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The County Commissioners  
Association of Pennsylvania

Children's  
Policy



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The Children's Policy of the County Commissioners Association of Pennsylvania represents a set of principles we believe are essential to the operation of an effective system of services for children and their families. The policy principles were established in March 2001, and are the product of a unique collaboration of community stakeholders, families, county officials and their staff. They are intended to be used as guiding principles for policy makers at all levels of government in the development and advocacy of all legislation, regulation and other policy matters related to services for children and their families. Through this policy, the County Commissioners Association of Pennsylvania (CCAP) will work with our local and state partners to develop a flexible system of services that is responsive to local needs, and assists children and their families to attain their maximum potential.

The general principles are as follows:

- Children have a right to live in a safe, nurturing, and stable environment free from abuse, neglect, domestic violence and substance abuse in order to enhance their ability to stay healthy, grow and learn and to become responsible citizens.
- Children and their families have a right to compassionate, culturally appropriate, coordinated, competent, affordable, and accessible assistance in overcoming barriers, which build on their strengths in the pursuit of their full growth and development.
- Children and their families have a right to live in a community where access to services and supports that are used by the general public (natural supports), as well as public and private services, enables them to fulfill their personal and civic responsibilities.
- Children and their families have a right to expect all the components of the child and family service system in their community to follow standards of ethics and accountability.

## **Policy Principles**

This document represents a set of principles we believe are essential to an effective system of services for children and their families. The policy principles, developed by the CCAP, are intended as guiding principles for policy makers at all levels of government in the development and advocacy of all legislation, regulation and other policy matters related to services for children and their families. In striving to achieve this objective, the intent is to develop a flexible system of services, responsive to local needs, which helps children and their families to attain their maximum potential. These policy principles were adopted by the CCAP on March 27, 2001.

### **I. Children & Their Families Generally**

Children have a right to live in a safe, nurturing, and stable environment free from abuse, neglect, domestic violence and substance abuse in order to enhance their ability to stay healthy, grow and learn and to become responsible citizens.

- A. Policy should be developed in partnership with families and reviewed for the impact it has on children and their families.
- B. Policy should support opportunities for prenatal, early childhood, and on-going family education in the community in order to promote nurturing, trusting and healthful environments for children.
- C. Policy should promote family involvement, unless determined unsafe, when any family services are engaged, whether voluntary or mandatory, in-home or out-of-home.
- D. Policy should support and enhance the ability of children and their families to strive for positive personal outcomes.
- E. Policy should support affordable and accessible health care, including treatment for mental illness and substance abuse disorders, for all children.

### **II. Interagency Relationships of Child Serving Organizations**

Children and their families have a right to compassionate, culturally appropriate, coordinated, competent, affordable, and accessible assistance in overcoming barriers, which build on their strengths in the pursuit of their full growth and development.

- A. Policy should support the implementation of principles embodied in the Child and Adolescent Service System Program (CASSP).
- B. Policy should support cross-system training of agency staff and service providers on the mechanisms to promote professional communication and referral. This

training should have an emphasis on service mandates and the core child and family service skills (e.g. communication and family dynamics).

- C. Policy should support a seamless, sufficiently funded, coordinated, and cross-categorical approach to child and family assessment, treatment planning and service delivery.
- D. Policy should support interagency information sharing and simplified authorization processes, while maintaining reasonable confidentiality measures that include informed consent, to promote effective and accessible service.
- E. Policy should recognize the uniqueness of each community and support a flexible service delivery system at the county level that partners with children and their families to assist in achieving positive outcomes.

### **III. Community Support of Families**

Children and their families have a right to live in a community where access to services and supports that are used by the general population (natural supports), as well as public and private services, enables them to fulfill their personal and civic responsibilities.

- A. Policy should optimize the development of services that positively affect critical development periods in order to promote health, remediate or reduce risk factors, and improve resilience of children and their families.
- B. Policy should support initiatives that develop effective partnerships between the community, families, agencies, and schools to serve children and their families.
- C. Policy should promote the development and enhancement of natural supports and community environments that are defined by families as family friendly.
- D. Policy should support families' efforts as they strive to achieve and maintain self-sufficiency.

#### **IV. Accountability of Agencies and Community to the Family**

Children and their families have a right to expect all the components of the child and family service system in their community to follow standards of ethics and accountability.

