

State Roundtable Report: Mental Health

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Court of Common Pleas of Berks County

Tanya Stauffer, Administrator
York County Office of Children, Youth and Families

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“Every time you help someone with a mental health problem, you help all of the people that love that person.”

John T. Broderick, Jr., former Chief Justice of the New Hampshire Supreme Court

The State of Mental Health

The National Alliance on Mental Illness (NAMI) reports that more than 1 in 5 adults and 1 in 6 youth (ages 6-17) in the United States live with a mental illness. Furthermore, 1 in 20 adults experience serious mental illness. The Centers for Disease Control and Prevention (CDC) states that mental health includes emotional, psychological, and social well-being, affecting how we think, feel, and act. The CDC states that mental and physical health are equally important components of overall health. Our mental health helps determine how we handle stress, relate to others, and make healthy choices. Mental health is essential at every stage of life, from childhood and adolescence through adulthood. Causes of mental health challenges can vary but include the impact of Adverse Childhood Experiences (ACE), biological or chemical imbalances, use of drugs or alcohol, experiences related to other medical conditions, and loneliness or isolation.

The prevalence of mental health issues in children and parents in dependency court is not known. A 2019 estimate from the US Department of Health and Human Services suggests that more than 40% of US children ages 3-17 involved in the child welfare system are diagnosed with behavioral health concerns. A study completed by the University of California at Irvine reports that children who have been in the U.S. foster care system are at a significantly higher risk of both mental and physical health problems when compared to children who haven't been in foster care.

A central issue facing many Americans is a lack of mental health professionals. In 2021, the Health Resources and Services Administration estimated that 37% of Americans live in areas with a shortage of mental health professionals. Here in Pennsylvania, following statewide discussions, Leadership Roundtable (LRT) counties expressed a similar shortage of mental health professionals. The National Alliance on Mental Illness' report on Pennsylvania supports the LRT's statements. For more details on Pennsylvania specific findings, see ***Attachment A: NAMI Pennsylvania Fact Sheet*** at the end of this report.

57.1% of Pennsylvania youth aged 12-17 who have depression did not receive any care in the last year.

598,000 adults in Pennsylvania did not receive needed mental health care.

1,710,371 people in Pennsylvania live in a community that does not have enough mental health professionals.

National Alliance on Mental Illness, 2021

Clearly, mental health is both a national and statewide issue for children and families. As such, mental health took center stage at the 2023 Pennsylvania State Roundtable (SRT).

Mental Health Workgroup is Convened

During the Fall 2022 and Spring 2023 Leadership Roundtable meeting discussions, it became clear that mental health was impacting children and parents in the dependency system. As such, the following areas of concern were taken to the 2023 State Roundtable (SRT):

- Lack of mental health understanding and education;
- Need for better access to mental health treatment;
- Long waiting lists for mental health services and treatment;
- Lack of professionals available to provide specialized therapies;
- Lack of available placement options for complex mental health cases when safety concerns arise;
- Difficulty with cross-system collaboration; and
- Lack of adequate preventative interventions.

Following the presentation of concerns and much discussion, the State Roundtable commissioned a Mental Health Workgroup to examine the impact of mental health on Pennsylvania's dependency system.

The Honorable Tina M. Boyd, Administrative Judge, Berks County Court of Common Pleas, and Tanya Stauffer, Administrator, York County Office of Children, Youth, and Families, were selected as Workgroup Co-Chairpersons. It was essential to choose Workgroup members representative of Pennsylvania's diversity. Therefore, members were selected from rural and urban communities across the Commonwealth. Membership represented each Leadership Roundtable, dependency Judges, Juvenile Court Hearing Officers (JCHO), Attorneys, Children and Youth Administrators, Mental Health Professionals, and State Partners.

The Mental Health Workgroup began with a **kick-off meeting in Mechanicsburg on December 4, 2023**. The Honorable Tina M. Boyd and Tanya Stauffer led the session with all members in attendance. At this meeting, the Workgroup spent time examining the impact of mental health on dependency courts, child welfare agencies, children, parents, the community, and the state. Identified Workgroup experts provided an overview of Pennsylvania's Mental Health Managed Care System. This education was well received. A decision was made to spend a portion of future monthly meetings receiving education on different topics intersecting with that of the mental health system.

