



PA CASSP



Pennsylvania Child and Adolescent Service System Program

CASSP Principles

Historical Background

A national study in 1982 found that two-thirds of all children with serious emotional disorders were not receiving appropriate services. These children were “unclaimed” by the public agencies responsible to serve them, and there was little coordination among the various child-serving systems (Knitzer, 1982). To address this need, Congress appropriated funds in 1984 for the Child and Adolescent Service System Program (CASSP), envisioned as a comprehensive mental health system of care for children, adolescents and their families.

Pennsylvania first received a federal CASSP grant in 1985 and began building a state and local infrastructure for a comprehensive system of care. Since the beginning of CASSP more than 20 years ago, the infrastructure has developed and now includes a Bureau of Children’s Behavioral Health Services in the state Department of Public Welfare’s Office of Mental Health and Substance Abuse Services, one or more mental health program specialists in each of the four regional field offices who focus primarily on children’s issues, CASSP or children’s mental health coordinators in each county or joinder, and the development of CASSP systems of care at the local level.

Child-centered: Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child’s family and community contexts, are developmentally appropriate and child-specific, and also build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family-focused: Services recognize that the family is the primary support system for the child. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

Community-based: Whenever possible, services are delivered in the child’s home community, drawing on formal and informal resources to promote the child’s successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.

Multi-system: Services are planned in collaboration with all the child-serving systems involved in the child’s life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally competent: Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least restrictive/least intrusive: Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.



State and Local Partnerships

For more than 20 years, the children's behavioral health system in Pennsylvania has been guided by the CASSP philosophy. The acronym CASSP refers to the Child and Adolescent Service System Program, a comprehensive system of care for children and adolescents with serious emotional disorders and their families. The system of care approach, foundational to CASSP, ensures that services and treatment for children and adolescents with or at risk of serious emotional disorders are planned collaboratively with the family and all agencies involved in the child's or adolescent's life. Partnerships are critical to the success of any system of care.

A comprehensive and effective system of care recognizes that children and adolescents with serious emotional and behavioral needs often require services from more than one child-serving system. For example, a child with a behavioral health need is usually in school, and may also be receiving services from the child welfare, juvenile justice, or health care system due to emotional, social or physical needs, in addition to being part of a family. Planning takes into account the strengths of the child and family and these multiple needs, and involves different agencies.

At the state level, departments and agencies with programs serving children collaborate on children's issues. These include program offices in the Department of Public Welfare (Office of Child Development and Early Learning; Office of Children,

Youth and Families; Office of Development Programs; and Office of Mental Health and Substance Abuse Services), the Juvenile Court Judges' Commission, the Office of Health Promotion and Disease Prevention in the Department of Health (maternal and child health, drug and alcohol programs), the Office of Elementary and Secondary Education in the Department of Education, and the Bureau of Vocational Rehabilitation in the Department of Labor and Industry. (See below for a partial list of cross-systems initiatives.) The Children's Subcommittee of the OMHSAS Advisory Committee brings together family members, advocates and professionals from behavioral health and the other child-serving systems to provide input into state policy and program development. A Youth Advisory Subcommittee, consisting of youth who have been served by the behavioral health system, also provides regular input.

At the county level, integrated children's services planning is required by the Department of Public Welfare. Each county or joinder has at least one person identified as a CASSP or children's behavioral health coordinator who serves as the county contact person for children with multi-system needs; these coordinators are resourced in part by their regional children's teams consisting of designated individuals in the OMHSAS Field Offices (Pittsburgh, Harrisburg, Scranton and Norristown). Many counties also have local CASSP or children's advisory committees.

