

City of Philadelphia

Department of Behavioral Health/
Mental Retardation Services (DBH/MRS)
1101 Market Street, 7th Floor
Philadelphia, PA 19107



Request for Applications (RFA) for Mini-Grants

Julia Danzy, Director, Division of Social Services

**Arthur C. Evans, Jr., Ph.D., Director
Department of Behavioral Health/
Mental Retardation Services**

Information Session:

Thursday, March 8, 2007 at 1:00 PM

Or

Friday, March 9, 2007 at 2:00 PM
(for those unable to attend on 3/8/07)

CBH Large Conference Room
801 Market Street, 7th Floor
Philadelphia, PA 19107

Deadline for Applications –March 30, 2007, 4:00 PM

For information please contact:

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(215)685-4858

or

Kyra D. Turner (kturner@pmhcc.org)

What is the DBH/MRS?

The Philadelphia Department of Behavioral Health/Mental Retardation Services (DBH/MRS) is comprised of the Office of Mental Health (OMH), Addiction Services (formerly titled the Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP)), Mental Retardation Services (MRS), and Community Behavioral Health (CBH). The Department is responsible for administering a broad array of treatment, intervention, prevention, and support services to individuals, families, and communities experiencing difficulties related to mental illness, mental retardation, and substance-related conditions. It is an integrated behavioral health system that serves more than 100,000 people who are eligible for medical assistance as well as those who are uninsured or underinsured. The Department has a long history of providing innovative and groundbreaking services in Philadelphia for consumers, family members, providers and communities and has become a national model for delivering managed health care services to the public sector.

This is an exciting time of transition and transformation for Philadelphia's DBH/MRS service system. Our goal is to embrace and fully implement the vision of self-determination, resilience and recovery. To this end, the Department is issuing this Request for Applications for mini-grant funding.

What is the goal of this RFA?

The goal of this RFA is to provide funding to grass roots, community and faith-based organizations, as well as the smaller DBH/MRS provider organizations, including CODAAP recovery houses. These grants will be used to develop and implement changes within a current program or programs to address the behavioral health (mental health and addictions) needs of children and/or adults and their families.

These mini-grants are intended to be used for the enhancement of existing programs. We hope to:

- increase the supports and opportunities available for individuals with behavioral health challenges in order to enhance their quality of life in the community;
- prevent the development of behavioral health problems for individuals who's personal, family, or community circumstances result in their having an increased risk for behavioral health challenges;
- provide a means for community based organizations, smaller providers and people in recovery to collaborate on needed service projects;
- support and improve recovery support resources that currently exist in the community; and to
- provide resources for organizations to refine knowledge, skills and abilities in implementing the System Transformation priorities.

Because of the one time nature of these grants, it is expected that each recipient have a viable plan for sustainability. This plan must be articulated in your application.

Applications are expected to target:

- anyone receiving or eligible to receive Medical Assistance in the state of Pennsylvania; and
- police district priority areas in Philadelphia (See Appendix A for list)

Agencies must collaborate with people in recovery, as well as family members, in the development and implementation of proposed activities. For example, a program targeting adults is expected to describe at least one partnership with a person in recovery in the development and implementation of the proposed activity. For programs targeting children, the minimal expectation is the inclusion of a child and/or a parent or guardian of a child being served.

What is the level of funding that is available?

Any organization or behavioral health provider agency that receives an award through this process is eligible to receive up to \$10,000.00 from the City of Philadelphia. The total number of awards granted will depend upon the activities and budgets proposed as well as the number of applications received. **Due to the source of funding for these mini-grants, The DBH/MRS cannot commit to providing any additional or future funding support for any submission through this initiative.** For this purpose, we suggest the applicant focus on enhancements to existing services or activities, rather than the development of new services or activities. Awardees will be notified no later than April 27, 2007.

Upon successful award of a mini-grant, the DBH/MRS will advance eighty percent (80%) of the budget requested in the proposal. The remaining twenty percent (20%) will be distributed to the awardee once the DBH/MRS receives all requested documentation and report forms related to grant funded activities.

Who is eligible to Apply?

This opportunity is open to all community and behavioral health provider organizations in the city of Philadelphia with non-profit 501(c)(3) incorporated status or for-profit incorporated status, that currently provide a service to the Medical Assistance or Medical Assistance eligible population of the city.

