



# Pennsylvania Care Partnership

*Developing Systems That Care*

System of Care 101  
Expansion and Sustainability  
Cooperative Agreement



# Learning Objectives

- Gain knowledge of the level of need for youth with mental health concerns in Pennsylvania.
- Gain knowledge of what a system of care is.
- Gain knowledge of the values and principles of a system of care and what that means for me and my agency.
- Gain knowledge on what is required and offered through the PA Care Partnership Grant



# Level of Need

**What is the level of need? Here are some national figures that have stayed Consistent: System of Care Foundation**

- 20% of U.S. youth exhibit “complex problems” or mental health challenges
- +1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. 10% have a serious emotional disorder
- \*50% of children and youth in the child welfare system have mental health disorders
- \*Up to 70% of youth in the juvenile justice system have a diagnosable mental health disorder
- Fewer than 1 in 4 students with significant emotional and behavioral needs receive “minimally adequate treatment” (Surgeon General’s Report, 2000)

+<https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

\*<https://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>

## How overlapping populations challenge our systems and family functioning.

### Children & Adolescents involved with:

- Behavioral Health and/or Substance Abuse Treatment
- Juvenile Justice
- Child Welfare
- Education
- Courts
- Intellectual Disabilities, Autism, and Early Intervention

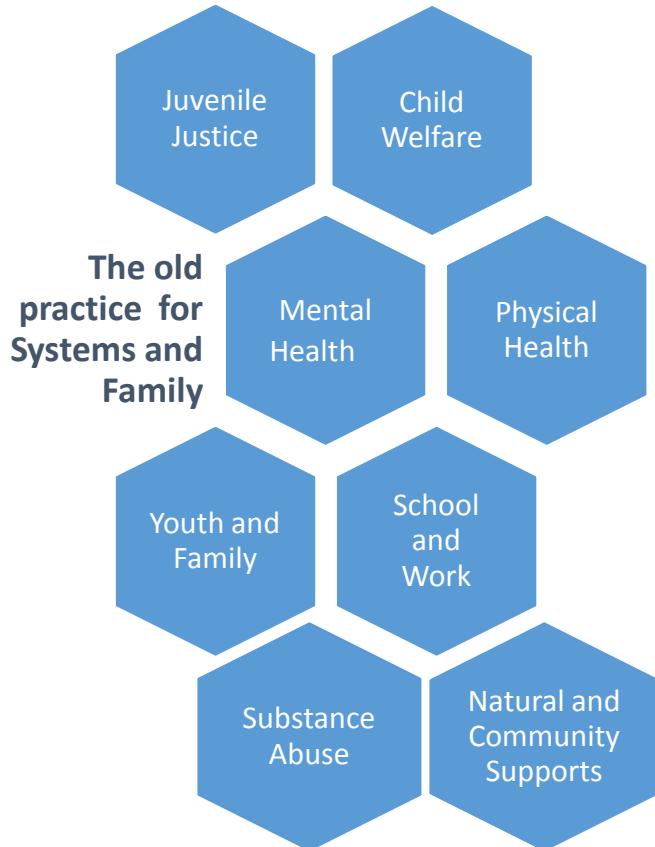
# A Partnership- Not a Program or Agency

A System of Care is not a state or county program or agency, but a partnership. The fact is, we are all part of the System of Care. Everyone has a role, whether or not we consider ourselves active partners.

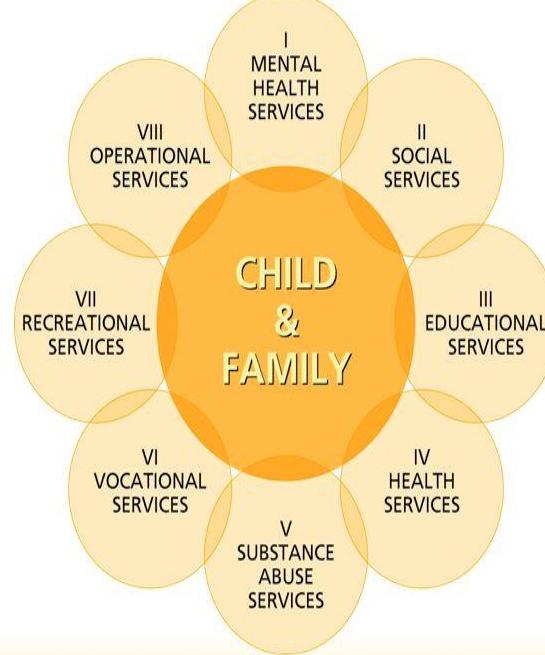


# System of Care Foundation

**System of Care is not a process or project, but a philosophical change in the way we work together.**



## SYSTEM OF CARE: The Framework



Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. Reprinted by permission.

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# System of Care Foundation

The PA Care Partnership supports the implementation of System of Care to (partner with) bring together and empower youth, family, caregivers, provider, and systems that serve children and young adults based on concepts that are sensible, practical, inclusive, high value, effective, and sustainable.

One of the most significant philosophical changes is the inclusion of youth and families as equal and trusted partners in making decision about services and supports at the individual, county, and state level.

