and the challenges for service delivery and successful outcomes. However, a decrease in natural and community supports was also noted. This is often exacerbated by the realities of the increasing need for services and the desire to have community based services in response to these needs and workforce development challenges. Given the multiple competing forces for funding, multiple needs in communities, emphasis on zero tolerance for juveniles and general misinformation, a trend toward an increasing level of dislike for children/youth and their problems may be developing.

KEEP, DROP and CREATE: *The inclusionary structure of the existing CASSP program with an emphasis on community input was also identified.*

- **Keep:** Participants were fairly consistent in identifying a desire to maintain local input and determination service design and delivery. Community/County based and determined services with locally directed service delivery was repeatedly identified.
- **Drop:** Inconsistencies in program options and policies between school districts, communities, counties. Negative stereotypes, segregation and discrimination against children with behavioral differences, judgmental attitudes, punitive responses to children requiring treatment. Concept of mental illness rather than mental health, which takes the emphasis away from prevention.
- **Create:** Active outreach with school, community, agency and family groups working to provide services to children in coordinated process. Statewide communication and educations efforts both informational and educational. Focus on accountability to the community by increased use of customer satisfaction and standardized behavioral assessment tools.

SHORT TERM OBJECTIVES:

- Development of programs to develop knowledge and awareness of the importance of mental wellness in all people, especially children
- More flexible funding directed to develop creative, effective children MH services
- “Needs based” funding system for Mental Health reflective of community/county needs
- Educational efforts to ensure the acceptance of children with special needs in the school and the community

The Search for Common Ground Conference

TOPIC: Identify and develop best practice for children's behavioral health services

LONG TERM GOAL: Revamp Behavioral Health Rehabilitation Services (BHRS).

RELEVANT TRENDS: There is growing support for evidence-based services, however, while an extraordinary amount of data is being collected on BHRS, little qualitative information is available. Medical necessity criteria inconsistently applied. There is growing need for services for adolescents especially at transition age. Regulations and categorical funding are not conducive to individualized programming. Needed services not funded (e.g. Respite, recreation, social skills training, after-school programs) BHRS restrictions, reauthorizations make services inaccessible, inappropriate and difficult to deliver.

KEEP, DROP and CREATE:

- **Keep:** Search Conference participants recommended the following services that are available in some communities: Family therapy and home-based services, MH services in schools, Outpatient psycho therapy for children with addictions, Therapeutic foster care (with funding for psychological support services), Long term partial programs for children and teens, Quality behavioral therapy (home/school ABA programs), Intensive outreach services, and Therapeutic summer programs
- **Drop:** Search Conference participants recommended the following be dropped: out of state placements, institutionalization of Residential Treatment Facilities, Generic partial hospital programs (develop in school programs), Multiple Therapeutic Staff Support personnel in classrooms, Current structure of Wrap Around in Medicaid.
- **Create:** Search Conference participants recommended the following: True Wrap Around- finding strengths, needs, using natural supports and having the system fund the service in the community. More treatment capacity and funding for substance abuse services and parents in children and youth system, Multi-systemic day-long evaluation by a multi-disciplined team, for each child at his or her "first break" mental health crisis- expanded evaluation to include all areas of student life before evaluation, Respite care services, MH services for those 30-40% of people with MR who also have serious mental illnesses. New MH intervention model of community based services to replace the much maligned Behavioral Health Rehabilitation Services, Family based therapeutic services for kids with substance abuse problems, Free Clinics" for teenagers (to receive MH services and substance abuse services at no cost), located in schools, community centers and other places where teens congregate

SHORT TERM OBJECTIVES:

- Convene service system review stakeholder groups in early 2003. Stakeholders groups to include parents, providers, educators, county staff, state officials, juvenile justice (MH, MR, D&A, CYF) Managed Care, Children advocates, elected officials
- Review best practices, reviewing Milwaukee Wrap-around model and other research based models; assess applicability to PA
 - Recommendations from stakeholder committee put into action:
 - Timeline developed
 - Pilots identified
 - Evaluation criteria
 - Funding shifted from ineffective services to pilots

The Search For Common Ground Conference
TOPIC: Research/Evaluation/Quality Assurance

LONG TERM GOAL: Enhance the quality and effectiveness of children's behavioral health services in Pennsylvania.

RELEVANT TRENDS: Related to this topic, participants identified a number of positive trends in children's behavioral health, including especially an increase in: a) the scientific understanding of brain/behavior and mental illness; b) the collection and use of outcome data; b) applied clinical research on interventions; c) attempts to develop and apply research-based practices and interventions; and d) available technology to gather and share information (e.g. networking, internet). Negative trends that were identified were the difficulty that providers are experiencing attempting to stay 'on top of' such advances, as well as occasional over-emphasis on evidence-based treatments where none yet exist, or where empirical treatment models have shown success.