- A. Policy should support coordinated efforts for prevention and intervention activities at the earliest possible stage in order to make the most of human and financial potential.
- B. Policy should support initiatives to promote the highest level of knowledge among staff and children and their families about the roles and responsibilities of child serving agencies (interagency and inter community.)
- C. Policy should promote and support efforts to measure and achieve outcomes necessary for agencies to deliver effective services to children and their families, and provide adequate resources for agencies to achieve those outcomes. (e.g. staffing, training, funding, and technology.)
- D. Policy should pursue the most effective use of all available funding streams at the Federal, State, County and Community levels, and other resources to enhance services to children and their families.
- E. Policy should promote practice that provides stability and continuity of services in the community.
- F. Policy should support initiatives to identify and eliminate categorical and local barriers that prevent agencies from assessing and evaluating their service capacity, efficiency and effectiveness within the context of a comprehensive child and family service system review.
- G. Policy should promote accountability of private resources, including insurance.
- H. Policy should promote equal access to and payment for benefits based on individual child and family needs, regardless of diagnosis.

## Background

County Code requires that the counties be responsible for the well being of the individuals within their jurisdictions. The counties are vested with the authority and responsibility, but are granted flexibility in arranging for mandated services either by providing the service directly and/or through contractual agreements. In Pennsylvania, counties serve children through several county based programs: Children & Youth, Mental Health and Mental Retardation, Single County Authorities (substance abuse), Juvenile Probation, and the Juvenile Detention Centers. Each program has a different focus, but ultimately all serve children. The primarily focus of each mandated program is outlined below.

Children and Youth Agencies (C&Y) provide services to families to help to prevent and/or resolve the problems of child abuse (both physical and sexual), dependency and neglect. Services are to be consistent with a child's safety, making all reasonable efforts to avoid out of home placement of the child. If the Juvenile Court places a child outside of the home, the C&Y agency works with the child and family to return the child home as soon as possible, or if that is not possible, then to recommend alternative permanent placement to the Juvenile Court. Most C&Y cases are also involved with one or more other community service systems, thus requiring close coordination and planning with those services.

Mental Health/Mental Retardation Programs (MH/MR) are to provide diagnosis, care, treatment, rehabilitation and detention of the mentally disabled through nine mandatory services. These services include a centralized intake and case management system for the oversight of services and supports in addition to assessment, therapy, supports and facility based services.

- Mental Health services for children include an individualized intervention called Therapeutic Staff Support that is provided to children in a variety of settings. Through EPSDT (Early Periodic Screening, Diagnosis and Treatment) funding, children may receive wrap-around services or Behavioral Health Resource Services to ameliorate social-emotional disturbances and to enhance mental health (Appendix F). These services are in addition to more traditional residential facilities or day treatment facilities that provide a therapeutic milieu and treatment interventions.
- County Mental Retardation Offices oversee Early Intervention, an entitlement program that serves children birth to age three who qualify with a 25 percent developmental delay in at least one area of development. The Pennsylvania Department of Education oversees the early intervention services to children from ages 3 to five. Early Intervention Services are provided to children and their families in a natural setting such as the child's home, child care center or play group. The community mental retardation program also provides a wide array of services and supports to families caring for children with mental retardation who have "graduated" from Early Intervention.

Single County Authorities (SCAs) are responsible for planning, coordination, administration and monitoring of community-based alcohol, tobacco and other drug prevention, intervention, and treatment services. Some examples of such services include research-based prevention strategies to reduce risks associated with substance abuse, identification of risk factors to address within the community, school-based Student Assistance Programs, care and case management, and a complete continuum of treatment services for both adolescents and adults.

Juvenile Justice Services are to provide supervision, care and rehabilitation for children committing delinquent act(s) with attention to the balance among protection of the community, accountability for offenses committed, and the development of competencies to enable the child to become a responsible and productive citizen (Appendix B). These county services are provided primarily through juvenile probation and juvenile detention.

- Juvenile Probation typically becomes involved with the child when there is an allegation of delinquency. The Juvenile Probation Office is responsible to oversee a balance of activities involving the competencies of the child, rights of the victims and protection of the community.
- Juvenile Detention services are to provide temporary secure care for alleged delinquents or adjudicated delinquents awaiting disposition of the court, when there is a need to protect the community and other alternative placements are inappropriate.