# SYSTEM OF CARE

A system of care is the **heartbeat** for children, youth, young adults, and their families who have; or may be of need of, effective community-based services and supports to assist with mental health matters, or other challenges. This is achieved through services and supports which:



All factors combined; help families to function better at home, in school, in the community, and throughout life.

# Effective Systems in Pennsylvania for Serving Youth:

- Have a long tradition of serving many youth, and are constantly trying to improve.
- Recipients of service generally rate them as being effective.

***Fundamental challenge & rationale for building SOC:***

**No one system controls everything.  
Every system controls something.**





# Shift in Roles of Youth and Families





# System of Care In Action

- **System of Care works to adjust the way that youth, families, government and communities carry out their responsibilities to meet each others goals.**





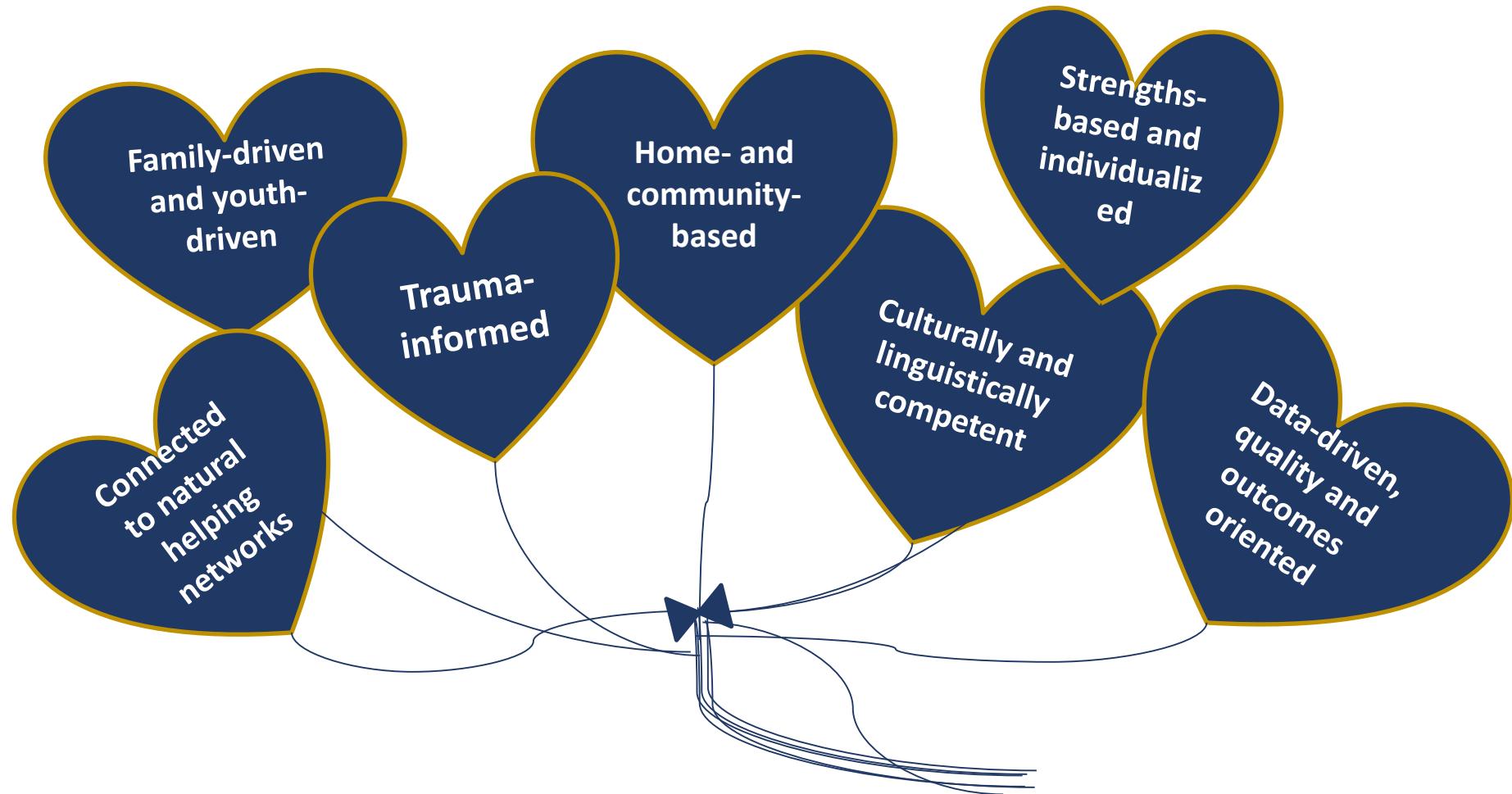
# System of Care in Action

- **What can this look like in action:**

- ▶ Youth and families are central to the design, implementation, and operation of services and supports
- ▶ All child-serving system partners collaborate, share resources and coordinate with one another
- ▶ Natural supports are of equal value to formal supports (i.e. paid services)
- ▶ Communities are engaged and transformed to be welcoming and supportive of all youth, young adults, and families.
- ▶ Youth and family organizations support individual youth and families, with a goal to participate fully in policy and funding decisions

The TA Network, University of Maryland School of Social Work

# System of Care Core Values





## Family Driven

**Family driven** at an individual family level means families have a primary decision-making role in the care of their own children. In leadership positions at their county and state providing input into the policies, procedures and funding decisions that govern the care of all children in their communities. Family driven can be realized even within the context of delinquency and/or dependency proceedings, even when there is a feeling that it is not being driven by the family. In some situations, families may not have the opportunity to drive all decisions, but they should have the opportunity to have involvement in the decisions.