Cross-Systems Initiatives

- Alternatives to Coercive Techniques (restraint-free initiative)
- Early Childhood Mental Health Consultation
- Fetal Alcohol Spectrum Disorder Task Force
- Integrated Children's Services Planning
- Juvenile Firesetter Intervention
- Behavioral Health Needs of Children and Adolescents in the Juvenile Justice System
- Services for Deaf and Hard-of-Hearing Children with Behavioral Health Needs
- School-Based Behavioral Health
- Standards for and Alternatives to Residential Treatment Facilities
- Student Assistance Program
- System of Care Initiative
- Transition Planning and Services
- Youth Suicide Prevention

Pennsylvania Array of Services

The current array of behavioral health services (mental health and drug and alcohol) for children and adolescents includes the following, generally listed in order from least restrictive to most restrictive:

- Case management services, including intensive case management and resource coordination
- Outpatient therapy
- Intensive outpatient (drug and alcohol)
- School-based behavioral health services
- Behavioral health rehabilitation services (behavioral specialist consultant, mobile therapy, and therapeutic staff support; summer therapeutic staff support; individualized program exception services; and evidence-based services such as multisystemic therapy and functional family therapy)
- Partial hospitalization services
- Family-Based Mental Health Services
- Community residential rehabilitation services
- Residential treatment facilities (some also provide various drug and alcohol services based on licensure)
- Non-hospital residential (drug and alcohol detox, rehabilitation, halfway house)
- Inpatient hospitalization (mental health, also drug and alcohol detox or rehabilitation based on medical necessity)

The following services are also available:

- Prevention/intervention services (drug and alcohol)
- Crisis intervention and emergency services
- Early intervention
- Early childhood mental health consultation
- Family support services
- School-to-work transition services

Youth and Family Teams

Across the nation, there is growing recognition of the need to use evidence-based practices to address the challenges of children and youth with serious behavioral health problems. Services such as multisystemic therapy, functional family therapy, and multidimensional treatment foster care have an impressive research base.

While these interventions come with strong empirical support, there is emerging evidence that Youth and Family Teams, with their emphasis on family engagement, can further improve outcomes of evidence based practices. Youth and Family Teams engender commitment to evidence-based practices by engaging youth and families in choosing the most effective treatment.

In Pennsylvania, we are changing the practice model to establish Youth and Family Teams as the center of service planning and delivery. A Youth and Family Institute has recently been created, funded by the Department of Public Welfare and operated by the University of Pittsburgh, to train, coach, and monitor the facilitation of Youth and Family Teams. Training will be based on the standards recently established by the National Wraparound Initiative. In addition, in light of strong evidence that adherence to the principles and protocols of the wraparound process predicts future child and family service and functioning outcomes, a fidelity monitoring tool will be used to monitor and support quality. This will insure adherence to best practice for youth and their families.



Selected Resources in Children's Behavioral Health and Systems of Care

Pennsylvania

Alert, a monthly administrative update; *The PA CASSP Newsletter*, a quarterly publication on children's behavioral health. Both published by the Office of Mental Health and Substance Abuse Services.

Child, Family and Community Core Competencies, originally published by the former PA CASSP Training and Technical Assistance Institute, 1999.

Guidelines for Best Practice in Children's Mental Health Services, by Gordon R. Hodas, M.D., Office of Mental Health and Substance Abuse Services, 2001.

Performance Expectations and Recommended Guidelines for County CASSP Systems, Office of Mental Health and Substance Abuse Services Bulletin, 2002.

National

National Mental Health Information Center: <http://mentalhealth.samhsa.gov>

National Technical Assistance Center for Children's Mental Health
Center for Child and Human Development, Georgetown University
Box 571485, Washington, DC 20057
Phone: 202-687-5000; Web site: <http://gucdc.georgetown.edu>

National Wraparound Initiative: <http://www.rtc.pdx.edu/nwi/>

Research and Training Center for Children's Mental Health
Florida Mental Health Institute, University of South Florida
13301 Bruce B. Downs Blvd., Tampa, FL 33162
Phone: 813-974-4661; Web site: <http://rtckids.fmhi.usf.edu/>

Research and Training Center on Family Support and Children's Mental Health
Portland State University
P. O. Box 751, Portland, OR 92707
Phone: 503-725-4040; Web site: www.rtc.pdx.edu

Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov

For More CASSP or Children's Behavioral Health Information

Contact your county Mental Health/Mental Retardation or Human Services office, or

Department of Public Welfare
Office of Mental Health and Substance Abuse Services
Bureau of Children's Behavioral Health Services
DGS Annex Complex, Beechmont Building, P. O. Box 2675, Harrisburg, PA 17105
Phone: 717-772-7984; Fax: 717-705-8268; Web site: www.dpw.state.pa.us