KEEP, DROP and CREATE: Conference participants wanted to maintain in children's behavioral health the growing emphasis and focus on outcomes and evidence-based practices, the beginning utilization/sharing of resources and effective treatments, and the pursuit of further research on effective forms of treatment. Participants, on the other hand, expressed a desire to eliminate services being funded without outcome data, providers/services that are not quality driven, and programs that repeatedly fail. Finally, conference participants recommended a number of new initiatives to enhance quality and effectiveness of services, including: a) development of consistent models of assessment and empirically based testing across the state; b) a service system in which decisions about services are driven by data about what works and what does not; c) provider training based on research on what is effective; d) clearly defined statewide outcome indicators (developed with consumer participation) that focus on service effectiveness (not on how well treatment plans, progress notes and evaluations are written); e) development of a statewide tracking system/database that gives accurate information on trends, services and outcomes; and f) an enhanced focus on accountability.

SHORT TERM OBJECTIVES: Over the course of the next year:

- Re-visit (e.g.: review prior efforts at establishment and validation of outcomes indicators) and confirm in an all-inclusive process (e.g.: convene all pertinent stakeholder groups), a statewide consensus on at least three key outcomes indicators of successful behavioral health treatment of children.
- Identify and compile: a) a comprehensive listing of "what we know works" in child behavioral health services (research and evidence-based interventions); and b) listing of key areas/services where we do NOT know what works.
- In the process of addressing #1 and #2 above, formulate proposals for: a) a method for disseminating "what we know" to all pertinent stakeholders; b) suggested areas for future efficacy research on "what we don't know"; and c) suggested standardized outcomes measurement tools that might be adopted state-wide.

The Search For Common Ground Conference
TOPIC: Service Delivery

LONG TERM GOAL: 1) The child and family team designs the individualized plan of care that includes both clinical services and natural supports. 2) A full array of effective services based on CASSP principles is available to all children and families.

RELEVANT TRENDS: Conference participants identified a number of trends related to this goal, including an increase in: children presenting at an earlier age with more complex behavioral health needs requiring more cross-system involvement; the number of youth receiving behavioral health services, and the number of youth in out-of-state residential placement. Related societal/system-wide trends noted included increasing instability in children's community/relationships, a concomitant decrease in availability of natural and community supports, and the perception that child serving systems are under increased stress, as they are increasingly asked to 'do more with less'.

KEEP, DROP and CREATE: Conference participants recommended keeping key aspects of the current service delivery system, including: child/family mentor/advocate programs; broad-based community-specific services; strength-based programming; community living programs; programs for children with complex and/or different problems; flexible delivery of services in home, school, and community; and services for the whole family not just the identified child. On the other hand, conference participants suggested eliminating: overlapping services; system barriers that prevent service continuity; the 'pathology model' (i.e., medical necessity) as the sole means to enter the behavioral health system; increasingly restricted/delineated categorical services; and disparities in how minority families receive services. Participants recommended new initiatives to address this topic's goals, including: ensuring a full continuum of community-based, culturally competent services for children, including respite, recreation, and employment; an effort to ensure that pediatricians are more knowledgeable and are more sensitive to children's psychiatric needs; flexible case management across systems; pooled, flexible funding; more availability of effective services for children with both MH and DD/MR diagnoses; service teams that include MH/Ed/Health and other (JJ, CYS, etc) members; and enhanced support services for families.

SHORT TERM OBJECTIVES: Related to Long Term Goal #1: a) Child and family know who members of the Treatment Team are; b) families feel supported; c) shared professional responsibility/accountability for putting plan into action; d) child and family team is multi-systemic and meets as regularly as needed; e) IEPs and behavioral plans are merged documents; and f) family support services are available as needed. Related to Long Term Goal #2: a) Each child has a quality bio-psychosocial assessment/evaluation; b) bio-psychosocial team is formed for each child; c) establish regional/community think tanks re: child behavioral health; d) establish behavioral health courts; e) identify services that Pennsylvania does not have and needs; and f) develop community-based treatment alternatives to current BHRS.

The Search For Common Ground Conference
TOPIC: Policy and Legislation

LONG TERM GOAL: Assurance that public policy is based upon complete, accurate information, reflects expected outcomes, and that the impact of public policy is measured on an ongoing basis. Assurance that children’s mental health policy is responsive to the lives of children, rather than to adult mental health guidelines.