## Youth Driven

**Youth Driven** is having an authentic youth voice in leadership positions, in county and state government, where youth are trained, supported, valued and given a seat at state and local policy and program tables. The youth are supported in various ways as they share their experiences and their opinions. Financial support is given as needed through stipends, transportation assistance, hotels, meals and childcare, with the goal of sustaining their input. Opportunities, like youth voice and leadership, are encouraged and made available to youth at county and state level child-serving systems, through the work of System of Care. Youth are provided with what they need to make informed decisions about their treatment and their future.



# Home and Community Based

**Home and Community Based:** A system of care builds on the strengths of the community where that family lives. Providing community-based services means having high quality services accessible to families in the least restrictive setting possible. A community-based system of care requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.

Community based care has the culture of the family woven into the services provided. Access to the home, school and neighborhood is seen as an asset to be used to identify and craft the strengths and quality of the natural supports into the family plan for the highest probability of positive outcomes for all.



## Strength-Based and Individualized

**Strength-based and Individualized** practices and processes identify and build on the strengths of the family and child. Families are included and drive the creation of individual plans to provide needed services. Formal and informal supports are used to create services and supports for each child and family. Plans are individualized based on the needs of the youth, young adult and family. The plan changes frequently based on ongoing individualized assessments of strengths and needs.



# Trauma Informed

**Trauma-informed care (TIC):** Is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served.



# Cultural and Linguistic Competence

**Cultural and linguistic competence** is the integration and transformation of knowledge, behaviors, and attitudes from and about individuals or groups that enable policy makers, administrators, youth, families, service providers, and system partners to work effectively in cross-cultural situations.

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## Data Driven, Quality and Outcomes Oriented

**Data Driven, Quality and Outcomes Oriented:** System of Care aims to help families function better at home, in school, in the community, and throughout life by finding out what they truly need and providing the appropriate care. Collecting data from youth and families in a community allows decisions to be data-driven – relying on concrete information, rather than personal feelings, anecdotal, or historical experience. Data collected includes information such as a youth's mental health diagnosis and system involvement as well as information related to the youth's perception of his/her mental health care and his/her connectedness with people other than their mental health providers.

