Pennsylvania
Department of Human Services

ISSUING AUTHORITY
Office of Children Youth and Families (OCYF)
Office of Mental Health and Substance Abuse Services (OMHSAS)

SUBJECT
Joint guidance regarding teaming for children involved in County Children and Youth Agencies.

AUDIENCE
- County Children and Youth Agency Administrators
- Private Children and Youth Social Service Agencies
- County Commissioners and Executives
- Chief Juvenile Probation Officers
- Pennsylvania Council of Children, Youth and Family Services
- Rehabilitation and Community Providers Association
- County Mental Health/Intellectual Disability Administrators
- HealthChoices Behavioral Health Primary Contractors
- Behavioral Health Managed Care Organizations

PURPOSE
This "Special Transmittal" is part of a series of targeted guidance documents related to service enhancements for children and youth who are members of the *S.R. v. Pennsylvania Department of Human Services* settlement class. "Class members" are defined as all Pennsylvania children and youth under age 21 who are, or in the future may be, adjudicated dependent and have diagnosed mental health disabilities.

This transmittal provides guidance on the use of teaming models that bring together professionals, families, and community agencies and supports promoting collaborative, informed, and child-centered decision-making for all children, including dependent children under age 21 with mental health disabilities (class members).

Other guidance documents in this series will address topics including:
- Mental Health Screenings, and Therapeutic Foster Care

This guidance, and all documents in this series, should be reviewed by stakeholders involved in serving class members, including, but not limited to:

- County Children and Youth Agencies (CCYAs)
- Behavioral Health Managed Care Organizations (BH-MCOs)
- County Mental Health /Intellectual Disability Offices (MH/ID), and
- Primary Contractors

BACKGROUND

The settlement agreement in *S.R. v. Pennsylvania Department of Human Services*, approved in October 2025, requires the Pennsylvania Department of Human Services (DHS) to issue guidance to CCYAs regarding teaming models for settlement class members.

The Office of Children, Youth and Families (OCYF) and the Office of Mental Health and Substance Abuse Services (OMHSAS) are working collaboratively to strengthen coordination between the child welfare and behavioral health systems. The goal of this work is to ensure that children and youth receive timely access to appropriate services and supports that promote healthy growth, development, stability, and well-being in the least restrictive and most family-like setting possible.

As part of settlement implementation, DHS, with the assistance of a consultant, is conducting a comprehensive review of the Commonwealth's child welfare and behavioral health systems. This work will inform recommendations and implementation strategies designed to help DHS and its partners achieve and maintain substantial compliance with the settlement agreement.

While this broader systems work is underway, the Department is issuing interim operational guidance that reviews current policy and practice expectations and highlights promising approaches.

This document specifically addresses teaming models and outlines key considerations, collaboration expectations, responsibilities, and timeframes intended to improve the class members' access to services and/or outcomes.

Because both OCYF and OMHSAS share responsibility for supporting the well-being of children and youth, both offices are committed to ongoing communication and technical assistance to strengthen county-level collaboration across systems in support of children and families.

DISCUSSION

Teaming Models

Strong teaming models help improve outcomes for children, youth, and families involved in the child welfare system. As family needs become more complex, collaboration among professionals, families, and community supports is increasingly important. Teaming can strengthen decision-making, increase family engagement, and improve access to services and outcomes for children and youth.

Teaming can help prevent children from entering foster care by providing early intervention and coordinated services for families. Bringing together professionals from various fields, such as social work, child welfare, mental (behavioral) health, developmental services, education, and healthcare, helps identify family needs and connect families with tailored services before problems become more serious. This approach allows families to receive support that helps them to safely care for their children at home. Teaming is especially important for children with complex needs and involved with multiple systems and agencies because it improves coordination, access to services, and overall support for children and their families. The use of teaming throughout the case may also help to prevent placement disruption and deter the utilization of more restrictive levels of care.

Below are several well-designed teaming models commonly used by child welfare agencies in Pennsylvania, including models supported by research and models that have been effective in practice:

1. **Family Team Conferencing (FTC)**: FTC is a family-centered approach that gathers the family, caseworkers, service providers, and support to develop and implement plans for child safety, permanency, and well-being. The process emphasizes family voice, collaborative planning, and is strength-based and solution-focused.

2. **Permanency Roundtables (PRTs):** Developed by Casey Family Programs, PRTs convene multidisciplinary teams, including caseworkers, supervisors, and permanency specialists, to identify barriers to permanency for children and youth in foster care. Through structured brainstorming and action planning, PRTs aim to accelerate safe, permanent family connections.

3. **Wraparound Team Model**: This model creates individualized, strengths-based plans for children and youth with complex needs. Wraparound teams include family members, professionals, and natural supports, working together to coordinate services and supports that are tailored to each child and family.

4. **Multidisciplinary Teams (MDTs)**: MDTs convene professionals from various fields—such as social work, mental health, education, and healthcare—to assess needs, share expertise, and develop comprehensive service plans. MDTs are especially useful for addressing the needs of children and families with co-occurring or complex challenges.