Human Service Coordination/Grants Administration - Most counties have opted to round out their county's network of service resources to children and their families by developing the means to assure inter-system coordination and increasing strong linkages with non-county social services offered by nonprofit organizations including faith-based groups, private providers, school systems, businesses, and other community systems. Pennsylvania county governments have chosen very distinct structures through which to administer these programs and activities. The responsibility for these functions typically rests with staff who bear such titles as the Human Services Director or Coordinator or Grants Administrator. Programs and funding sources which are supported by these staff and their offices usually have several in common from county to county with these being directly provided or subcontracted. The Human Services Development Fund (HSDF) offers counties the ability to create and shape service solutions uniquely focused on locally determined needs. County human services administrators also have incorporated non-categorically funded services which likely include grant programs such as the Medical Assistance Transportation Program (MATP), the Homeless Assistance Program (HAP), and Emergency Food Assistance programs. Furthering counties' capacity to combat long-term issues for families with children, other initiatives are supported such as the community collaboration sustained through Family Service System Reform (FSSR)/Family Centers, Communities That Care (CTC). By combining their resources with other funding sources including United Way and philanthropic efforts, improved outcomes for children and their families can be achieved. *(Please see Attachment A for more information on these coordination/grants initiatives).*

## **Prevention**

All county services recognize the importance of prevention and early intervention regardless of how risk and risk factors are defined. Single County Authorities look to decrease the use of alcohol, tobacco and other drugs. Mental Retardation programs do outreach to families with infants in efforts to ameliorate any developmental delays. Children and Youth programs respond to families with children at-risk of physical and emotional abuse, neglect and/or inadequate supervision. Mental Health programs have developed in-home and in-school Therapeutic Staff Support services for young children and adolescents. Juvenile justice seeks to prevent recidivism as evidenced by remediation and other diversion projects. Each service delivery system seeks to reduce risk and enhance protective factors associated with a particular illness or problem in terms of their specific target population. Regardless of the service delivery perspective, there appears consensus among professionals that prevention activities which address risk factors, whether environmental or biological, and promote resiliency are long term savings. Early intervention strategies should involve coordinated efforts of all of the systems. (Appendix G).

## **Draft Policy Development**

The reality is that various county systems are often working with the same child or the same family. The development of the policy statement was accomplished by: 1) an in depth questionnaire of each of the county systems, 2) a review of the initiatives impacting on each of these systems, 3) a discussion presented with focus groups from around the state regarding Children and Youth services (Resource Manual), and 4) a review of the literature concerning pertinent current policies.

The next step was the gathering of direct input from the various County stakeholders involved in providing services to children. This took place at the Joint Affiliate Meeting (JAM) in September of 2000. JAM participants spent time in small groups reviewing and commenting on the draft policy. They also listened to, and interacted with, a panel of system leaders about their experiences and their recommendations about what works best, and participated in a general discussion session comprised of representatives of the various county based service delivery systems.

This process for developing the Children's Policy statement was intended to advocate and promote a unified vision for the future of county based services to children and their families by identifying critical points of consensus to be used as practice guidelines across the myriad of service delivery systems.

## County Based Child Serving Systems - Current Status

The various county human service agencies throughout the state are currently struggling with various problems. Some concerns cut across the boundaries of service delivery while others are unique to a particular service system.

Across the county service systems there are pervasive changes occurring in business practices. These changes are seen in terms of administrative and reporting standards and structures which frequently involve increased incorporation of technology and skilled personnel. The discrete nature of the administrative structures of the various programs can inhibit the ability to share information with the community and between agencies. This sharing of information is further exacerbated with issues of confidentiality, discrete funding sources and management information systems. Also, funding levels which do not keep pace with inflation while experiencing increasing administrative and service demands erode the financial foundation for continuing services. This erosion is reflected in the serious personnel concerns of recruitment and retention of qualified staff. How each of these overarching concerns plays out in the individual county based service delivery system varies, and can become even more complicated due to the nature of each service system.

Children and Youth Agencies are confronted with: ongoing staff recruitment and retention difficulties; the implementation of the Pennsylvania Automated Child Welfare Information System (PACWIS); refinements in the Needs-Based Plan and Budget process with major changes in the revenue mix; and the implementation of PL 105-89, known as the Adoption and Safe Families Act (ASFA); and the implementation of newly developed Practice Standards, which are tied in to new federal Outcome Measures (Appendix D).