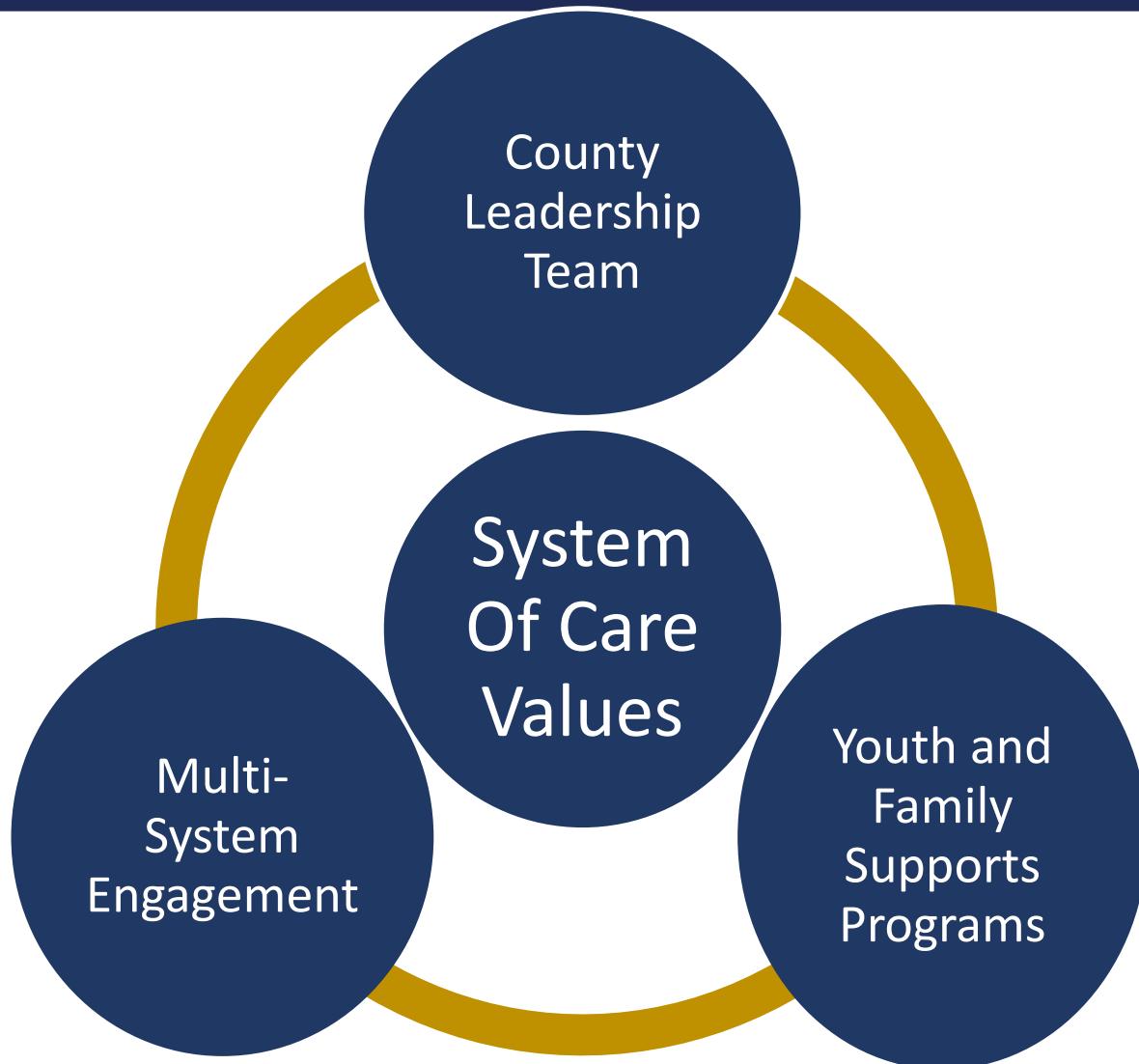


## Connected to Natural Helping Networks

**Connected to Natural Helping Networks:** Natural networks are personal associations and relationships, independent from formal services, developed in the community that can enhance the quality and security of a family or persons life. This can include family relationships; friendships that can reflect the diversity of a neighborhood or community; associations with those who have mutual interests that may be developed through clubs, organizations, and other community activities. representatives from culturally diverse neighborhoods, and others who can provide a more “normalized” and enduring form of support to families and youth than can formal services.



# System of Care Principles





# County Leadership Teams and Governance Boards

*County Leadership Teams and Governance Boards may look and run in many different ways across Pennsylvania. Ultimately, Leadership/Governance Board is comprised of an equitable partnership of System, Family and Youth leaders who work together to assure that the System of Care Values and Principles are incorporated in the framework of how decisions are made, policies are made and how services are planned and delivered.*

*The configuration of the group will include system leaders that represent what policies and services that are delivered to support birth to 21 (26) such as Mental Health, Drug and Alcohol, Child Welfare, Juvenile Justice, Education, Intellectual Disabilities, Physical Health, Transition Age Youth/Young Adults, Family, and the Courts.*



## Multi-System Engagement

**Multi System Engagement** ensures that services and supports are integrated at the system level, with linkages between child and transition aged serving agencies and programs across administrative and funding boundaries and mechanism are established for system-level management, coordination, and integrated care management. The mission, vision, and desired outcomes of each system are incorporated in a person- centered approach that meets the needs of the youth and family's social, emotional, and physical health care needs. Utilizing natural and community supports and services, available to the youth and family in the county they reside.



## Youth and Family Driven Planning or Support Process

**The youth and family driven model** that facilitates integrated services and supports planning among youth, families and key child-serving systems. These services and supports processes have staff who are trained to deliver the process, there is a clearly defined engagement process, and assesses the youth and family individual needs. These are performed in the least restrictive settings, have required data collection and outcomes bases. To have a supportive processes, youth and family have supports (peer) available as needed.

## Principles Child & Adolescent Service System Program (CASSP)

- Child Centered
- Family Focused
- Community Based
- Multi System
- Culturally Competent
- Least Restrictive / Least Intrusive

## System of Care Values

- Family Driven and Youth Driven
- Home and Community Based
- Strength-Based and Individualized
- Trauma Informed
- Culturally and Linguistically Competent
- Connected to Natural Helping Networks
- Data Driven, Quality and Outcomes Oriented

## Target Population

The purpose of the PA Care Partnership Expansion and Sustainability Initiative is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances, and their families. This includes youth who are involved with multiple systems simultaneously.