These teaming models share common elements: they foster engagement, leverage diverse perspectives, and promote shared accountability. Strong teaming models ensure that families are actively involved in decision-making and problem solving, allowing their voices, strengths, and backgrounds to shape the support they receive. This inclusive process builds trust and empowers families, increasing the likelihood that services will be effective and sustainable. By leveraging the collective expertise of the team and prioritizing family-driven solutions, teaming models can help to stabilize families in crisis, reduce risk factors, prevent the need for out-of-home placement, and prevent disruption of placement and escalation to more restrictive placements.

Composition of the Team

Agencies using teaming models are encouraged to strengthen cross-system coordination through tools such as memoranda of understanding that clarify roles and support information sharing across agencies.

Regardless of the teaming model, all agencies involved with a child or youth should be invited to participate in the team. Team participants should include representatives from child welfare, behavioral health managed care organizations (BH-MCOs), juvenile justice, education, mental health, physical health, intellectual disability/autism services, or any other relevant or involved agency supporting the child or youth.

Teaming models should include the participation of the child or youth, when appropriate, particularly for children and youth age 11 and older, along with their family and other supportive individuals identified by the child, youth or family. This can include biological or adoptive family, legal custodians, extended family, foster family, or any other person with whom the child has a significant and positive relationship and wishes to include in the process. Other participants that youth and agencies may want to include are the court-appointed special advocate, the guardian ad litem, residential facility staff, parent attorneys, and applicable childcare workers.

Teaming Intervals, Training, and Facilitation

On an annual basis, all administrators, supervisors, and caseworkers should receive training on the CCYA's selected teaming model. Additionally, newly hired employees should complete this training within their first 90 days of employment.

Team meetings should occur at least quarterly and inform case planning; however, more frequent meetings may be necessary based on the family's needs. More intensive teaming may be needed when significant events or complex needs are identified for the child. Significant events — such as an imminent placement or placement disruption risk, change in placement, shifts in the child's needs, or emergent concern such as family stressor, expulsion from school, an arrest, or referral to law enforcement — may require an immediate team meeting. During the team formation process, CCYAs and MH/ID agencies should identify who has the authority to convene an immediate meeting and determine which parties will be responsible for coordinating, hosting, and facilitating team meetings.

The team should include a facilitator responsible for arranging meetings, maintaining the service plan including identifying the strengths and needs of the child and family/foster family, ensuring the plan includes realistic and measurable goals and objectives, and clarifying the roles of each team member. The facilitator can be a representative of any participating agency or an independent professional. Documentation of team meetings should be inclusive of meeting purpose, meeting participants, decisions made, options considered, rationale for decisions, action steps with assigned responsibility, and follow-up timeframes. This type of documentation supports clear and transparent decision-making, continuity of case planning, and the ability to review and assess teaming practice over time.

Crisis Planning

Crisis planning is an important component of effective teaming and service coordination for children and youth with behavioral health needs. Proactive and individualized crisis plans help teams respond consistently and safely during periods of instability, reduce the risk of escalation, and support children and families in maintaining stability within their homes, schools, and communities.

DHS wants to ensure that appropriate crisis plans exist in all settings where a child may experience a mental health crisis. During team meetings, when necessary, team members should provide input on, and support implementation of crisis plans. Crisis plans should be practical, real-time strategies that promote safety, resilience, and empowerment, regardless of the teaming model used.

Appropriate crisis plans should clearly outline steps to maintain safety during crisis situations. Because a crisis can look different for every child, each plan should define what constitutes a crisis for that individual. Crisis plans should be individualized, identify strategies to support the safety of the child and family, describe the steps to be taken once the crisis has ended. Crisis intervention contact information should also be included to ensure each person can quickly connect with emergency response personnel or crisis services when needed.

After a crisis plan is implemented, the team should review the effectiveness of the response, discuss strengths and needs identified during implementation, consider any necessary revisions to the plan, and determine whether additional referrals or supports are needed, such as a new mental health evaluation or referral to the DHS Complex Needs planning process.

Funding and Evaluation of Teaming Models

CCYAs may be able to account for anticipatory costs associated with teaming models and related training to ensure fidelity through the Needs-Based Planning and Budget (NBPB) process. Beginning with fiscal year (FY) 2027-2028, CCYA's will be asked to include the teaming model that has been chosen as well as the implementation and steps taken to ensure fidelity to the teaming model. Reporting within the NBPB

documentation will be required for each FY thereafter. CCYAs are encouraged to discuss these considerations with their OCYF regional office.

OCYF regional offices will evaluate the appropriateness of the teaming model selected by each CCYA based on the needs of the population being served. If OCYF determines that the selected model is not appropriate, OCYF may recommend that the CCYA adopt a different teaming model in a future NBPB submission. Each CCYA will also be required to include in its NBPB submission an implementation plan, referral process, outcome data, and a continuous quality improvement (CQI) and monitoring plan.

CONCLUSION

This guidance is intended to support implementation of the *S.R. v. Pennsylvania Department of Human Services* settlement agreement and to promote strengthened coordination between the child welfare and behavioral health systems. This document does not establish new regulatory requirements or create new rights or obligations beyond existing federal or state law, regulation, contract requirements, or policy. Rather, it is intended to provide interim operational guidance, clarify current expectations, and encourage collaborative practices that support timely access to appropriate behavioral health services for children and youth involved with the child welfare system.

Revision History

Date	Description of Changes
May 15, 2026	Initial Version