Eligible applicants also include smaller contracted DBH/MRS providers, including CODAAP recovery houses with a total operating budget (from all sources including, but not limited to, city funding, private donations, and grant awards) of under two million dollars (\$2,000,000) annually. Those eligible applicants that are looking for support for innovative community projects that are consistent with System Transformation priority areas, are also invited to apply.

Please note: If your organization does not have nonprofit 501(c)(3) incorporated status or for-profit incorporated status, the Department encourages you to form a partnership or coalition with an organization(s) in your community that does have this status.

Application Details:

It is critical that your application target individuals receiving, or eligible to receive, Medical Assistance (MA) in the state of Pennsylvania, focus on behavioral health (mental health and/or addiction) issues and be designed to address at least one or more of the System Transformation priority category areas. Before beginning the process of writing your proposal, it is important to be clear on our priorities for adults and children and families; what is meant by recovery and resiliency; as well as what the goals of the system transformation currently taking place in Philadelphia's behavioral healthcare system are.

System Transformation Priority Areas for Adults:

What is recovery?

As a part of the transformation efforts underway in Philadelphia's behavioral health system, the concept of recovery is being used to describe the journey towards increasing wellness for adults with mental health and/or addictions challenges. It does not mean that the person is no longer experiencing mental health symptoms or relapses related to substance use. For this RFA, recovery activities will include any activity that supports adults with behavioral health disorders in reaching their maximum potential. The activities may be focused around providing support and/or education which help people to manage their behavioral health concerns, or may be focused on assisting people with establishing fuller lives outside of treatment settings and in the community.

As stated above, the DBH/MRS is in a process of a system wide transformation effort. The priority areas around this transformation for adults receiving services in the behavioral health system are as follows:

- Peer culture/Peer support/Leadership: There is recognition that people in recovery can be of great service to others seeking recovery and should be involved in the planning, implementation, and evaluation of all service activities.
- Partnership: Relationships of all parties within the behavioral health care system are based on mutual respect where everyone's perspective, experience and expertise is welcomed and considered. Decisions are made collaboratively, and not from the top, down.
- Community inclusion/opportunities: The focus is on initiating recovery in the person's natural environment, integrating the individuals/families in recovery into the larger life of the community, tapping the support and hospitality of the larger community, developing recovery community resources, and encouraging service contributions from and to the larger community. Connecting people receiving mental health and/or addictions services to the community which is viewed as critical to long-term recovery.
- Family inclusion and leadership: Family members are actively engaged and involved in all activities/services that are designed for children. Additionally family members are engaged at a degree that is desired by adults receiving

services. It is recognized that families come in many varieties. Both families of birth and families of choice are respected and valued.

- Holistic and wellness approach: Services are designed to enhance the development of the whole person. Efforts are made to support the life domains that each person considers important to their recovery, e.g. spirituality, positive relationships with others etc. Services are based on an individual's strengths and are culturally competent and trauma-informed.
- Extended Recovery supports: This refers to a way of looking at recovery as an on-going journey that in many cases starts before someone ever accesses the service system and continues past the point of "stabilization" and is characterized (as is all of life) by ups and downs, by greater and lesser needs for support.

System Transformation Priority Areas for Children and Families

What is Resiliency?

Resiliency is at the heart of how youth successfully manage difficult situations. It allows children to survive or thrive in the face of stressful circumstances, surroundings, or events. For the purposes of this RFA, activities that might help to promote mental health and well-being among children could be targeted toward:

- 1) children who are already receiving services in the behavioral health system and would benefit from additional supports;
- 2) children who due to personal, family or community circumstances are considered at risk for developing behavioral health concerns and would benefit from additional supports to decrease the likelihood of this happening; and/or
- 3) children who are currently functioning well and could benefit from additional supports to ensure that they continue to do so.

In February 2006, Mayor John F. Street convened the Blue Ribbon Commission on Children's Behavioral Health. The Mayor charged the Commission with developing a framework and set of recommendations to improve the Philadelphia community's ability to promote social and emotional wellness in all of the city's children. The Mayor urged the Commission to focus on the needs of children, to rethink the traditional ways of responding to those needs and to be innovative and creative in finding solutions. The priority goal categories that resulted from that process are as follows **(These are taken from the Blue Ribbon Commission Report. See Appendix C for the full list of goals and recommendations; for more information, please visit <http://www.philadelphiacompact.org>):**

- **Goal 1:** Children's Social and Emotional Well-being is the Responsibility of the Entire Community
- **Goal 2:** Every Child and Family Served by the Behavioral Health System, or Other Service Systems, Is Valued and Treated with Dignity and Respect.
- **Goal 3:** Prevention, Early Identification, and Early Intervention Activities Help Children and Their Families to Prevent Behavioral Health Problems or Reduce Their Impact Once They Arise.