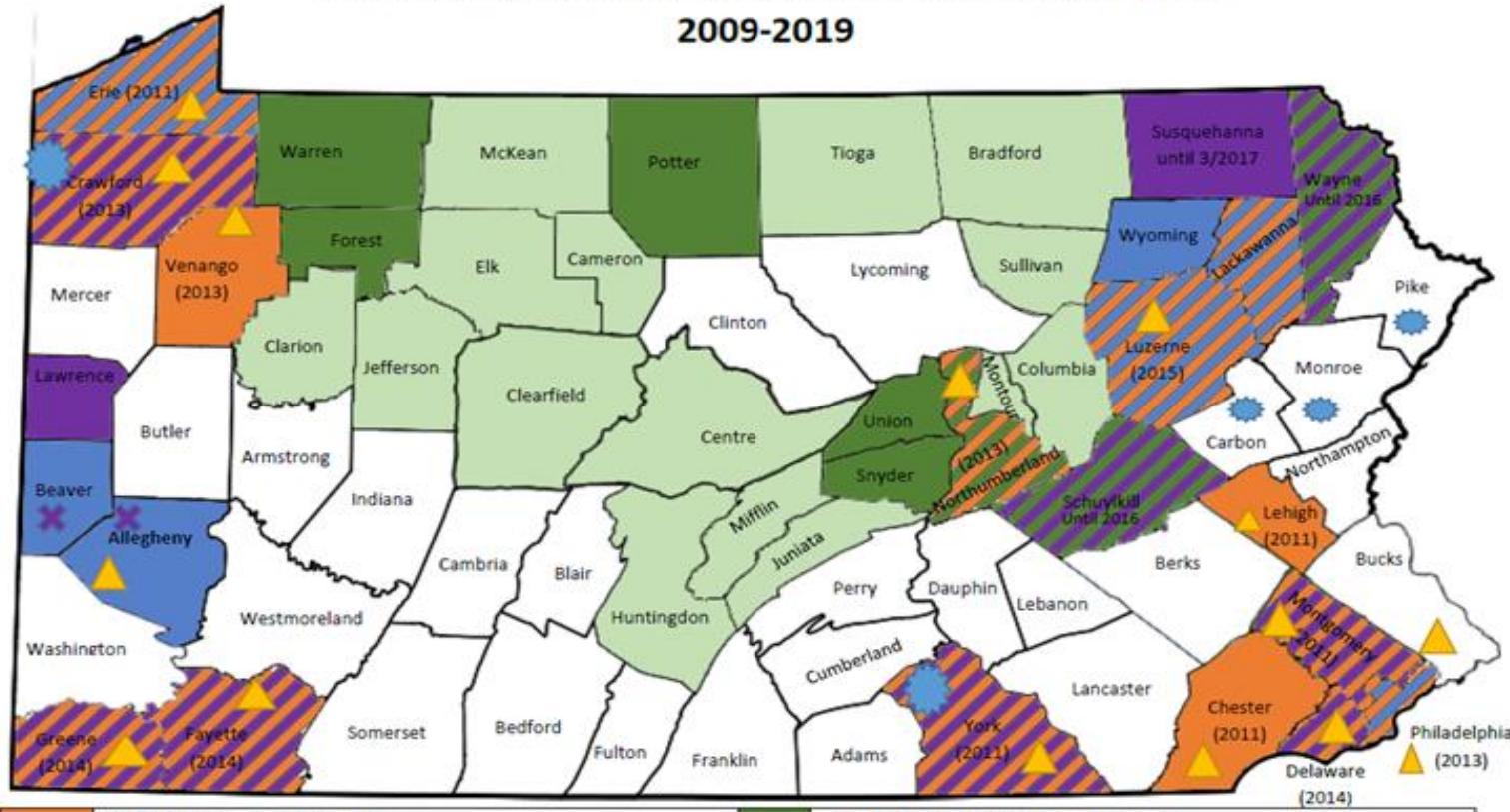


# PA System of Care Grants

- 2009 –System Of Care Cooperative Agreement awarded.
  - ▶ 13 counties Joined the grant
- 2011-Expansion Planning Grant
  - ▶ Planning for the future
- 2013- System of Care Expansion and Implementation Cooperative Agreement Grant
  - ▶ 8 counties were part of the grant (6 former and 2 new)
- 2017 - System of Care Expansion and Sustainability Cooperative Agreement Grant
  - ▶ Carbon, Crawford, Monroe, Pike, Venango, York
- 18 counties in total have worked with the Partnership

# System of Care Grants

## Current and Past SAMHSA Grant Initiatives by County 2009-2019



Original Cooperative Agreement	BHARP Tier 1 Counties Current E&A Grant
2013-2017 Expansion and Implementation Grant	BHARP Tier 2 Counties Current E&A Grant
Multiple System of Care Grants by history	Other Current System of Care Grants (Allegheny, Beaver, Luzerne-Erie, Philadelphia) (Grants are individual SAMHSA grants, except for Luzerne-Erie which is a joinder)
High Fidelity Wraparound	
2017-2021 System of Care Expansion and Sustainability Cooperative Agreement	

The PA CARE Partnership has built on the work of the previous work in System of Care, and other SAMHSA Grants, to support counties in developing a comprehensive Systems of Care for children, youth, and families within their care.



# System of Care Expansion and Sustainability

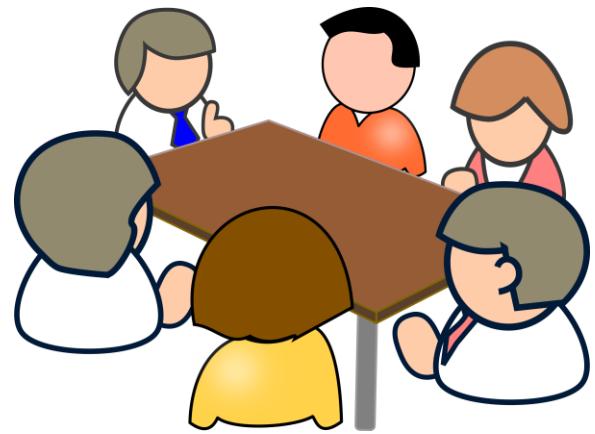
## Anticipated outcomes of the grant:

- Increase the number of youth receiving services in the identified process
- Expansion in the number of counties practicing Systems of Care,
- Build a System of Care within the services and supports for youth birth to age 21,
- Increased community understanding of the needs of youth with complex behavioral health problems, and their families,
- Child serving systems in the counties will coordinate their services and supports for youth and families,
- More extensive outreach to identify youth and address the need, especially those who are affected by trauma or are in the early stages of a serious illness,
- State and county youth and family organizations for self-help and advocacy, and
- Sustainable financing = County and Managed Care Organization Engagement.