TRENDS: A number of trends identified by the participants relate directly or indirectly to this goal. Participants identified increases in identification and diagnosis of children with Autism, Attention Deficit Disorder, Pervasive Developmental Disorder and other behavioral health disorders. While increased identification, especially early identification, is a positive trend, it has resulted in a greater demand for services and need for cross-system collaboration in an environment of reduced availability of funds, reduced availability of qualified, competent staff, increasing “turf” issues among child and family-serving systems, increased “unfunded mandates” and increased administrative responsibilities associated with increased reporting, requirements for service authorization, etc. Participants also identified general societal trends that impact families’ ability to be knowledgeable about and negotiate complex systems of care, such as reduced stability of communities, diminishing natural and community support systems, increased isolation, excessive demands upon the discretionary time and financial resources of children and families, and increasing unemployment. However, positive trends exist, such as increasing understanding of the relationship between the brain and mental illness, serious emotional disturbance and behavior, and greater collaboration among child-serving systems.

KEEP, DROP and CREATE: Participants were consistent in recommending change in policy and legislative processes in order to improve the system. This consistency is demonstrated by the fact that there are no recommendations in the “keep” category. However, it should be noted that some of the recommendations in the “create” category reflect expansion of existing policy directions.

- Drop: Participants recommend dropping regulations that are unnecessary, reduce service flexibility, reduce ability of systems to collaborate, restrict access to or availability of services, no longer demonstrably enhance quality, or are incompatible with other intra-system or inter-system regulations.
- Create: Participants recommend development of a plan for children’s services that has measurable outcomes and objectives, shared policies across child-serving systems, universal access to healthcare and parity for behavioral health services and standardization of county systems.

SHORT TERM OBJECTIVES:

- Development of process guidelines to assure: clarity in public policy statements, identification of measurable outcomes for each policy, mechanisms for meaningful input from all affected/potentially affected stakeholders, public demonstration of policy modifications resulting from feedback and/or justification for rejection of feedback, and statewide publication of outcomes collected by OMHSAS.
- Initiation of the child services planning process that was recommended by the Legislature.

The Search For Common Ground Conference
TOPIC: A coordinated, effective system of care within each School District

LONG TERM GOAL: In every School District in Pennsylvania, children's mental health needs are identified and addressed through collaborative efforts of schools, families, mental health authorities and provider agencies.

RELEVANT TRENDS: A number of trends relate directly or indirectly to this topic. These include increases in identification and diagnosis of children with Autism, Pervasive Developmental Disorder, Attention Deficit Disorder and other behavioral health disorders. There are inconsistencies in approaches and in training between school and behavioral health personnel. There are changes in family structure that affect the mental health as well as the educational preparedness of children. Many young children in Pennsylvania are not adequately prepared for school. In addition, it was reported that children demonstrate more complex emotional and mental health needs at a younger age and require cross-system involvement. Complicating this picture is the widespread availability of dangerous drugs such as heroin and ecstasy.

KEEP, DROP and CREATE: There were a number of areas identified for maintenance or improvement. These include: eliminating inconsistencies in program options and policies between school districts and counties; allowing educational performance enhancement as a service that "Wrap Around" providers can provide; and keeping important treatment options such as long term partial hospitalization programs.

There were numerous recommendations for creation of new initiatives, including: Establishment of a structure with accountability for collaboration between DPW and the Department of Education; blended operations involving MH/MR county office, school districts and Intermediate Units for behavioral health; and ongoing training on education/cultural competence/curriculum issues/behavioral intervention for school and community staff.

SHORT TERM OBJECTIVES:

- State level leadership through establishment of a cabinet level structure for system of coordinated funding, regulations, laws, policy, and administration.
- Creation of local structures of county MH/MR administrators, JPOs, C&Y directors, D&A directors, and school/IU directors.
- Form a commission to look at model programs and fund pilot projects that support school related goals.
- Establish pilot programs that create pools of funding for students with complex and crosscutting needs.
- Examine the relationships between funding mechanisms (Medicaid, Education, Managed Care, Local funds) and effective application of programs to meet student behavioral health needs.
- Collect data, identify quality efforts, and evaluate all programs.
- Consistent application of best practice standards.

- On-going Training for educational and mental health professionals
- Initiate efforts to support parents in supporting the educational and behavioral health needs of children through family training and advocacy
- Develop collaborative school and community efforts to address substance abuse among students
- Establish a State goal of recognizing the unique needs of all students and establishing an array of educational and behavioral health services to meet the individual needs of youth.

SEARCH CONFERENCE

TOPIC: Promotion of Positive Mental Health in Children

GOAL: A comprehensive approach to promote good mental health for young children and their families including outreach at birth, identifying risk and protective factors, conducting age-appropriate screens, providing prevention and early intervention programs, providing information connection and supports for families of young children, and other needed services.