The Workgroup met virtually in January, February, and March 2024. One portion of the meeting was spent educating members, while the other portion was spent dissecting the learned information. The educational topics included:

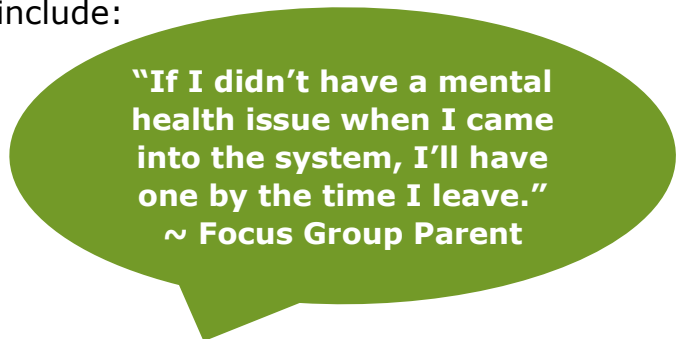
- Child and Adolescent Social Service Program (CASSP)

- Understanding Evaluations: Dr. Andrei Nemoianu, Regional Medical Director, Community Care Behavioral Health (CCBH)
- Student Assistance Program (SAP)
- An Overview of Pennsylvania’s Mental Health System
- Peer Support Program: Allegheny Families Network (AFN)
- Complex Cases – Department of Human Services Blueprint Report

A more detailed summary of each topic presentation can be found at the end of this report under **Attachment B: Mental Health Workgroup Education Summary.**

Additionally, the workgroup examined barriers to obtaining mental health services for dependent children and parents. These barriers include:

- Complexity of mental health issues
- Long wait list for services
- Shortage of staff
- Lack of system coordination
- Lack of specialized therapy



On February 29 and March 1, 2024, Workgroup members conducted focus groups to gather from individuals their lived experiences with mental health. The first session was held with Allegheny Family Network (AFN) professionals. All professionals at AFN have their own lived experience with mental health. AFN serves as a professional support program for others experiencing and navigating the mental health system. The second focus group was with families who have or are currently raising dependent children with mental health issues. A number of these individuals shared having their own mental health challenges as well. The emerging themes from these focus groups include:

- Families lack of knowledge and understanding regarding available mental health services;
- Long waitlists for services;
- Lack of available services or non-existent services;
- Need for better family engagement. As one family member pointed out, “It’s usually a family issue, not just a child issue;”
- Families having to repeat services and/or evaluations when a new staff is assigned; and
- Concerns that court-ordered assessments/evaluations aren’t always necessary or even reflective of the family's needs.

The Workgroup ended its first year with an in-person meeting held in Mechanicsburg on April 9, 2024. At that meeting, the Workgroup identified three priority areas. The Workgroup was then divided into subcommittees to provide details on moving forward with these three priorities, which include:

- **Education:** Provide statewide education to dependency court professionals in order to bring understanding and awareness to the impact of mental health on children and families.

- **Key Questions:** Develop questions to assist dependency professionals in their understanding of rightsizing Mental Health Services. ***Attachment C: Steps to Understanding Mental Health Needs.***
- **Early Identification and Understanding:** Explore Mental Health practices and programs that provide children and parents with the least restrictive services and settings. ***Attachment D: A Guide to Rightsizing Mental Health Services and Programs.***

"Identify the right help for the right kid." ~ ~ Focus Group Parent

Over the past year, the Workgroup learned that utilizing the CASSP principles can benefit the child, parent, and dependency system. CASSP is available in every county. CASSP Coordinators can be extremely helpful in coordinating the correct mental health services and helping to navigate the challenges faced by those in the dependency system.

Likewise, Student Assistance Programs (SAP), a mandated process used to mobilize school and community resources, is helpful in connecting a student to the appropriate mental health services early on in the identification of a problem. For schools with strong SAP programs, a referral to the SAP team can be an early intervention and support for a child experiencing mental health challenges.

Knowing the effectiveness of both programs when done well, the Workgroup thought it was important to know how aware Judges, Juvenile Court Hearing Officers, and Child Welfare Administrators were of these resources in their county and to what capacity each resource was operating.