# Team Based Planning Models

- Behavioral Health Rehabilitative Services
- Case Management/Blended Case Management
- Community and School Based Behavioral Health
- Community Residential Rehabilitation
- Enhanced Interagency Team Meeting
- Family Group Decision Making
- High Fidelity Wraparound
- Transition Aged Programs



# Three Levels of SAMHSA Data Collection

## System Level Data

- **TRAC-IPPS** – SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion – collected quarterly from counties by the Project Director at the State Level.

## Individual Youth and Family Level Data (TRAC-NOMS)

- **Baseline Descriptive and Demographic Form (BDD)** - Provides demographic and descriptive information to SAMHSA and for counties to use to assess their system integration and potential cultural or linguistic disparities.
- **TRAC-National Outcome Measures Interview (NOMS)** - Evaluates individual outcomes, satisfaction, and progress that youth and families experience because the county is implementing a System of Care.

## National Evaluation

- Assesses how the System of Care grants across the country are being implemented. Data collection is through interviews and online surveys with grant stakeholders, and some additional questions for caregivers and youth.
- There are 3 self-reports for caregivers and 2 self-reports for youth to fill out at the same time as the NOMS interviews.

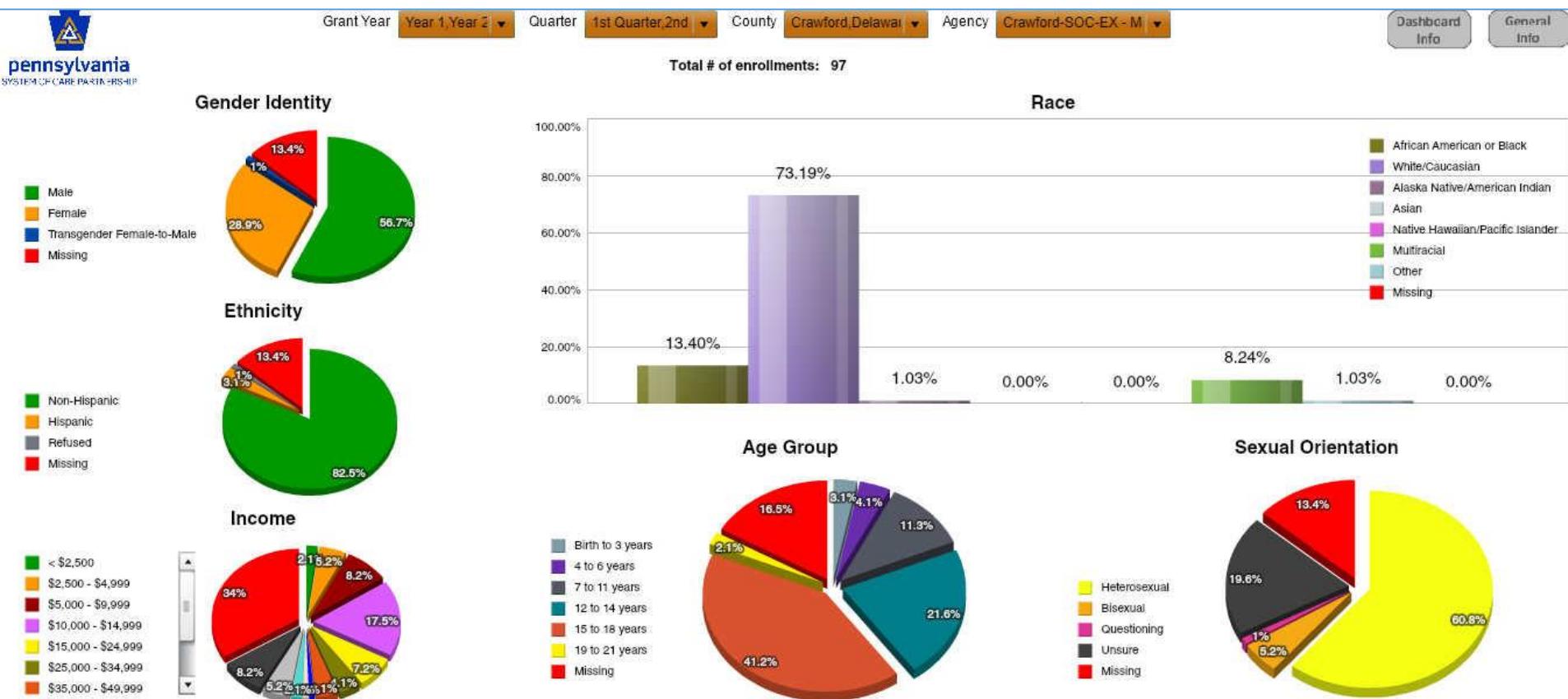


## • Data Dashboards

We use a  
Data  
Dashboard  
software  
through  
iDashboards

- Web-based site for each county to view their own data with security-based login and password information
- Connection to our database so that data is updated in real time
- Compatible with all web browsers and mobile devices
- Easy to use and manipulate visual graphics to see the big picture or drill down to individual (de-identified) youth data
- Graphics, tables, and charts can be saved/printed/mailed/embedded in reports for easy distribution of data

# • Demographics



# • Trauma



Use these filters to see if the percentage of youth with Trauma changes based on different descriptive or demographic characteristics.