- **Goal 4:** Children and Families Are Able to Obtain Quality Services When and Where They Need Them.
- **Goal 5:** Supports and Services for Children and Families Are Effective and Provided by Skilled and Knowledgeable Providers and Staff.
- **Goal 6:** True Collaboration Is Achieved at the Service Level and the System Level

Important Note for Community/Faith-Based Organizations:

One of the goals of this mini-grant application is to promote community-based activities and strategies that promote recovery, resiliency and strengthen neighborhoods. The Department recognizes that neighborhood, faith-based organizations and small social agencies are a strong force in encouraging and sustaining recovery and preventing conditions that may lead to serious interventions (e.g.: incarceration, detoxification, rehabilitation, and institutionalization). In this context, neighborhoods and communities can be a significant source of Recovery Capital (resources that support the recovery of people with behavioral health concerns). All stakeholders (i.e. people in recovery, families, advocates, provider organizations, grass root, community organizations, and faith based organizations) are welcome partners in building recovery capital in our communities.

Examples of potential activities for Community/Faith Based Organizations could include (please do not feel limited by the examples provided below):

- 1) Enhancing an existing program by developing a computer center for those in mental health and/or addictions recovery that could provide computer training, career development skill enhancement, or an opportunity to do web searches on behavioral health issues, employment opportunities etc. A person in recovery who currently works at the agency or is funded under another funding stream could teach the computer classes. This could build upon the priority area of peer culture/peer support/leadership.
- 2) An organization that works with children in the community could add a component to their existing program to train someone on how to work with children around building self-esteem, teaching conflict resolution, avoiding drug use, or may focus on any combination of behavioral health issues. This builds upon several of the Blue Ribbon Commission priority areas including children's social and emotional well-being is the responsibility of the entire community; prevention, and early intervention activities.
- 3) A faith-based organization may use funding to develop training materials and provide trainings to leaders of religious organizations about how to support the involvement of adults and children with mental illnesses, and their families, in their congregations. This would increase community inclusion/opportunities.
- 4) A community organization concerned about health could apply for funding to work with health and fitness clubs to provide free and low cost memberships to persons with behavioral health illnesses.
- 5) An employment program seeks funding to increase staff knowledge and skills related to supporting persons with mental illnesses in obtaining and maintaining

employment; and develops long-term strategies for supporting this population into the future.

Additional examples:

- Training of volunteers to provide telephone-based recovery support for people who have completed primary treatment
- Purchase of educational materials to be used within service programs
- Development of a family education/support component of an existing service program
- Organization of local “Recovery is Everywhere” campaign
- Development of recovery coaching toolbox (materials that could be used as aids in recovery process)
- Training of volunteer recovery specialists within local churches
- Funds for an existing program to support community inclusion activities, e.g., plays, musicals, movies,

The examples listed above are only a few ideas to begin generating thought. What is important to remember is that **any proposed idea and activity must be supported by one or more of the Systems Transformation priority areas for children and families or for adults.** Please note that in the examples provided above, funds are not going to be used for the support of new staff or the development of an entirely new program. This is because funding beyond the calendar year 2007 is not currently available. As such, awards should be used to enhance existing services/activities.

Important Note for Contracted DBH Provider Organizations (please see Appendix D for a more detailed description of the System Transformation goals):

The DBH/MRS is committed to nurturing partnership and community inclusion in the provider community, which includes the CODAAP recovery house network. DBH/MRS recognizes that among all of our partners, there is creativity and innovation waiting to be tapped. This opportunity is designed to allow DBH/MRS to tap into that energy that has been generated across the system throughout this transformation process and to use it to move us into the next phases of transformation.

It is to be made clear that this grant opportunity is **not** for the creation of new programs or new staff positions. It is designed to enhance the services that you currently provide in order to create additional recovery capital in your respective organizations and communities. Again, we suggest you focus on attainable, short-term goals and enhancements to existing services in order to be considered for an award.

