


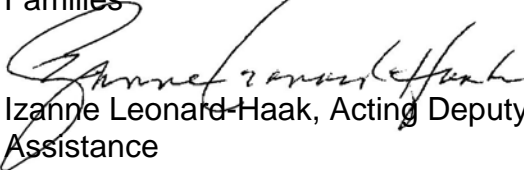
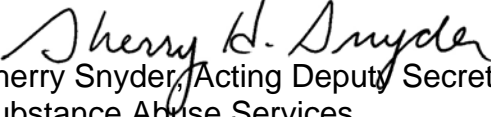
	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE		
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SUBJECT Complex Case Planning	BY  Mike Nardone, Acting Secretary, Department of Public Welfare  Kevin Casey, Deputy Secretary for Developmental Programs  Richard J. Gold, Deputy Secretary for Children, Youth and Families  Izanne Leonard-Haak, Acting Deputy Secretary for Medical Assistance  Sherry Snyder, Acting Deputy Secretary for Mental Health and Substance Abuse Services		

SCOPE:

- County Chief Juvenile Probation Officers
- County Children and Youth Social Service Agencies
- County Mental Health/Mental Retardation Administrators
- County Child and Adolescent Service System Program (CASSP) Coordinators
- Human Services Administrators
- Juvenile Court Judges Commission
- Office of Developmental Programs (ODP) Administrative Entities
- ODP Supports Coordination Organizations
- Behavioral Health Managed Care Organizations (BHM COS)
- Physical Health Managed Care Organizations (PHM COS)
- Family and Youth Advocacy Organizations

PURPOSE:

The purpose of this bulletin is to provide guidance to all county agencies, family and youth advocacy organizations, and both physical and behavioral managed care organizations that are involved in case planning for children¹ with complex issues up to age 21.

BACKGROUND:

The Department of Public Welfare (Department) seeks to provide a comprehensive approach to serving children, birth to 21 years of age, through programs that focus on early intervention, long-term prevention, and services that support family stability, safety, community protection and the child's healthy development and permanent connections.

A comprehensive and effective system of care recognizes that children with safety, emotional and behavioral needs often require services from more than one child-serving system. For example, a child that has a behavioral health need that is being addressed in a school setting may also be receiving services from the child welfare, juvenile justice, or health care system due to emotional, social and/or physical needs. Effective planning takes into account the strengths of the child and family, the multitude of needs and engages the various human service agencies responsible for assisting the child and family.

At the state level, departments and agencies with programs serving children collaborate on children's issues. These include program offices in the Department of Public Welfare (Office of Child Development and Early Learning (OCDEL); Office of Children, Youth and Families (OCYF); Office of Developmental Programs (ODP); Office of Medical Assistance Programs (OMAP) and Office of Mental Health and Substance Abuse Services (OMHSAS)), the Juvenile Court Judges' Commission, the Office of Health Promotion and Disease Prevention in the Department of Health (maternal and child health, drug and alcohol programs), the Office of Elementary and Secondary Education in the Department of Education, and the Bureau of Vocational Rehabilitation in the Department of Labor and Industry. In addition, there is collaboration at the state level with the judicial branch through the Administrative Office of the Pennsylvania's Courts' Office of Children and Families in the Courts.

At the county level there are diverse structures for serving the needs of children. Each county agency has a local process for developing plans and delivering services to children based on the child's needs identified by the individual agency. Many counties have developed a cross agency process to support children when the needs identified require the expertise of multiple systems. Counties have also created ways to engage systems outside the county human service system, including for example the education and physical health systems, in this cross-agency planning process. Counties continue to revise these local cross-agency planning processes as they strive to more efficiently serve children with complex needs in the least restrictive, most appropriate setting.

To make certain that children are receiving comprehensive coordinated services at the county level, the Department implemented the Integrated Children's Services Planning process in 2004. Integrated planning calls for all child-serving systems within a county to plan together as one system in which appropriate services can be accessed regardless of what "door" a child may initially enter. This planning process is an integral first step toward building a holistic approach to serving the individual child and family.

¹ Throughout this document the term "child" or "children" refers to anyone up to the age of 21, including older youth.

When a viable solution that addresses all of the child's needs cannot be reached for a child with multi-system needs who is receiving services from more than one county agency or organization, the Department will work with counties to address these complex situations either at the regional or state level.

DISCUSSION:

Service Planning

Service planning for all children should start where the family and children are located, at the local level. Whenever possible, services should be delivered in the child's home community, drawing on formal and informal resources and supports to promote the child's successful participation in the community. Services must take place in settings that are the most appropriate and natural for the child and family and services should be the least restrictive and intrusive available to meet the needs of the child and family.