Mental Health and Mental Retardation Programs face changes in business practices and are in constant demand of meeting the latest judicial mandates regarding access to services. Both the mental health and mental retardation arenas face the impact of the Olmstead decision mandating individuals in state institutions be provided community services unless extenuating circumstances exist. Court decisions are occurring across the nation continue to set standards of access and service which challenge current business practices. In efforts to address such issues, information management and institutional downsizing plans are in process for each service delivery system.

- Mental Health is experiencing the implementation of HealthChoices, both in urban and suburban counties, which moves the mental health services into a managed care business environment.
- Mental Retardation services are adopting a self determination model where individuals in need of services choose how to use resources to secure services and supports. At the same time an increased demand for services is occurring due to the legislative waiting list initiative for persons with mental retardation. The waiting list initiative is to address community needs including the increasing numbers of older persons with mental retardation living at home with elderly parental caregivers.

Single County Authorities (SCAs) have also been affected by the changes in business practices resulting from HealthChoices. Serious challenges currently facing the SCA service system include an increase in the use of heroin in our communities, the continuing innovation and use of new street drugs by an ever younger population, curbing underage drinking, addressing the effects of substance abuse during pregnancy, and the reduction of tobacco sales to minors.

Juvenile Probation Offices continue to refine and develop a means to fulfill the changes in the Balance and Restorative Justice (BARJ) legislation and grants for State Victims of Juvenile Offenders Projects (VOJO). Yet, determining how to provide appropriate services that match the needs of a child with an appropriate facility is difficult and further complicated when addressing special offenders (e.g. mental illness, sex offenders and arsonists). The complexity of needs for the children entering probation also challenge the office's ability to ensure safety for the offender, the officer and the community.

Juvenile Detention Administrators in March of 1999 prioritized their concerns in working with pre and post adjudicated juveniles in a secure setting. The administrators indicated that there are many youth with diagnosable mental health needs in long term placements in detention which by definition should be short term. In addition, the temporary nature of detention has historically made the education of children while in care difficult at best. Finally, administrators saw the reimbursement rate for juvenile detention which is funded 50% by the county and 50% by the state, an unchanged rate for 30 years, as a major stumbling block.

Human Services Administrators are those professionals in county government who are responsible for coordinating categorically funded services and for providing many other services to families which aren't categorically defined services. In many counties, they also have additional responsibilities for transforming services from ones that are fragmented and crisis-oriented to ones that are coordinated and more preventive, more comprehensive and community-based.

- They rely on the flexibility of the *Human Services Development Fund (HSDF)* as a major source of funding for creating and shaping services in ways which meet locally determined gaps in the total network of community human services. HSDF focuses on not only the children and families' physical needs, but also the provision of supportive services to enhance the family's ability to achieve social and economic independence. Counties are battling to meet increasing demands for HSDF-supported services at a time when the numbers of children and families needing supportive services as they transition from cash assistance grows. Counties' difficulties in recruiting and retaining qualified staff, particularly for providing home care services, is further limiting their capacity to meet needs of children and their families. *(For expanded explanation of coordination services, please refer to Attachment A).*

## **Review of Statewide Survey Evaluation of Needs**

During March and April 2000, a self-administered survey was sent to all of the members of the County Commissioners Association of Pennsylvania Affiliates providing services to children and also to the Juvenile Probation Offices. A copy of the results from this survey is contained in the Resource Manual titled "Executive Report on Children's Policy Surveys." Of the possible 900 responses, 324 were received; an overall response rate was 36 percent. The response rate for each of the affiliates varied from 9% to 51%. Responses were received from 87 line staff (27%), 102 supervisors (31%) and 131 administrators (40%).

In the analysis of this data it quickly became clear that the interpretation of the results are limited by the absence of program definitions in the survey instrument. The survey did not include definitions for the terms and acronyms contained within it. Therefore, those definitions became subject to the interpretation of the respondent. The lack of clarity became most evident in discussions about Child and Adolescent Service System Program (CASSP). Other terms that elicited significant discussion about lack of clear definition are: EPSDT, natural supports, and community resources.

### General Survey Findings

Some of the general survey findings for successfully engaging families and meeting the needs of families and children are as follows:

- Staff communication skills and knowledge of family dynamics are more important than training in intensive family programming and training in diversity (p. 13, Exec. Report).
- Natural supports are more important than CASSP and EPSDT (p. 14, Exec. Report).
- The most important component of good communication between agencies and families is the involvement of families in the decision making process and trust/respect between agencies and families (p 12, Exec. Report).
- When the goal is successful interagency cooperation, administrators, supervisors and line staff agree that an effective CASSP System and knowledge of agency mission statements are the most important factors (p. 11, Exec. Report).