TRENDS: Many trends identified at the Search Conference relate directly to this goal. Many of these trends represent opportunities as well as challenges. Participants indicated that there is less stability in many communities with families being more isolated and fewer natural and community supports available for families. Related to this is the number of children without developmental activities for preparation for early school years. There is an increase in diagnoses of ADD, ADHD, autism, PTSD and other behavioral disorders in toddlers and young children. There is an increase in use of technology such as computers, video games and TV leading to less interaction with families and friends. There is increased exposure to violence and trauma either directly or through the media. There is increased difficulty in obtaining and paying for services unless children and parents meet specific diagnostic criteria ruling out prevention and early intervention.

KEEP DROP and CREATE:

- **Keep:** Participants support the concept of Family centers and family involvement. There is appreciation for provision of health insurance for uninsured adults and their children. Participants support the Primary prevention programs that do exist. There is support for using the existing Federal IDEA, Part C to fund prevention and behavioral health services.
- **Drop:** Participants want change in Transitions in Early Intervention funding and responsibility (DPW Office of Mental Retardation for birth to age 3: Department of Education, Intermediate Units and school districts, after 3), Limitations in current Early Intervention programs for addressing social and emotional needs of children ages 3 to 5.
- **Create:** Statewide awareness campaign about the proven importance of prevention. Integrate prevention and early intervention into child/day care and preschool programs. Provide connections and supports for families of infants and young children; outreach for all families with newborns. Train staff (pediatricians, day care, preschool, child welfare, mental health personnel, education personnel, and other providers) to understand and address the emotional needs of young children and their families. Assist/require pediatricians and primary care providers to screen young children for mental health issues as part of routine health care, make referrals for services and supports, and follow-up at subsequent visits.

SHORT-TERM OBJECTIVES:

- To convene a stakeholder meeting that includes administrative and service level professionals from the PA Departments of Education and Health, SICC, Department of Public Welfare, CASSP, Child Welfare, Headstart, American Academy of Pediatricians, child care providers, and families to:
 1. To review research on effective prevention and early intervention programs for possible replication in PA
 2. To investigate First Sign and other prevention programs for possible implementation in system design
 3. To develop systems recommendations for a comprehensive and seamless system/approach for the promotion of good mental health for young children and their families
 4. To refine the blending of funds to ensure that a continuum of services are available to meet individual needs
- To begin an Awareness Campaign with the media, medical community, families and providers of services to young children and their families
- To expand Headstart programming.

The Search For Common Ground Conference
TOPIC: Systems Issues

LONG TERM GOAL: Children and families have their needs met, regardless of point of entry for services.

RELEVANT TRENDS: Conference participants noted as important relevant trends the perception that children are presenting at an earlier age with more complex and severe behavioral health needs. These more complex clinical presentations are demanding more and more cross-system involvement. They also noted that children are experiencing increasing instability in their environment/community, as well as in their relationships with significant others. On the positive side, participants noted increased efforts at collaboration between child-serving agencies (although ‘turf’ issues continue to exist). This was observed to be occurring despite the noted trend that unfunded mandates are adding to the providers’ challenges of recruiting and retaining competent, experienced staff.

KEEP, DROP, and CREATE: Participants were strong in their support for keeping the opportunity for input, influence and control at the community/county level. They also emphasized the need to keep community-based, child centered, family-focused services for children and families, with an emphasis on parental involvement. Participants recommended dropping perceived negative stereotypes, segregation and discrimination against children with behavioral differences, as well as judgmental attitudes and punitive responses to children requiring treatment. Similarly, they expressed the desire to eliminate, where it existed, a negative, unfriendly attitude on the part of school officials towards parents advocating for their children with special needs. They also identified the desire to eliminate the complex service system boundaries/barriers (geographical, eligibility, categorical/silo funding, regulatory, etc.) that prevent service continuity, and often unnecessarily limit services. Participants offered many varied recommendations regarding programs and initiatives that could be created to improve the system of care for children with behavioral health needs in Pennsylvania. These tended to emphasize: a) enhanced integration of services (through innovative partnering, financial and other incentives for integration of services, mandated performance expectations for cross-system collaboration, and some level of centralized oversight of services); b) enhanced collaboration at the state, county, and local level between behavioral health and education; c) the establishment of a developmental disability system/office/bureau; and d) establishment of enhanced services and supports for 18 to 23 year-olds.

SHORT TERM OBJECTIVES:

- Develop a mandated statewide Children’s Cabinet with responsibility and authority that has been charged by the Governor to be accountable to address the noted issues.
- Know what is needed – do an environmental scan to locate gaps in services, collect all available scans (Communities That Care data, assessments, etc.).
- Clarify roles and responsibilities from state to county level and hold all levels accountable.
- Create a Developmental Disability committee of the Cabinet to address DD issues/needs.

SEARCHING FOR COMMON GROUND
ON CHILDREN'S BEHAVIORAL HEALTH IN PENNSYLVANIA
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