Examples of potential activities could include the following (please do not feel limited by the examples provided below):

- 1) Capacity-building trainings on such subjects as trauma or a particular type of evidence based practice and the development and implementation of specific, on-going strategies for ensuring that training in trauma is provided to new staff and that trauma-informed practices are incorporated into current program practices.
- 2) Train-the-trainer opportunities for provider staff and people in recovery already on staff at the agency on topics related to promoting recovery and resilience so that they can become equipped to provide trainings on site within the agency in the future.
- 3) Contracting on a short-term basis with an individual in recovery or a recovery community organization to do recovery resource mapping. This would entail exploring the resources in the surrounding community and beginning to develop partnerships between the provider agency and community based organizations for future endeavors such as volunteer opportunities, employment, internships, recreation etc. Using the resource mapping to identify gaps in supports and taking steps to address these gaps during and after the grant funding period.
- 4) Creating a grief and loss support group for children or adults where funding is used for training of staff and initiation of the groups that are expected to continue beyond the grant funding period.
- 5) Developing or expanding a voluntary alumni program to increase post treatment supports for individuals who have participated in substance abuse treatment.
- 6) The development and implementation of strategies for increasing the transportation options for consumers in order to increase community participation. This could include the purchase of a van to transport consumers, increased liaison with SEPTA with a focus on increase supports for persons with disabilities, creation of a rideshare program, etc.
- 7) Developing and implementing a community liaison initiatives whereby agency staff would identify local community resources available to the persons the agency serves, address barriers that might prevent access to these services, encourage agency programs and staff to utilize these services, and identify opportunities where the agency could provide supports and resources back to the community. There would need to be evidence of long-term agency commitment to these initiatives after 2007.
- 8) Develop and implement an agency strategy for supporting on-site and local community self-help groups for adults in recovery and families. This would likely include altering agency hours and days of operation to increase opportunities for people to participate, development of knowledge about groups and how agency staff can support their development and long-term continuation, and implementation of long-term strategies for supporting groups beyond 2007.
- 9) Create and implement a cross-program, organizational strategy for increasing the encouragement and supports available to adults, children, and families to participate more fully in the community. This could include changes in service plans across all agency programs that require attention to identifying what people would like to do in the community and plans for assisting people to achieve these desires.

The examples listed above are only a few ideas to begin generating thought. What is important to remember is that any proposed idea and activity must be linked to one or more of the Systems Transformation priority areas for children and families or adults.

Qualifications for ALL applying organizations:

- Applicant and the proposed activity must be located in Philadelphia.
- Applicant must have nonprofit 501(C)(3) incorporated status or for-profit incorporated status.
- DBH/MRS providers must hold a valid current contract with the city.
- Total operating budget for provider organizations funded through DBH/MRS must not exceed \$2,000,000 annually.
- Must be committed to serving a priority area of the city (see Appendix A for a list of priority police districts).
- Target population must be receiving or eligible for MA
- Must be willing to attend and/or participate in a Recovery Conference at the end of 2007 as well as other DBH/MRS activities that will allow you to showcase the work done as a result of this seed grant opportunity.
- All applications must demonstrate a plan for sustainability beyond the scope of this mini-grant.

All applicants must be aware of the following:

- DBH/MRS is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFA.
- DBH/MRS reserves the right to reject any and all proposals received as a result of this RFA.
- Applicants whose applications are selected by DBH/MRS will be notified in writing as to their selection. Applicants whose proposals are not selected will also be notified in writing by DBH/MRS.
- No proposal shall be accepted from, or contract awarded to, any City employee or official, or any firm in which a City employee or official has a direct or indirect financial interest. Any proposal may be rejected that, in DBH/MRS' sole judgment, violates these conditions.
- Successful applicants agree to comply with all relevant sections of the Civil Rights Act of 1984, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that they do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.
- Upon successful award of a mini-grant, the DBH/MRS will advance eighty percent (80%) of the budget requested in the proposal. The remaining twenty percent (20%) will be distributed to the awardee once the DBH/MRS receives all requested documentation and report forms related to grant funded activities.

Important Dates:

Thursday, March 8, 2007 at 1 PM- 1st Information Session: Any potential applicant is strongly encouraged to attend this session. Valuable information will be provided regarding critical components to the proposal and the selection process.

Friday, March 9, 2007 at 2 PM-2nd Information Session (For those unable to attend on March 8th)

March 30, 2007- All applications are due by 4 PM to Dr. Carissa Ferguson-Thomas. No late submissions will be considered.

