ATTACHMENT 1

PRINCIPLES OF SERVICES FOR CHILDREN AND ADOLESCENTS IN PENNSYLVANIA

1. Children and adolescents deserve to live and grow in nurturing families.

2. Children and adolescents' needs for security, permanency and cultural ties in family relationships should pervade all planning.

3. The family setting should be the first focus for treatment for the child or adolescent. Out-of-home placement or hospitalization should be the last alternative. Young children should not need to be in a state hospital to receive appropriate mental health treatment.

4. Communities should develop a rich array of services for children/adolescents and their families so that alternatives to out-of-home placement are available, such as home-based services, parent support groups, day treatment facilities, crisis centers, and respite care.

5. Parents and the child/adolescent should participate fully in all service-planning decisions.

6. The uniqueness and dignity of the child or adolescent and his/her family should govern service decisions. Individualized service plans should reflect the child or adolescents' developmental needs which include family, emotional, intellectual, physical, social and cultural factors. The older adolescents' right to risk should be considered. Children and adolescents should not need to be "labeled" in order to receive necessary services.

7. The community service systems, which are involved with the child/adolescent and family, should participate and share placement, program, funding, and discharge responsibilities.

8. The primary responsibility for the child or adolescent should remain with the family and local community. Pre-placement planning should include a discharge plan.

9. Case management should be provided to each child/adolescent and family to ensure that multiple services are delivered in a coordinated, time-limited, and therapeutic manner which meet the needs of child/adolescent and family.

10. Each child should have an advocate.

The following principles should apply to children and adolescents in out-of-home placements (this includes hospitalization):

1. Parents and children/adolescents should continue to participate in treatment planning decisions during placement.

2. Out-of-home placements should be as geographically close to the family as possible. Communities should develop a range of residential services which are appropriate to the needs of children and adolescents.

3. Residential programs should provide nurturing, caring environments which achieve a home-like atmosphere.

4. Residential programs should provide for each child's and adolescent's age-appropriate physical, emotional, social, educational/vocational and recreational needs with attention to his or her developmental maturity.

5. Residential service should be time-limited and only re-authorized upon documentation of progress which is established through regular evaluations.

6. An individualized service plan should specifically address the presenting problem or behaviors which contributed to the out-of-home placement.

7. Residential services should be linked with other service systems in the community so that Health, Mental Health, Mental Retardation, Child Welfare, Juvenile Justice, Education, Special Education, Vocational Rehabilitation, and Drug and Alcohol Services are coordinated on several different levels, including planning, administration, financing, and service delivery.

8. Each child should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristic; and, services should be sensitive and responsive to cultural, ethnic, and special needs.

9. Adolescents who are in continuous residential placement until adulthood should have transitional services plans which are jointly developed by both the child and adult services systems.

10. Discharge planning should be cooperative and integrate the perspectives of the child/adolescent, family, and each of

the community service systems involved with the child/adolescent and family.

Principles of Cultural Competence

A culturally competent system of care serving children of color who have an emotional disorder must be based on a set of underlying values and principles, such as:

1. The family as defined by each culture is the primary system of support and preferred point of intervention.

2. The system must recognize that minority population have to be at least bicultural and that this status creates a unique set of mental health issues to which the system must be equipped to respond.

3. Individuals and families make different choices based on cultural forces; these choices must be considered if services are to be helpful.

4. Inherent in cross-cultural interactions are dynamics that must be acknowledged, adjusted to, and accepted.

5. The system must sanction and in some cases mandate the incorporation of cultural knowledge into practice and policy making.

6. Cultural competence involves working in conjunction with natural, informal support and helping networks within the minority community, e.g., neighborhoods, churches, spiritual leaders, healers, etc..

7. Cultural competence extends the concept of self-determination to the community. Only when a community recognizes and owns a problem does it take responsibility for creating solutions that fit the context of the culture.

8. Community control of service delivery through minority participation on boards of directors, administrative teams, and program planning and evaluation committees is essential to the development of effective services.

9. An agency staffing pattern that reflects the makeup of the potential client population, adjusted for the degree of community need, helps ensure the delivery of effective services.

10. Culturally competent services incorporate the concept of equal and nondiscriminatory services, but go beyond that to include the concept of responsive services matched to the client population.

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