### Factors for Successful Interagency Collaboration as Identified by the Survey

Through the years there has been much discussion about contributing factors to successful collaboration among various agencies. There was general agreement when identifying the components of successful interagency cooperation among the child serving agencies. Following are the most important factors for such collaboration according to the survey, and as defined similarly by each group surveyed (administrators, supervisors, and line staff):

- effective CASSP system,
- clear understanding of the mission of each agency,
- cooperative programming with schools, and
- good communication with state agencies.

As might be expected, an effective use of CASSP is most important to those responding from the mental health field. Juvenile detention and juvenile probation reported a higher level of importance relative to the follow up by the court. However, apart from those differences the groups generally found agreement that an effective CASSP, an understanding of the mission statement, and cooperative programming with the schools is important. All do tend to agree that a clear understanding of the mission of each agency is a primary component of successful interagency cooperation (pp. 16-21, Exec. Report).

#### Agency Characteristics for Success with Families as Identified by the Survey

Working with families is an essential component of working with children, and agencies were asked to respond to those characteristics which enabled the agency to be successful in communicating with the family. The group results indicate that the three top factors are:

- 1) involvement of parents in decision making,
- 2) trust and respect between the agency and the family, and
- 3) open and frequent communication between the agency and the family.

This trend is generally true as reported by each of the agencies and each level of supervision. Implications for policy within this finding include creating an environment for the staff where caseload size allows for the time needed to create an atmosphere of trust (pp. 22-27, Exec. Report).

Another component where consistency is found between the agencies and among all levels of responsibility is in regards to the most appropriate method of engaging the families relative to the agency's role. All of the agencies place a very high value on the role of communication skills when engaging families. The second most important factor in engaging families is providing knowledge to the caseworker in the area of family dynamics. It is important to note that while caseworker training in diversity was identified as less important than communication skills and family dynamics, there is an observable difference for the southeast region of the state where training in diversity was identified as more important. Most would probably argue that communication skills and training in family dynamics are the most basic components of working in the human service arena. However, like the basic 3-R's (reading, writing and arithmetic) in education, the basics in casework must always be reinforced and supported (pp. 28-33, Exec. Report).

#### Important Program Components as Identified by the Survey

As reported by the group there are several components of programming identified as priorities. Promoting natural supports was identified as the most important service

provided to the families we serve. However, there is a cluster of services which also have a high level of importance noted:

- general family services,
- flexible programming, and
- services provided through EPSDT.

Line staff indicated a higher level of importance regarding EPSDT than did supervisors or administrators. Natural supports are most important to those who have the responsibility of assuring the safety of the child or community -- children and youth and juvenile probation.

It seems important to note that as reported in the context of meeting the needs of the families and children overall, CASSP was not identified as a primary need. Yet, CASSP can play an important role in successful interagency collaboration. Clearly those working with families to meet the needs of that unit feel that policies which enhance natural supports such as extended family and faith based organizations are important. Additionally this group reported that in working with families to protect the safety of children and the community, a mechanism to provide basic needs such as food, transportation and housing are important (pp. 34-40, Exec. Rep).

#### Potential Barriers to Success as Identified by the Survey

Finally, the survey asked the respondents to rank a list of 20 items relative to their negative impact on working with children. These concerns are critical in assuring development of a comprehensive policy that works to minimize weakness and build stronger foundations for future services. Based on the ranking score the top five problems are the lack of:

- 1) funding or use of categorical funds,
- 2) interagency cooperation/collaboration,
- 3) community resources,
- 4) communication between agencies and families, and
- 5) family involvement and participation.

Directors faced with establishing and working within the constraints of budgets by far felt that the most significant detractor to the implementation of a children's policy is the lack of funding or the use of categorical funding. Line staff and supervisors who are typically sheltered from the budgeting tasks give top rank to the related problem of lack of community resources. Interestingly, the problem related to the lack of funding which overall ranked as the most serious problem is top ranked only for juvenile detention but near the top for every other agency. Lack of community resources was the number one concern for the mental health and children and youth agencies.

#### Policy Implications Resulting from the Survey

There are several policy implications resulting from the survey. Successful interagency cooperation would involve:

- 1) enhancement of the CASSP programming,
- 2) an initiative to promote the level of knowledge about the role of other agencies, and
- 3) an initiative that ties the activities of the agency to the programming in the schools.