April 27, 2007- Award letters will be mailed to all selected grantees by this date.

**DEPARTMENT OF BEHAVIORAL HEALTH/MENTAL RETARDATION SERVICES
"Building Recovery Capital" & "Communities of Recovery"
Request for Applications for Seed Grants (RFA)**

COVER SHEET

Name: _____

Affiliation/Organization: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Partnering
Individual(s)/Organization(s): _____ (If
applicable)

Brief Proposal Summary (No more than 150 words):

Did someone from your organization attend the Recovery Foundations Training? Yes
No

**Please submit all completed proposals no later than March 30, 2007, 4 PM to:
DBH/MRS
Attn: Dr. Carissa Ferguson-Thomas
1101 Market Street, 7th Floor
Philadelphia, PA 19107**

Prior to submission please review criteria:

- ✓ Does your organization have non-profit 501(c)(3) incorporated status or for-profit incorporated status?
- ✓ Have you indicated the number of MA eligible individuals that reside in the area targeted by your proposal?
- ✓ For behavioral health providers, currently funded by DBH/MRS is your total budget (from all sources including, but not limited to, city funding, private donations, and grant awards) under two million dollars (\$2,000,000)?
- ✓ Have you addressed each of the questions in your proposal?
- ✓ Was a person in recovery (mental health and/or addiction) and/or a family member included in the RFA process?
- ✓ Is your proposal six (6) pages in length or less?
- ✓ Is your 1-page proposed budget included and \$10,000.00 or less?
- ✓ Is your typed, double-spaced proposal in 12-point font?
- ✓ Were the following areas addressed?
 - Target population (**must target MA recipients or eligibles**)
 - Area of need
 - A description of services that you currently provide
 - Discussion of your ability to implement the project within calendar year 2007
- ✓ Did you specify which of the System Transformation areas your proposal addresses and how?
- ✓ Did you make sure that the name of any organization associated with this proposal is only written on the cover sheet and not on any other page of the application?
- ✓ Did you detail a plan for sustainability?
- ✓ Did you prepare 15 copies of your proposal for submission (double-sided copies acceptable)?
- ✓ Has this application been submitted prior to the Deadline—March 30, 2007, 4 pm?

Note: Do not identify your organization on any other page of this application; only on this cover sheet. The review process will be a blind review. Also, do not include any attachments, they will not be considered; nor will any application received after the deadline.

It should be re-emphasized that the mini-grant will be a one-time award and due to the source of these funds, the DBH/MRS cannot commit to providing any additional or future funding for any submission through this initiative.

Application

The DBH/MRS will be looking for applications that reflect an understanding of behavioral health and of the diverse needs of the community. Every application submitted must respond to the questions below and demonstrate ability to implement the project within calendar year 2007.

Your responses to the questions must be typed, double-spaced, and use a 12-point font. It should not exceed more than six (6) pages, in TOTAL length. Your proposal may not be considered if it does not follow these guidelines. **The proposed budget should be an additional one-page attachment. Do not include any other attachments. 15 copies of your proposal should be submitted to the Department. Double-sided copies are acceptable.**

1. Please describe your agency location, the current population being served and the services your organization currently provides. Does the population being served reside in the same area as your agency?
2. Please describe your proposed activity and detail how it supports the goals of System Transformation? (Please remember that your application must focus on at least one or more goals of the System Transformation, which include the Blue Ribbon Goals & Recommendations). Describe how this activity can be implemented within the 2007 calendar year.
3. What is your organization's history or experience with this type of program or project? What is your experience or history, if any, with people in recovery?
4. Were persons in recovery involved in the development of this proposal? If yes, please describe their role. Will persons in recovery be involved in the implementation of this proposal? If yes, please describe in what capacity.
5. What aspects of this proposal do you anticipate sustaining beyond 2007? Please provide a detailed description of your plan for sustainability beyond the scope of this mini-grant.
6. Please describe how your proposed activity will continue to promote recovery and/or resilience in the community and be a resource for the behavioral health system.
7. What other resources, if any, are available in your community that currently address your identified need? Describe the community partnerships with other organizations, leaders, religious centers, community members, etc. that you have developed.

Please provide a one-page budget for reference that outlines your financial need to support this activity and how the requested funds will be used.