To accomplish this, the Workgroup created survey questions for the 2024 Spring LRTs and Juvenile Court Hearing Officer's Spring Education Session. The purpose of the survey was to gain a better understanding of the awareness professionals have on certain programs found to be effective when addressing mental health issues. The survey questions were as follows:

- ***Does your county have an active Child and Adolescent Special Services Program (CASSP) team that meets regularly?***
- ***Do the schools in your county have active Student Assistance Programs (SAP)?***
- ***Our county Mental Health system is responsive to meeting the needs of children in the child welfare system (yes/no/sometimes/never/not sure).***
- ***Our county Mental Health system is responsive to meeting the needs of adults in the child welfare system (yes/no/sometimes/never/not sure).***
- ***Name one thing that the Mental Health system could provide that would be a big help to you in your work with children and families.***

A complete summary of the survey responses can be found at the end of this report under ***Attachment E: Mental Health Survey Responses.***

Finally, both the County Commissioners Association of Pennsylvania and the Department of Human Services (DHS) have prioritized the topic of mental health and its impact on children and families. The Office of Children and Families in the Courts Deputy Director serves on the DHS Workgroup to ensure systems collaboration as this work continues.

Summary of First-Year Findings and Conclusions

After a year of examining the topic, the Workgroup learned that mental health is a complex issue with many moving parts, and we are just beginning to scratch the surface. After this first year, we have concluded that there is a need to:

- Better understand the mental health structure in Pennsylvania;
- Prioritize early identification, intervention, and understanding to help ensure the least restrictive services and settings while preventing symptoms from worsening;
- Provide available interventions while individuals are waitlisted for recommended mental health services;
- Understand better when someone needs support for their mental wellness versus treatment for mental illness;
- Provide more available services and resources to those with complex mental health issues who have been involved in the dependency system for years. These cases often have other complexities attached;
- Revisit trauma-informed practices to build natural support and resiliency in individuals with mental health challenges; and
- Recognize that staff capacity impacts mental health cases in the dependency system.

In conclusion, and considering all information received over the past year, the Workgroup has developed this first report and recommendations to present to the 2024 SRT.



2024 Recommendations

The Mental Health Workgroup believes sufficient information has been researched, collected, and examined over the past year to provide preliminary recommendations to the 2024 State Roundtable. The Workgroup respectfully asks the SRT to approve the following:

2024 Recommendations:

- 1. Provide statewide education to dependency court professionals in order to bring understanding and awareness of Pennsylvania's mental health system and its impact on children and parents in the dependency system;**
- 2. Approve and distribute Questions to Rightsize Mental Health Services;**
- 3. Approve and distribute a Guide to Mental Health Practices and Programs;**
- 4. Encourage Local Children's Roundtables to prioritize mental health as a topic of discussion and ensure county mental health representation;**
- 5. Examine ways of gathering statewide mental health data; and**
- 6. Continue to analyze and develop strategies to improve access to mental health services for dependent children and families.**

Mental Health in Pennsylvania



1 in 5 U.S. adults experience mental illness each year.



1,814,000 adults in Pennsylvania have a mental health condition.



That's more than **6X** the population of Pittsburgh.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



National Alliance on Mental Illness



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **39.8% of adults in**

Pennsylvania reported symptoms of **anxiety or depression**.

25.7% were unable to get needed counseling or therapy.



1 in 20 U.S. adults experience serious mental illness each year.

In Pennsylvania, **447,000 adults** have a **serious mental illness**.



1 in 6 U.S. youth aged 6–17 experience a **mental health disorder** each year.

98,000 Pennsylvanians age 12–17 have depression.

Pennsylvanians struggle to get the help they need.



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **598,000 adults in Pennsylvania who did not receive needed mental health care**, 32.7% did not because of cost.

5.7% of people in the state are uninsured.



Pennsylvanians are over 5x more likely to be forced out-of-network for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

1,710,371 people in Pennsylvania live in a community that **does not have enough mental health professionals**.

An inadequate mental health system affects individuals, families and communities.



High school students with depression are more than **2x more likely to drop out** than their peers.

57.1% of Pennsylvanians age 12–17 who have depression **did not receive any care** in the last year.