- Grant Year: Year 1, Year 2 ▾
- County: Crawford, Delaware ▾
- Agency: Crawford-SOC-EX - M ▾
- Gender: Male, Female, Transgender Male ▾
- Ethnicity: Non-Hispanic, His ▾
- Age Group: Birth to 3 years, 4 to 5 ▾
- Race: African American or Black, White ▾
- Income: < \$2,500, \$2,500 - \$4,99 ▾
- Sexual Orientation: Heterosexual, Gay ▾

## Trauma History and Symptoms

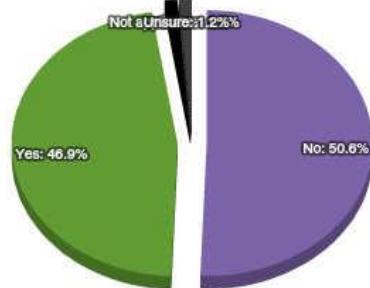
Total # of Youth = 81

# of Youth Experienced Lifetime Trauma = 38

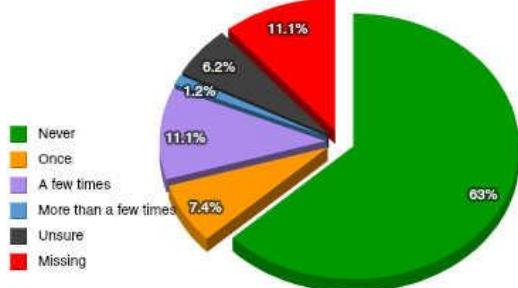
Dashboard Info

General Info

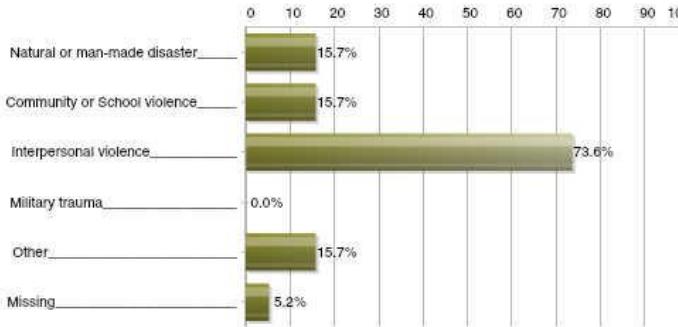
### Traumatic Events in Lifetime



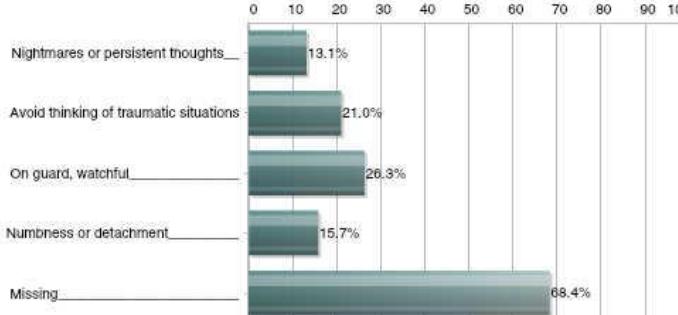
### Traumatic Events in 30 days prior to enrollment



### Type of Traumatic Events



### Trauma-related Symptoms



# • Summary Outcomes



## Social Connectedness Outcomes (Baseline to Discharge)

Grant Year: Year 1, Year 2

County: Berks, Bucks, WI

Agency: Berks-Mobile Psych RI

Gender: Male, Female, Transgender Male

Ethnicity: Non-Hispanic, His

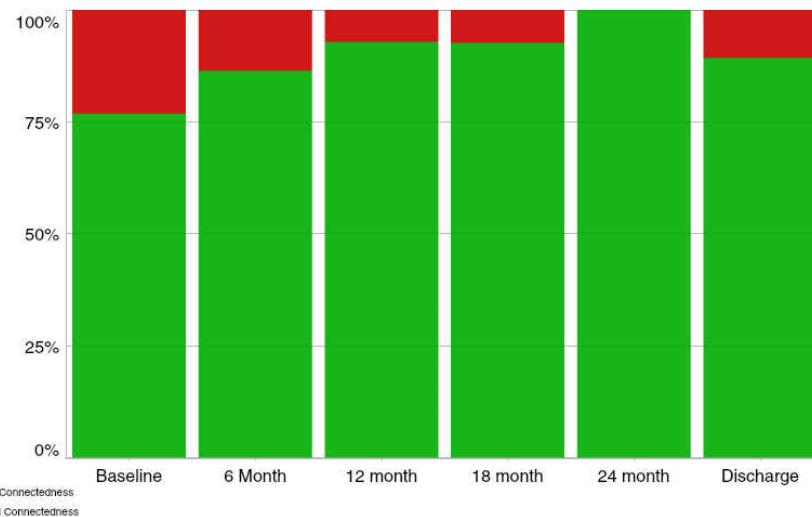
Age Group: Birth to 3 years, 4 to 11

Race: African American or Black, White

Income: \$0- \$9,999, \$10,000+

Sexual Identity: Heterosexual, Ga

Youth were asked a series of questions regarding how connected they feel socially:  
(Questions were answered on a scale of 1-5 with 5 being the highest level of social connectedness)  
Youth is considered to have a positive outcome when the mean of the total valid values is greater than 3.5