Appendix A: 2006 Philadelphia Priority Police Districts

Priority POLICE DISTRICTS 2006	ZIP CODE	SECTION OF CITY
12TH Police District	19142	Paschall
14th Police District	19119	Mt. Airy
	19138	Germantown (East)
	19144	Germantown
	19150	Wadsworth
15th Police District	19124	Frankford
	19134	Richmond
	19135	Tacony
	19136	Holmesburg
	19149	Boulevard
	19152	Bustleton (South)
17th Police District	19145	Point Breeze
	19146	Schuylkill
18th Police District	19104	West Phila.
	19139	West Market
	19143	Kingsessing
19th Police District	19131	West Park
	19151	Overbrook
22nd Police District	19121	Fairmount (North)
	19132	North Phila. (West)
23rd Police District	19121	Fairmount (North)
	19122	Spring Garden (North)
	19130	Fairmount (South)
24th Police District	19124	Frankford
	19134	Richmond
	19137	Bridesburg
25th Police District	19120	Olney
	19124	Frankford
	19133	North Phila. (East)
	19140	Nicetown
39th Police District	19129	East Falls
	19132	North Phila. (West)
	19140	Nicetown
	19144	Germantown

Appendix B: Glossary of Terms

Behavioral Health*: A state of well-being in which the individual realized his or her own abilities, can cope with the normal stresses of life, and can function productively and fruitfully with family, peers, in school, and in his or her community.

Behavioral Health Services*: The services and programs organized to meet the needs of people with mental health problems, drug or alcohol problems, or developmental disabilities that interfere with their ability to cope with the normal stresses of life and to work productively.

Cultural Competence*: The acceptance and respect for differences among individuals or groups, continuing self-assessment regarding one's own or another culture, attention to the dynamics of individual and group differences, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of diverse populations.

Early Intervention*: Services that prevent escalating behavioral health risk systems through the identification of early stage problems in individuals or groups of any age who do not yet require treatment.

Evidence-informed*: The responsible use of current best evidence in making decisions about interventions and treatment, taking into account the target population, the local context, and other critical variables.

Health Disparities: Systematic differences in healthcare practices and service utilization patterns related to race, culture or gender and not due to a health condition (Philadelphia Office of Behavioral Health and Mental Retardation Services).

Natural Setting*: A setting that is not exclusively identified as a location where behavioral health services are provided, such as a primary care office, school, day care center, community center, recreation center, or home. Behavioral health services can be offered in such non-clinical settings. It refers to a place that an individual is likely to spend time in the course of their usual daily activities in their community.

Prevention*: Prevention includes the promotion of mental health, as well as the reduction in the occurrence and impact of behavioral health disorders.

Resilience*: Resilience is the qualities that enable individuals or communities to rebound from adversity, trauma, tragedy, or other stresses- and to go on with life with a sense of mastery, competence, and hope.

Risk and protective factors*: Characteristics or conditions that, if present, increase or diminish respectively, the likelihood that people will develop behavioral health problems or disorders.

Self-determination: People must have opportunities and experiences that enable them to exert control in their lives and to advocate on their own behalf (American Association on Mental Retardation).

Stigma*: Stigma refers to negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses and/or substance abuse disorders. Responding to stigma, people with behavioral health problems may internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

Trauma-Informed*: A “trauma-informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that serious adverse events play in the lives of people seeking mental health and addiction services. A “trauma-informed” system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent retraumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients.

*Philadelphia Compact: A Citywide Commitment to the Healthy Social and Emotional Development of All Philadelphia’s Children: The BRC Final Report:

<http://www.philadelphiacompact.org>.

Appendix C: Blue Ribbon Commission Goals & Recommendations

Goal 1: Children’s Social and Emotional Well-being is the Responsibility of the Entire Community.

- Recommendation 1.1- Advance a framework of resiliency, based on the strengths of children and their families throughout the community.
- Recommendation 1.2- Support parents and caregivers in their emotional attachment and bonding to children and youth.
- Recommendation 1.3- Create community strategies to build public awareness and knowledge of factors that promote social and emotional health and safety.
- Recommendation 1.4- Develop strategies to strengthen communities and address environmental factors affecting social and emotional health and safety.
- Recommendation 1.5- Ensure that all agencies and organizations commit to promoting the behavioral health of the children they serve.

Goal 2: Every Child and Family Served by the Behavioral Health System, or Other Service Systems, Is Valued and Treated with Dignity and Respect.