13,375 people in Pennsylvania are homeless and **1 in 4 live with a serious mental illness.**



On average, 1 person in the U.S. dies by **suicide every 11 minutes.**

In Pennsylvania, **2,014 lives were lost to suicide** and 416,000 adults had thoughts of suicide in the last year.

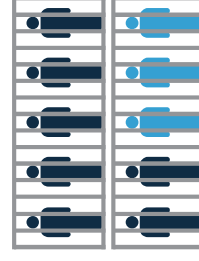
1 in 4 people with a serious mental illness has been arrested

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



7 in 10 youth in the juvenile justice system have a mental health condition.



National Alliance on Mental Illness

NAMI Keystone Pennsylvania is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

This fact sheet was compiled based on data available in February 2021. For full citations, visit: nami.org/mhpolicystats.

Attachment B: Mental Health Workgroup Education Summary

Over the past year, educating Mental Health Workgroup members was an essential focus at each meeting. After each presentation, members engaged in activities and conversations about each topic.

These topics and presentation summaries included:

A Basic Overview of the Mental Health System: Beth Orr, Regional Director, Community Care Behavioral Health (CCBH), Managed Care and Workgroup Member

- Health Choices is the name of Pennsylvania's managed care programs for Medical Assistance recipients.
- A managed care organization must approve all behavioral health services before a person can receive services.
- The managed care organizations in Pennsylvania are:
 - ❖ Community Cares
 - ❖ Community Behavioral Health
 - ❖ Perform Care
 - ❖ Beacon
 - ❖ Value
 - ❖ Magellan
- Children are assigned care managers who can help families navigate the mental health system and obtain appropriate services.
- If a child is denied necessary services, an appeals process can be followed.

Child and Adolescent Service System Program (CASSP) in Pennsylvania: Kelly Gordan, CASSP Coordinator, Lycoming-Clinton Counties and Workgroup Member

- Each county has the CASSP process.
- The process brings together partners from different systems to collaborate on a child's care.
- The process allows for the most appropriate referrals to be made for a child.
- Children eligible for CASSP services include ages birth-21 years old, needing multiple services, risk of out-of-home placement, frequent in-patient hospitalizations, communication gaps between families and agencies, inconsistent treatment, and any child experiencing a

decrease in functioning socially, emotionally, physically, cognitively, and behaviorally.

- CASSP meetings can be requested by anyone connected with the child or adolescent. This would include family members, schools, agencies, providers, and county authorities.

Understanding Evaluations: Dr. Andrei Nemoianu, Regional Medical Director, Community Care and *Workgroup Member*

Mental Health Evaluations:

- Evaluations conducted by a primary care doctor, psychiatrist, psychologist, counselor, or social worker.
- A Mental Health Screening is conducted to discuss symptoms, how long they have experienced them, and any other concerns.
- This evaluation may include a physical exam, lab test, mental health history, and family history by the primary care doctor.
- Services and/or treatment will also be discussed during this evaluation.

Psychological Evaluation:

- These are conducted by a Licensed Psychologist.
- Psychologists cannot prescribe medication.
- Understand emotional, behavioral, or learning problems and assess personality or social-emotional functioning.
- Tests and tools are used to determine correct diagnosis and treatment.
- Tests used are questionnaires, checklists, and assessments that consist of a clinical interview. Each test or tool used will depend on the individual client.

Psychiatric Evaluation:

- These are conducted by a Certified Psychiatrist.
- Psychiatrists can prescribe medication.
- Evaluation includes:
 - ❖ Personal and Family History
 - ❖ Risk Assessment
 - ❖ Current and past trauma and/or substance abuse
 - ❖ Diagnosis and recommendations for treatment

An overview of the Student Assistance Program (SAP): Stephanie Dorney, Manager of Student Assistance Program & Prevention Programming, from the Center for Humanistic Change, Inc.

- This mandated process is used to mobilize school and community resources.
- Parents, teachers, other school personnel, and students can make a referral to a SAP meeting.
- Referrals can be made based on a myriad of issues, ranging from mental health, drug and alcohol, truancy, change in behavior, drop in grades, and any other concerns.
- The SAP team reviews the referrals and determines the resources that best suit the situation or need for additional outside referrals.
- SAP does not diagnose any mental health or drug and alcohol issues.