Number of Youth with Valid Score

Timepoint	# of Youth
Baseline	233
6 months	111
12 months	56
18 months	27
24 months	10
Discharge	28

[CLICK HERE](#)

For a more detailed view

# • National Evaluation Outcomes



## Columbia Impairment Scale (CIS) by Assessment

Grant Year: Year 1, Year 2 ▾

County: Forest, Northumberland ▾

Agency: Forest-Forest County, PA ▾

Gender: Male, Female, Transgender Male ▾

Ethnicity: Non-Hispanic, His ▾

Age Group: Birth to 3 years, 4 to 11 ▾

Race: African American or Black, White ▾

Income: < \$2,500, \$2,500 - \$4,999 ▾

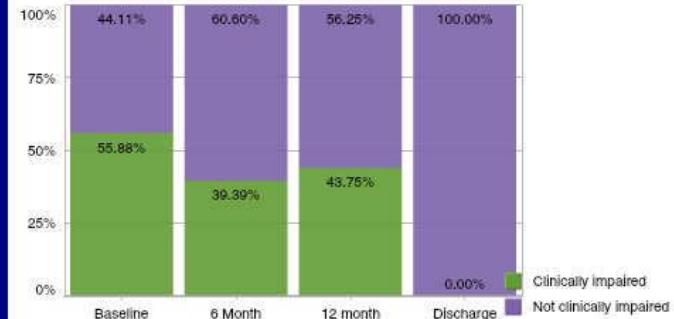
Sexual Orientation: Heterosexual, Gay ▾

### Columbia Impairment Score (CIS) reported by Youth

Total # of Youth = 143

A total score of 15 or higher is considered clinically impaired. Range: 0 - 52.

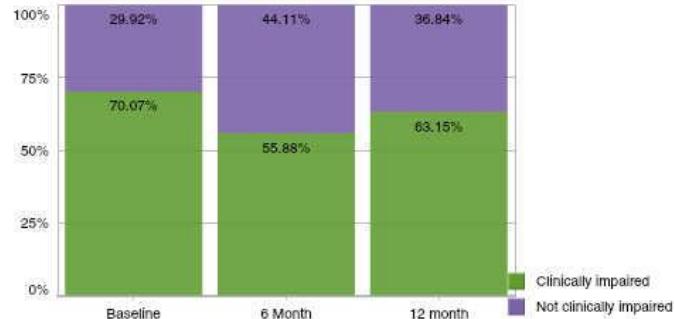
#### CIS Total Score



### Columbia Impairment Score (CIS) reported by Caregiver

Total # of Caregivers = 145

#### CIS Total Score



### # of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	136
6 Month	33
12 month	16
18 month	0
24 month	0
Discharge	1

### # of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	137
6 Month	34
12 month	19
18 month	0
24 month	0
Discharge	0



# County Key Components To Be Developed

## Anticipated outcomes of the grant:

- Family Driven System of Care
- Youth Driven System of Care
- County Leadership Team or Governance Board
- Enhance or establish one or more planning or support services or processes
- Youth and family enrollment and participation and evaluation



# Technical Assistance

- Statewide Youth and Family Resources Coordinators
  - ▶ Aligns resources and opportunities across grants and programs at state and county level
  - ▶ Brokers and coordinates Technical Assistance
- Youth M.O.V.E. PA is our partner to provide technical assistance and support to counties and agencies that meet the individual needs of the county and will be available for supports and training for youth organizations and system partners



# Technical Assistance

- Assistance with family and youth engagement
- Building a County Leadership Team or reviewing and making recommendation on current leadership teams to meet standards.
- Evaluation support and training
- Youth and Family Services and Supports Planning Process

## Resources Provided

- Website resources: [www.pasocpartnership.org](http://www.pasocpartnership.org)
- Materials, tip sheets, in-person consultation, conference calls, etc.
- Webinars
- First Episode Psychosis – Working with Block Grant to provide online training and resources

## Resources Provided Continued

- Grant Directors Community of Practice and Practice Groups
  - ▶ Practice Groups on Trauma, Transition Age, Evaluation, Coaching
- Individual county update calls
- County to County collaboration through Learning Communities

## Cultural and Linguistic Competence (CLC):

- CLC will work to meet the needs of the county
  - ▶ Survey's and assessments to understand community.
  - ▶ CLC Subcommittee
  - ▶ Presentation and face to face training
  - ▶ Analysis of community from a CLC approach



# Training and Support

- Family and Young Adult Road Map Training
- Trauma Informed Training- Including Plans for Train the Trainer
- Coach Approach to Adaptive Leadership
- Web based learning management system for Families (Team Up for Families)
- Tool kit with presentations, forms, and handouts
- Webinars
- Youth Mental Health First Aid and Question Persuade Refer



- Contact Information...

Please submit all questions or comments to:

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