Services should be planned to meet the individual needs of the child and family, rather than to fit the child into an existing service. Services should be developmentally appropriate and child specific, they should consider the child's family and community structure, and build on the strengths of the child and family to meet the developmental, social, cultural, physical and behavioral health needs of the child. Services should be planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all the systems should collaborate with the family or guardian and involve the child as much as developmentally appropriate when defining the goals for the child, developing a service plan, developing the necessary resources to implement the plan, providing appropriate support to the child and family, and evaluating progress. Moreover, planning is not a static "once and done" activity; rather it is an ongoing process from the moment a child and family enter a service door that ends only when the child no longer needs services or when the child transitions out of the child service system.

Pennsylvania has a wide array of services and supports for children and their families that can be accessed at the county level. These resources and supports include not only behavioral, developmental and physical health professionals and provider agencies, but also social, religious, and cultural organizations and other natural community support networks. The current array of services is listed below, generally listed in order from least restrictive to most restrictive (please note that although all of these services can be offered in Pennsylvania, not every county offers each service):

Case Management/Prevention/Intervention Services

- Resource/service coordination
- Respite²
- Individual, group and family interventions, practices and services
 - Youth Directed Transition Planning
 - Family Group Conferencing/Decision Making
 - Hi Fidelity Wraparound (Youth and Family Teams)
 - Family Engagement in Case Planning
 - Transitional Living/Independent Living
 - Supports Coordination
 - Peer Support

² Respite can be services provided in the home or facility allowing caregivers to take a break.

- Home Visiting Programs (Homemaker Services, Nurse Family Partnership, Parent Child Home Program, etc)
- Screening and Assessment
- Intensive Case Management
- Early Intervention
- Child Protective Services (CPSL)
- Prevention/Intervention Services (Drug and Alcohol)
- Early Childhood Mental Health Consultation
- Student Assistance Program
- School-to-Work Transition Services
- Career and Technical Training

Outpatient Therapy or In Home/Community-Based Services

- Intensive Outpatient (Drug and Alcohol)
- School-based Behavioral Health Services
- Behavioral Health Rehabilitation Services, including Behavioral Specialist Consultant, Mobile Therapy, Therapeutic Staff Support; Summer Therapeutic Activities Programs; and Individualized Program Exception Services.
- Clinical Case Management
- Clinical Evaluations
- Family-Based Mental Health Services
- Individual, Family and / or Group Outpatient (Mental Health) Services
- Day Treatment Programs
- Crisis Intervention Services (includes Respite)
- Evidence Based Practices, including Multisystemic Therapy (MST), Multi-dimensional Treatment Foster Care (MTFC), and Functional Family Therapy (FFT)
- Partial Hospitalization Programs

Residential Programs

- Adoption Services
- Therapeutic Foster Care
- Foster /Kinship Care
- Respite
- Community Residential Rehabilitation Services
- Community Living Arrangements
- Transitional Living
- Emergency Shelter
- Group Homes
- Residential Facilities
- Residential Treatment Facilities (some also provide Drug and Alcohol services)
- Non-hospital Residential (Drug and Alcohol detoxification, Rehabilitation, “halfway house”)
- Inpatient Hospitalization (Mental Health, also Drug and Alcohol detoxification or rehabilitation based on medical necessity)

Complex Services Planning- County Level

In most instances, the child and family needs can be competently served through the county planning process outlined above. However, there are some situations where a child's needs require more intricate planning at a broader level than just the individual efforts of involved agencies. In these complex cases, the Department recommends that in addition to the minimum requirement of the necessary agencies coming together to develop the specific child plan, all human services agencies/providers, that serve children in the county should come together with the child's family or guardian to serve as one team to address all of the child's needs. The Department expects that a joint county team approach that treats each child with complex needs as a member of the community rather than as a child served by specific agencies in the county will enable the county to resolve the many challenging issues at that level.

Effective planning at a county level requires the county team to take a collaborative, innovative and flexible approach to meeting the needs of the child and family. Additionally, effective planning requires county teams to be proactive as opposed to reactive, *e.g.*, planning should begin as soon as the child's needs are identified, not at the time of a crisis or when a youth is preparing to transition from the child serving system(s).

Complex Services Planning- County-State Joint Level

The Department recognizes that, in spite of best efforts at the county level, there are cases which cannot be resolved by local teams and therefore will require additional support or intervention at a higher level. When county representatives have exhausted all local options, solutions and / or resources and still are not able to address all needs, the case should then be referred to the appropriate Regional Office for assistance. Any individual or local agency can refer a case to their Regional Office for assistance. Although the county is expected to continue its efforts to resolve the issues, it is imperative that the Regional Office be notified in a timely manner.

The Department's regional staff will assist the county representatives with connecting to coordination teams at the Departmental level that are structured to handle issues involving children with multi-system, complex funding, physical health and/or behavioral health related needs. For example, currently if a child has issues that involve primarily behavioral health and children and youth, developmental disabilities and/or juvenile justice the Office of Mental Health and Substance Abuse Services (OMHSAS), the Office of Developmental Programs (ODP) and the Office of Children, Youth and Families (OCYF) have a coordination team that works with the appropriate local authorities to resolve the issue. If there are issues involving medically fragile children who are aging out of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services and require continuing care and services, the children are referred to the Resource Facilitation Team which works to effectively transition the youth into adult services. Additionally the Department works with the Office of Long Term Living and the Department of Health whenever complex issues arise concerning children with traumatic brain injuries. Though the Department expects that most child case planning will progress smoothly through this process from the county to the regional / state level for assistance, the Department recognizes that case planning often does not move sequentially, and at times it may be necessary for a county agency to contact the Department directly.