Mental Health System/Dependency System in Pennsylvania: Lana Rees, Director of Erie County Office of Children and Youth and Workgroup Member

- The Mental Health Act of 1966 provides legal authority for counties to have Mental Health and Intellectual disability systems. Every County has the right to meet its own needs and develop services to match the needs of its residents.
- There are different funding sources, such as Human Services Block Grant Funding, Children's Health Insurance Program, and Managed Care Organizations.
- If a child does not have insurance, workarounds are available.
- Most of our dependent children in care are Medical Assistance (MA)-eligible. There would be very few exceptions, even if a child is dependent but not in placement.
- The mental health services every county is required to provide are:
 - ❖ Crisis Services
 - ❖ Inpatient Hospitalization
 - ❖ Partial Hospitalization
 - ❖ Individual Outpatient services
- The different levels of Mental Health Care include:
 - ❖ Residential/RTFA,
 - ❖ Inpatient/Crisis
 - ❖ Crisis Residential, Partial Hospitalization,
 - ❖ Outpatient/Community services

Peer Support Program: Maria Silva, Chief Operating Officer, Allegheny Families Network (AFN)

- At AFN, all employees are parents who have raised or are currently raising a child with mental health or behavioral health needs. This unique lived experience approach to mentoring allows employees to guide families through the complexities of the mental health system.
- Services are delivered through Family Peer Support Services, Support Groups, Parent Education, the Parent Support Line, and social events.
- Families are offered hope, compassion, and empathy.
- Parents are empowered to advocate for their children and connect them to the necessary resources.
- Services are free to parents without time limitations.

Complex Cases- Department of Human Services (DHS) Blueprint: Scott Talley, Director for the Bureau of Children's Behavioral Health Services and Workgroup Member

- The DHS Blueprint Workgroup was convened in July 2023 to examine MH barriers more closely and identify recommendations to improve outcomes for youth and their families.
- This workgroup was created because DHS recognized the need to improve and understand services for children and families with complex needs.
- The Workgroup's recently completed full report, "Improving the lives of Children, Youth, and Young Adults with Complex Needs and their Families," can be seen at [Youth-with-Complex-Needs-A-Blueprint-Workgroup-Report.pdf \(pa.gov\)](#)

Report Recommendations include:

- Prioritizing Prevention and Strengthening System Response;
- Information sharing and Resource Navigation;
- Guidance and Supporting County Multi-System Planning Efforts;
- Administrative Efficiencies and Supporting our Systems;
- Understanding System Capacity and Direct Service Solutions

Steps to Understand Mental Health Needs

A Guide for Professionals

In 2023 the Mental Health Workgroup was created by the Pennsylvania State Roundtable to examine the impact of mental health on children and families in the dependency system. The Workgroup includes Pennsylvania Dependency Judges, Juvenile Court Hearing Officers, Attorneys, Children and Youth Administrators, Mental Health Professionals, and State Partners.

A significant dilemma identified by the Workgroup for professionals working in the Dependency system is not knowing where to start and what to do in order to help a child or parent struggling with mental health. Asking the right questions enables professionals to identify the most effective services and supports. The Mental Health Workgroup created this tool for Dependency Court and Child Welfare Professionals, to guide conversations with children and families that will lead to the most effective mental health services for those individuals. This guide is intended to serve as a starting point rather than a comprehensive list of all possible questions.



Steps to Understanding Mental Health Needs

A Guide for Dependency Court Professionals

Step 1: What behavioral changes need to occur in order to ensure safety and well-being?

Has anyone talked to the child or parent about the behavioral concerns?

When did the child's behaviors start?

What help has the family received?

Have the child or parent offered any reasoning for the current challenges?

Step 2: What does the child or parent need?

Has anyone asked the child or parent what they need?

What do the professionals think the child or parent needs, and why?

Does the child or parent have a supportive person in their life?

Is the child or parent connected to community resources?

Is the child or parent connected to resources in the school?

Is the child involved in any school or community activities?

Step 3: Connecting to services

Are there any barriers to receiving services?

Has a multi-systemic meeting occurred?

Step 4: Follow-up

Is there a case plan for the child that is specific to the mental health needs?

Are there goals that have been established?

Are the child and parent engaged in the identification of goals and the creation of the mental health case plan?

Celebrate Progress and Success!

