



# **Improving the Lives of Children, Youth, and Young Adults with Complex Needs and their Families**

## **A report from the Blueprint Workgroup**

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# Welcome & Introductions

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## Today I will address...

- History / Background of this Initiative
- Blueprint Workgroup Goals, Timeline, and Structure
- Overview of Blueprint Recommendations
- Next Steps for the Blueprint Recommendations
- Other News
- Questions



## Who are we supporting?

- Children with complex trauma including abuse, neglect, developmental and institutional trauma
- Multiple and complex diagnoses across the developmental, physical, and mental health domains
- Potential diagnostic overshadowing due to an intellectual disability and/or autism diagnosis
- Complex communication needs
- Inconsistent presentation of behaviors and symptoms across settings;
- Lack of diagnostic clarity
- Disrupted education
- Limited, strained, or no natural supports
- Multiple system involvement including justice systems
- An extensive history of out of home care

- Complex Needs Planning Bulletin Issued October 2020, re-issued March 2021
- Providing technical assistance to counties in support of youth with complex needs. The technical assistance includes guidance regarding:
  - Licensing,
  - Funding,
  - Successful strategies from other counties,
  - Facilitating complex needs planning meetings,
  - Guidance or assistance with referrals to clinical resources

- December 2022 to May 2023 - DHS and ASERT conducted a series of focus groups and surveys across child serving systems to better understand the needs of these youth and the systems of care supporting them.
- The ASERT final report is attached as Appendix B in the Blueprint Workgroup's Recommendations.
- Coming out of this report are five common themes and a Desired Future State.

## ASERT's Five Themes for Blueprint Workgroup

1. Communication
2. Services and programs
3. Resource Navigation
4. Staffing / Workforce
5. Trauma-informed supports

\* Family Engagement was threaded throughout all of the other themes.

## Desired Future State

In Pennsylvania we believe all youth with complex needs and their families<sup>4</sup> will have the opportunity to access timely supports and services that are individualized, trauma-informed, holistic, respectful of race and culture, family and youth driven, and available in their own communities. This will be evidenced by:

- A focus on youth and family engagement while honoring their voice and choice.
- Establishing and maintaining a well-supported and qualified workforce.
- Collaboration and shared understanding across systems to support planning and shared goals.
- Systems which prioritize early identification, proactive intervention, and service options that support family stability, safety, and the youth's healthy development and meaningful relationships which support life-long connections.
- Teams engage in ongoing and integrated planning that supports the everyday needs of a family and youth (housing, education, transportation, scheduling, access to medical care, etc.).
- Service delivery is coordinated, accessible, timely and includes support throughout the process.



## Goal

- The Blueprint Workgroup was tasked with developing recommendations to improve the systems supporting youth with complex needs and their families.
- Nothing was off the table; participants were empowered to make recommendations which address all systems and levels of government.

## Timeline

- The Blueprint Workgroup kicked-off on July 2023 at the CWRC.
- The final report was published on February 12, 2024.

## Blueprint Workgroup - Participants

### System partners

- BHMCOs
- Primary Contractors
- Providers – community, residential, acute psychiatric hospitals
- Counties – MH, ID/A, CYF, EI, CASSP/SOC, JPO
- Education
- Families
- Hospitals

### State Agencies: DHS, PDE, JCJC

For a complete list of participants and the organizations they represent, please see page 4 of the Blueprint or Appendix E.

## Four Executive Summary Recommendations

1. System restructuring to heavily emphasize prevention
2. Decisionmakers implementing these recommendations must solicit input from those with lived experience.
3. A steering team is needed to carry these recommendations forward.
4. Acknowledgment of immediate crisis – state, local, and system leaders need to find solutions to implement immediately.

# Recommendations



1. Amend Act 212 – Early Intervention – add new screening/tracking categories
2. Establish single dedicated funding stream to address developmental, physical, and mental/behavioral health needs.
3. Conflicting diagnoses and recommendations at community level

4. Develop statewide clearinghouse of services and availability
5. Establish specialized workgroup, with legal SMEs, to improve information sharing (template MOUs and/or template Releases of Information)
6. Develop guidance to counties with funding for an Integrated Child and Family Team

7. Catalogue and assess types of peer supports available now and develop Integrated Family Peer Specialist role
  
8. Establish workgroup to review and develop tools/assessment that chronicle child/family's life – biopsychosocial profile.
  
9. Develop unified and proactive approach to transitions for youth

10. Create incentives to build qualified workforce and retain staff
  
11. Establish a workgroup to create greater uniformity between insurers
  
12. Find a better balance for provider credentialing

13. Examine rules and policies regarding funding flexibilities for teaming and bundled rates
  
14. Conduct comprehensive needs and gaps analysis
  
15. Create a multi-disciplinary team of professionals for treatment in the community



16. Increase the flexibility and scope of Family Based MH Services
  
17. Develop uniform standards to make PA a healing centered state (trauma)
  
18. Training for judges in JJ and Child Welfare on the practical application of Trauma informed principles

## Next Steps

- Kick-off steering committee of internal and external stakeholders just this week.
  - Purpose: with DHS and subject matter experts, build out the details of each recommendation to make them actionable and present to decisionmakers/leadership.
- Prioritize the recommendations based on various criteria:
  - Short, Mid, Long Term
  - Requires policy, regulatory, or statutory changes
  - Easily achieved versus heavier lift
  - Direct impact v. Indirect impact

## Pediatric Capacity Building Institute

### Description

- An annual in-depth and interactive educational experience for participants.
- 18 sessions: two days per month for 9 months (Jan. 2024 to September 2024)
- Focus is on children, youth, and young adults (0 to 21) who have complex needs and their families.

### Curriculum

1. Child Development
2. Trauma / Vicarious Trauma
3. Cross System Knowledge
4. Multisystem Planning
5. Prevention / Early Intervention / Psychiatric Diagnosis
6. Communication
7. Therapies / Services, Programming / Evaluation / Assessment
8. Understanding the Child and Family – Biopsychosocial Approach
9. Relational Health and Permanency

## Pediatric Capacity Building Institute

### Goals - Participants will:

1. Strengthen their clinical knowledge and understanding of these youth and their families.
2. Utilize the knowledge gained, to strengthen, improve, or create programs and approaches to more effectively support these youth and their families.
3. Increase their understanding of best practices and approaches to complex needs planning. Have an improved understanding of each other's systems, available processes, policies, setting/service types, rules, and funding.
4. Through enhanced networking, build a statewide cohort which better supports these youth and their families.



## Questions?



# Thank you for your time!