Complex Services Planning – State Level

In the event that a complex case cannot be resolved with the assistance of the Regional Office and Department coordination teams, the complex case can be forwarded for review by the Regional Office or State Coordination Teams to the Department Complex Case Team. The Department Complex Case Team reviews any case that cannot be resolved at the county / state joint coordination level and which meets the review criteria set forth below.

Based on the needs of each individual, the Complex Case Team will include cross-functional team members from the Department’s program offices, managed care organizations, providers, family members, advocates, county agencies, and the child. The Team generally meets bi-weekly, to discuss, strategize and achieve resolution for these most challenging cases.

Often the identified solution requires a Deputy Secretary level review and joint commitment of Department program staff and/or resources. The process assumes a shared responsibility and common sense of urgency among the different programs for individuals that do not fit neatly into one program office’s responsibility. With this in mind, the recommended solution may require financial commitments from multiple entities and flexibility across programs as the Complex Case Team works to develop services that best meet the needs of the child.

To be considered by the Department Complex Case Team, the child’s case must meet at least one of the following:

- The clinically appropriate solution requires support from multiple program offices / agencies or stakeholders at the county level who together cannot agree on a solution
- The funding solution comes from multiple sources, which may include external entities.
- The case involves complexities that render it un-resolvable through the established county or Regional Office process.

Complex Case Service Planning - Checklist

The Department created the following checklist as a guide to ensure efficient and effective facilitation of the various steps involved in complex case planning. This checklist is to be used as a guide in requesting assistance from the Regional Office or state level regarding complex case issues.

Participants’ at all Level meetings should include:

- The child (if age appropriate)
- Family members/guardians of the child;
- Advocates (as determined by the family);
- Providers of current services;
- **All** appropriate individuals which may include: County-level agencies currently involved with or identified to be involved with the child/family; the CASSP Coordinator, Caseworkers or Support Coordinators from MH-MR, Children and Youth Services, Juvenile Justice, Early Intervention, Behavioral Health Managed Care Organizations care managers, Physical Health Managed Care Organizations special needs coordinators and Education; Regional Office and other State levels

County Level

___ Agency Team Meeting(s) Held

___ Family/Child have received contact information for family advocacy organizations available to them.

Result of Agency Team Meeting:
(check any that apply)

___ Resources are discussed and next steps cannot be identified

___ Services and / or Placement options cannot be identified

___ The team/family/child cannot reach an agreement on services or placement options

___ Difficulty recruiting representation from needed child serving system agencies

___ Funding sources cannot be identified and/or resolved in a blended, braided or shared manner

___ Complaint to a state office regarding a youth placement

If an agency team meeting has been held with **all** agencies/individuals involved in the child's case and one or more of the conditions above are keeping the case from being resolved, then any individual or county agency should contact the appropriate Regional Office for assistance.

Regional/State Level

In order to refer a complex case for regional or state office assistance around funding and appropriate services / placement options the county agency should include the following information:

___ If a county is requesting funding assistance, the county should provide a list of the current funding source(s), funding sources that have been explored, and the specific barrier(s) to obtaining funding from existing funding sources/systems.

___ If a county is requesting assistance with locating appropriate community or residential services, the county should include a list of services / placements already explored and outcomes related to those services / placement attempts.

Department Complex Case Level

If all other avenues have been explored, a referral can be made to the Department Complex Case Team through the Regional Office. Only cases meeting one of the following criteria are appropriate for referral to the Complex Case Team:

___ The resolution involves a clinically appropriate solution that requires support from multiple program offices or agencies.

___ The funding solution comes from multiple sources; which may include external entities.

___ The case involves complexities that render them un-resolvable through the established county or Regional Office processes.

___ The case involves referral to a specialized program and identification of an appropriate resource has not been successful.

Questions regarding this bulletin should be directed to the appropriate Department Regional Office. Regional Offices can also serve as referral entities for state assistance, including cases that need to be escalated to the Department Complex Case Team.

Office of Children Youth and Families:

Western Region: 412-565-2339

Central Region: 717-772-7702
Northeast Region: 560-963-4376
Southeast Region: 215-560-2249

Office of Mental Health and Substance Abuse Services:

Western Region: 412-880-0369
Central Region: 717-705-8395
Northeast Region: 570-963-4335
Southeast Region: 610-313-5844

Office of Developmental Programs:

Western Region: 412-565-5144
Central Region: 717-772-6507
Northeast Region: 570-963-4749
Southeast Region: 215-560-2245