- Recommendation 2.1- Create opportunities in child-serving systems for children and families to have a voice in decision-making regarding planning, service delivery, and treatment.
- Recommendation 2.2- Deliver services and supports in a way that respects and is responsive to children’s racial, ethnic, and cultural backgrounds, sexual orientations, and gender identities.
- Recommendation 2.3- Create mechanisms for a youth and family peer component to be integrated into all behavioral health care services for children and youth, and place peer support in communities with children and families.

Goal 3: Prevention, Early Identification, and Early Intervention Activities Help Children and Their Families to Prevent Behavioral Health Problems or Reduce Their Impact Once They Arise.

- Recommendation 3.1- Improve and expand broad-based prevention and health promotion activities to keep all children on the right track.
- Recommendation 3.2- Identify and intervene early with children who are vulnerable to behavioral health problems.
- Recommendation 3.3- Identify, promptly refer, and secure services for children and youth experiencing behavioral health problems including in early care and education, school settings, and the child welfare and juvenile justice systems.

Goal 4: Children and Families Are Able to Obtain Quality Services When and Where They Need Them.

- Recommendation 4.1- Provide children and families with information about all available services.
- Recommendation 4.2- Develop better access points to services and supports for children and their families.
- Recommendation 4.3- Ensure availability of a full array of quality, culturally-competent and community-based services for children and their families.

- Recommendation 4.4- Make every effort to move children from distant and residential settings to community- and home-based settings.

Goal 5: Supports and Services for Children and Families Are Effective and Provided by Skilled and Knowledgeable Providers and Staff.

- Recommendation 5.1- Create and employ accountability and quality assurance measures to ensure effective services.
- Recommendation 5.2- Expand the number of professionals and paraprofessionals serving children and families at all levels of care by developing strategies for recruiting, retaining, and rewarding a skilled and culturally-competent workforce.
- Recommendation 5.3- Upgrade the skills of those working with children by expanding and improving training and education for behavioral health and other staff.
- Recommendation 5.4- Boost the effectiveness of services by incorporating culturally sensitive, developmentally-appropriate and trauma-informed practices.

Goal 6: True Collaboration Is Achieved at the Service Level and the System Level

- Recommendation 6.1- Improve coordination and integration across the individual, service provider and system level.
- Recommendation 6.2- Develop specific reforms to improve collaboration in schools and between schools and the behavioral health system.
- Recommendation 6.3- Increase the integration of behavioral health and physical health services.

Appendix D: System Transformation Priority Areas:

Peer culture/Peer support/Leadership: There is recognition of the power of peer support within communities of recovery as reflected in: 1) hiring persons in recovery into Certified Peer Specialists and other positions, 2) assuring representation of people in recovery at all levels of the system 3) developing respectful collaborative and referral relationships between treatment institutions and the service structures of local recovery mutual aid societies and assertively linking people to peer based recovery support services (i.e. mutual self help groups, informal peer support etc.), 5) acknowledging the role that experiential learning within a community of recovery can play in initiating and sustaining a recovery process 6) people in recovery have active leadership roles at all levels of the system.

Partnership: Relationships of all parties within the behavioral health care system are based on mutual respect; service designs shift from an expert model to a partnership/consultation model where everyone's perspective, experience and expertise is welcomed and considered. The power of relationships as the context for healing and growth is acknowledged and respected.

Community inclusion/opportunities: The focus is on nesting recovery in the person's natural environment, integrating the individuals/families in recovery into the larger life of the community, tapping the support and hospitality of the larger community, developing recovery community resources; and encouraging service contributions from and to the larger community. Connection to community is viewed as integral to long-term recovery.

Family inclusion and leadership: *Family members are actively engaged and involved at all levels of the service process. Families are seen as an integral part of policy development, planning, service delivery and service evaluation. . It is recognized that families come in many varieties. Both families of birth and families of choice are respected and valued. Assessment and service processes are family-focused. Services are integrated where multiple family members are involved in care across programs and agencies.*

Holistic and wellness approach: Services are designed to enhance the development of the whole person; care transcends a narrow focus on symptom reduction and promotes wellness as a key component of all treatment and support services. Services are strengths based, culturally competent and trauma-informed.

Extended Recovery supports: This refers to a way of looking at recovery as an on-going journey that in many cases starts before someone ever accesses the service system and continues past the point of "stabilization" and is characterized (as is all of life) by ups and downs, by greater and lesser needs for support.