# Summary

# Charge of the Commission

- On February 2, 2006, Mayor John Street provided a bold vision for transforming behavioral health services for children and their families.
- Rethink traditional ways of creating systems
- Charged the group with being innovative
- Be responsive to the behavioral health ***needs*** of children and families in Philadelphia
- Developing a set of recommendations to promote wellness in ***all*** children, and to effectively treat children with a range of behavioral health needs.

# Commission Process

- Co-Chairs:
  - Judge Kevin Dougherty
  - Councilwoman Blondell Reynolds-Brown

- February – July 2006 Monthly BRC Meetings
  - Transparent process, open to the public
  - Commission members represent wide stakeholder group
  - Attended by advocates, city officials, family members, service providers, child serving systems leadership, members of academic community

# Public Meetings and Input

- February 28
  - City Hall
- March 1, 2006
  - City Hall
- May 1, 2006
  - Kingsessing Recreation Center
- May 2, 2006 Edward
  - Edward O'Malley Recreation Center
- May 3, 2006
  - Julia de Burgos Middle School
- May 4, 2006
  - MLK Recreation Center
- May 8, 2006
  - Kendrick Recreation Center
- May 9, 2006
  - Dorothy Emmanuel Recreation Center
- May 10, 2006
  - Cora Services, Inc.
- May 11, 2006
  - Lawncrest Recreation Center

# Process and Work of the BRC

- Work of BRC supported by Three Committees
  - **1. All Children**
  - **2. Vulnerable Children**
  - **3. High Needs Children**

# All Children and Youth Committee

- Target Group
  - Currently functioning well and are at low risk for developing behavioral health problems

- Mission
  - To create a community context that supports the emotional and social well-being of <u>all</u> children, youth and their families through the promotion of healthy development, universal prevention, appropriate activities and community commitment to support children's health

- Focus
  - Identify and promote mechanisms and strategies that increase protective factors, and reduce risk factors to strengthen all youth, their families and the broader community
  - Ensure that all children have access to settings and services that support healthy development and provide universal prevention

# Vulnerable Children and Youth Committee

- Target Group
  - At greater risk for developing behavioral health problems because of their situation or the setting in which they find themselves
  - Have a need for intervention and support, but not intensive treatment
  - May have increased risk factors and/or decreased protective factors because of their circumstances

- Mission
  - Identify situations and settings that put children and youth at higher risk for developing behavioral health problems
  - Ensure strategies are in place for addressing early identification and intervention to increase protective factors and decrease risk factors

- Focus
  - Strategies and policies to prevent the development or escalation of behavioral health problems and promote positive mental health
  - Identify and intervene early with children and their families when appropriate
  - Ensure the availability of an easily accessible, comprehensive and effective continuum of supports
  - Access to high-quality information, support and services at the community level without having to receive a specific diagnosis

# High Needs Children and Youth Committee

- Target Group
  - Have behavioral health problems that meet diagnostic criteria
  - Have a clearly identified need for behavioral health treatment and supports
  - Risks often outweigh protective factors, but such youth can experience resiliency when protective factor(s) effectively offset risk

- Mission
  - Ensure that children and their families receive the best possible treatment and supports to ameliorate their condition and foster a positive life experience with their family or other significant caretakers within a community and culturally relevant context

- Focus
  - Optimize the *treatment* system to ensure the availability of an easily accessible, comprehensive and effective continuum of services
  - Ensure that children and adolescents with treatment needs are appropriately identified within any child-serving system and receive excellent care through effective collaboration among families, behavioral health and other child-serving systems

# Where Are We Now

- July 2006- January 2007
  - Writing, revising
  - Two Editing sessions with Commission members
  - External and Internal Editing
  - December 2006 Endorsement by BRC
  - January 2007 Release of Report

# Next Steps

- Winter 2006/2007 – Phase 2
- Develop Implementation Plan with BRC and Stakeholder Partnership
- Implement public engagement strategies
- Identify strategies that can be implemented immediately and begin to put in place

# Spring 2007-Spring 2008 Phase 3

- Strengthen and fully integrate partnerships in support of implementation process
- Implement short term strategic priorities
- Begin collaborative planning for implementation of long term strategies

# Spring 2008- Future Phase 4

- Ongoing evaluations and stakeholder feedback
- Provide periodic implementation updates
- Monitor process and modify as needed
- Evaluate outcomes and impact of system enhancements