Steps to Understanding Mental Health Needs

A Guide for Child Welfare Professionals

Step 1: What behavioral changes need to occur in order to ensure safety and well-being?

What is the understanding of the child or parent of their behavior?

Has the child's primary care doctor been consulted?

Has anything stressful recently happened in the family or with the child?

Does the child behave the same/differently at school/home?

Step 2: What does the child or parent need?

Was a pre-screening tool completed on the child to determine needs and strengths?

Is the child or parent connected to community resources?

Is the child or parent connected to resources in the school?

Is the child involved in any school or community activities?

Step 3: Connecting to services

Is the county mental health office engaged in the planning & delivery of services?

Has the child been referred to a multi-systemic meeting?

Has the child been referred for a Student Assistance Program (SAP) meeting?

Has the child been referred for Child and Adolescent Social Services (CASSP)?

Are there any barriers to receiving services?

Step 4: Follow up

Is there a case plan for the child that is specific to the mental health needs?

Are there goals that have been established?

Were the child and parent engaged in the identification of goals and the creation of the plan?

Celebrate progress and successes!

Attachment D

A Guide to Rightsizing Mental Health Services/Programs

Mental Health practices and programs should be optimized to allow families to address their mental health needs within the community, among their natural supports, and to prevent further penetration into the mental health and dependency systems. They are intended to promote healing and mental wellness while ensuring the greatest degree of freedom possible.

Pennsylvania State Roundtable's Mental Health Workgroup identified several practices and programs that offer the least restrictive options for meeting the mental health needs of children and parents. This guide is intended to serve as a starting point for local discussion rather than a comprehensive list of all possible services.

Educational Based

Peer Support Programs
Early Head Start/Head Start
Extra-Curricular Activities
Student Assistance Programs (SAP)
School Social Workers
Peer Mediation Services
Emotional Support Services
Truancy Resource Officers

Clinical & Supportive Mental Health

Child and Adolescent Social Services (CASSP)
Blended Case Management
Individual Outpatient Therapy
Trauma-Focused Cognitive Behavioral Therapy
Intensive Behavioral Health Services
Functional Family Therapy
High Fidelity Wrap Around
Family-Based Mental Health Services
Partial Hospitalization
Inpatient Hospitalization

Child Welfare Provided & Supported

Family Group Decision Making
Positive Parenting Program
Multisystemic Therapy
Incredible Years
Healthy Families America
Homebuilders Program
Nurse-Family Partners
Parents as Teachers
Trust Based Relational Therapy
Nurturing Parenting Program

Community Based

Peer Support Programs
Faith-Based Counseling Services
Summer Camps
Community Centers
United Way Programs

Children’s Public Mental Health Services Hierarchy

Immediate need due to safety issues – contact Mobile Crisis Team and/or go to the closest Crisis Center/Emergency Department.

Not immediate need but needed – contact the health insurance provider for a list of mental health providers to schedule intake.

If uninsured, contact County Assistance Office to learn about Medical Assistance help

Mental Health Clinical Services—all services start with an intake appointment

Most Restrictive	Inpatient hospitalization
	Residential Treatment/CRR-Host home
	First Episode Psychosis Program
	Partial Hospitalization
	Family Based Services
	Intensive Behavioral Health Services
	Multi-Systemic Therapy
	Adolescent Dialectical Behavioral Therapy
	Parent-Child Interaction Therapy
	Pivotal Response Therapy
	Summer Therapeutic Activities
	Therapeutic After-School Programs
Least Restrictive	Outpatient Services

Mental Health Supportive Services—all services start with a referral form and/or intake appointment

High Support	High Fidelity Wrap Around
	Mental Health Respite
	Transitional to Independence Program
	Transitional Age Youth Certified Peer Specialist
	Blended Case Management
Less Support	Family Peer Navigator

Educational Mental Health Supportive Services—follow educational laws, school district policies, and IEP recommendations

Most restrictive	Out of District Placement – Alternative School
	IEP recommended Emotional Support Services
	School Based Educational Services (select districts)
	Student Assistance Program Liaison
Least restrictive	District Guidance Counselors/Social Workers

(Resource: Children’s Mental Health/Systems of Care Coordinator, Delaware County Department of Human Services Mental Health Office)