Successful communication with families is enhanced when parents participate in decision making, when there is trust and respect between the agency and family and when there is frequent and open communication between the agency and the family.

To assure that communication can take place, it is important to maintain caseload size that allow the time needed to create an atmosphere of trust.

Engaging families is achieved through the basics of good communication skills and knowledge of family dynamics. A County Children's Policy should support staff competency in the basic caseworker skills of communication and family dynamics.

Finally, the important components of programming indicate a support for EPSDT, any programming that enables the enhancements of natural supports, and insuring that families at risk are assisted with the basics such as food, shelter and transportation.

## *Attachment A*

### Coordination Services

Beyond inter-systems coordination and sometimes direct oversight, Human Services Administrators are also often responsible for planning, managing and delivering direct services to children and their families, services which ameliorate basic needs and allow children and their parents to apply more attention to successfully attain their goals.

- *Family Service System Reform (FSSR/Family Center)* initiatives have county government sharing with newly formed collaborative entities, the authority for making decisions about what services to provide and ways to improve the systemic business practices and procedures which often are barriers to effective, timely services provision. Drawing upon the broader community, the collaboratives have evolved, coming together on the local level to improve services for children and their families in community-unique ways. *Family Centers*, in some counties, have proven to be an effective program element designed to offer “one-stop” service provision and resources. Building long-term community support in less than optimal time frames has counties challenged to sustain these collaborative efforts.
- *Communities That Care (CTC)* is another process for community mobilization concerned with the healthy development of young people. CTC uses a team of representative community members to develop a comprehensive, risk-focused prevention response which uses successful, research-based prevention strategies to reduce risk-factors while enhancing protective factors. It is designed to take prevention beyond specific programs to become a part of a vision shared by a broad spectrum of people. Many counties have meshed these collaborative initiatives to maximize local resources, both people and financial. (Appendix C).
- The *Medical Assistance Transportation Program (MATP)* is typically part of a transportation service network which provides the necessary means for those who seek Medical Assistance-compensated services for physical and behavioral health needs. Human Services Administrators are wrestling with issues relating to major administrative and programmatic changes in the MATP to accommodate the shift to managed health care and increased consumer responsiveness.
- The *Housing Assistance Program (HAP)* seeks to resolve another of the basic issues, that of safe, adequate housing for families particularly for those who are homeless or face the imminent risk of homelessness. An array of locally determined HAP services may include temporary emergency shelter, transitional housing and/or rental assistance as part of a comprehensive plan of services geared to resolve both immediate and long-term concerns effecting the family's ability to obtain and retain appropriate housing. The continuing existence of growing waiting lists, which include many families with children, in a time of relative economic prosperity reflects the fragile state of families who are striving to become welfare independent and self-sufficient against still-heavy odds in many parts of the State.

- *Emergency Food Assistance* programs utilize state and federal resources to meet another basic need for families with children from the PA Department of Agriculture via the *State Food Purchase Program*, and the *Temporary Emergency Food Assistance Program (TEFAP)*; and, may include the *Summer Food Program*, and others. Again, many counties' human services administrators look to expand these public resources by linking with volunteer and nonprofit organizations for managing food distribution, the Cooperative Extension Service for educational support services such as proper food storage, usage and budgeting, and food businesses and regional foodbanks as additional resources. As many families continue to live on low wages and subsidies, the inability to consistently meet the basic need to provide food is damaging to a child's capacity to grow, learn and thrive, and distracts their parents from addressing other needs such as seeking medical treatment or obtaining and retaining employment. Counties which administer these programs face a decreasing volunteer pool and often inadequate supplies of food to meet demand.

## ***Attachment B***

### **Child & Adolescent Service System Program Core Principles**

Pennsylvania's Child and Adolescent Service System Program (CASSP) is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families. These principles, variously expressed since the beginning of CASSP, can be summarized in six core statements. When services are developed and delivered according to the following principles, it is expected that they will operate simultaneously and not in isolation from each other.

#### **Core Principles:**

- **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.

**Note:** Pennsylvania's cultural competence initiative has focused specifically on African Americans, Latinos, Asian Americans and Native Americans who have historically not received culturally appropriate services.

- **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.

**For more information on the CASSP Program please contact:**  
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Source: <http://www.dpw.state.pa.us/omhsas/omhcassp.asp>