2024 Spring Leadership Roundtable and Hearing Officer Responses on Mental Health

Does your county have an active Child and Adolescent Special Services Program (CASSP) team that meets regularly?									
	LRT 1	LRT 2	LRT 3	LRT 4	LRT 5/6	LRT 7	LRT 8	LRT State Average	Hearing Officer
Yes	2 (17%)	1 (13%)	9 (82%)	4 (44%)	8 (89%)	11 (73%)	15 (88%)	50 (62%)	7 (23%)
No	3 (25%)	1 (13%)	0 (0%)	1 (11%)	1 (11%)	1 (7%)	0 (0%)	7 (8%)	4 (13%)
Not Sure	7 (58%)	6 (75%)	2 (18%)	4 (44%)	0 (0%)	3 (20%)	2 (12%)	24 (30%)	20 (65%)

Do the schools in your county have active Student Assistance Programs (SAP)?									
	LRT 1	LRT 2	LRT 3	LRT 4	LRT 5/6	LRT 7	LRT 8	LRT State Average	Hearing Officer
Yes	8 (62%)	6 (67%)	11 (100%)	7 (78%)	8 (100%)	17 (100%)	17 (100%)	74 (88%)	22 (71%)
No	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Not Sure	12 (38%)	3 (33%)	0 (0%)	2 (22%)	0 (0%)	0 (0%)	0 (0%)	10 (12%)	9 (29%)

Our county Mental Health system is responsive to meeting the needs of children in the child welfare system.									
	LRT 1	LRT 2	LRT 3	LRT 4	LRT 5/6	LRT 7	LRT 8	LRT State Average	Hearing Officer
Yes	1 (8%)	2 (20%)	1 (9%)	4 (40%)	3 (30%)	3 (18%)	4 (23%)	18 (20%)	2 (6%)
No	2 (15%)	0 (0%)	1 (9%)	0 (0%)	1 (10%)	0 (0%)	2 (12%)	6 (7%)	4 (12%)
Sometimes	8 (62%)	6 (60%)	9 (82%)	6 (60%)	5 (50%)	14 (82%)	11 (65%)	59 (67%)	25 (74%)
Never	1 (8%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2%)	0 (0%)
Not Sure	1 (8%)	1 (10%)	0 (0%)	0 (0%)	1 (10%)	0 (0%)	0 (0%)	3 (3%)	3 (9%)

Our county Mental health system is responsive to meeting the needs of parents in the child welfare system.									
	LRT 1	LRT 2	LRT 3	LRT 4	LRT 5/6	LRT 7	LRT 8	LRT State Average	Hearing Officer
Yes	1 (8%)	1 (11%)	1 (9%)	3 (27%)	2 (20%)	2 (12%)	3 (17%)	13 (15%)	3 (9%)
No	1 (8%)	1 (11%)	0 (0%)	1 (9%)	2 (20%)	0 (0%)	2 (12%)	7 (8%)	4 (12%)
Not Sure	11 (85%)	6 (67%)	10 (91%)	7 (64%)	6 (60%)	15 (88%)	11(65%)	66 (75%)	26 (76%)
Never	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)	1 (3%)
Not Sure	0 (0%)	1 (11%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)



Spring 2024 Leadership Roundtable Question: Name one thing that the Mental Health system could provide that would be a big help to you in your work with children and families. (Summary of response themes)

- ◆ A better understanding of the mental health system and how to obtain necessary services.
- ◆ An increase in integrated communication between the mental health & dependency systems.
- ◆ Consistent services that can be obtained through managed care/medical assistance.
- ◆ Assistance in obtaining emergency or residential mental health placements when necessary.
- ◆ Improved crisis intervention services through mental health, with follow-up for the family.
- ◆ Increased assistance from the mental health system for complex cases.
- ◆ A wider variety of mental health services with faster accessibility.
- ◆ A decrease in wait times for mental health services.
- ◆ Shared responsibility with the mental health system for dependency cases.
- ◆ Timely access to necessary mental health evaluations
- ◆ Improved engagement with families and communities.
- ◆ Better communication with mental health and other stakeholders in a more integrated way
- ◆ Detailed listing of all mental health services available in each county.
- ◆ More services for the treatment of trauma.
- ◆ **“Do something, anything!”**