

The Outcomes of System of Care in Northumberland County

November 6, 2014



Facilitators

- William Rossnock, Deputy Chief Juvenile Probation Officer, Northumberland County
- Chris Minnich, Clinical Manager, Northumberland County BH/IDS
- Bill Brecker, CASSP Coordinator, Northumberland County BH/IDS
- Pat Cambri – PA SOC Partnership Director of County Implementation

Agenda

- Overview of PA SOC and Opportunities
- County Specific SOC Experience – Northumberland County
 - Initiatives
 - Enhanced Planning Processes
 - Juvenile Justice Impact
- Next Steps

PA SOC Partnership A new way...

System of Care is a philosophy made up of a set of values and principles that provides an organizing framework for systems reform in partnership with youth and families.

Adapted from Stroul, B. 2005. Georgetown University. Washington, D.C

PA System of Care Partnership

VISION

Every youth and family in Pennsylvania will be able to access and navigate a unified network of effective services and supports that are structured in adherence to System of Care Values and Principles.

MISSION

The youth, family, and system leaders of Pennsylvania will work as equal and trusted partners for the purpose of creating sustainable change which will empower youth, families, and all youth serving systems to be responsible and accountable for outcomes that lead to the fulfillment of hopes and dreams.

We already have effective systems in Pennsylvania for serving youth

- The current systems have a long tradition of serving youth, and are constantly trying to improve;
- They serve many youth and recipients of service generally rate them as being effective.



So, what is a System of Care

- In the 1980s, Congress passed legislation which established the Child and Adolescent Service System Program which became national policy for children's mental health.
- In the 1990s, Congress built on the CASSP movement and began funding communities to establish systems of care.
- The national commitment to systems of care has continued through numerous changes of administrations.
- The recent focus is on helping state governments establish systems of care throughout the state.

Why Do We Need Systems of Care

It's not as easy as it looks
to change systems



and Systems of Care are about doing
things very differently

PA Youth in Need

3,500 in Residential Treatment Facilities

31,000 served by the Juvenile Justice system

173,000 unduplicated number of children in the Child Welfare system

14,000 in Foster Care

201,000 receiving Behavioral Health Services

Building on Statewide Strengths

History of systems change initiatives:

- CASSP principles (Mental Health)
- High Fidelity Wraparound (Multi-system)
- Family Group Decision Making (Child Welfare)
- Balanced & Restorative Justice (Juvenile Justice)
- Juvenile Justice System Enhancement Strategy
- Positive Behavioral Supports (Education)



System of Care Transformation

From	➔	To
Fragmented service delivery	➔	Coordinated service delivery
Categorical programs/funding	➔	Multidisciplinary Teams
Reactive to crises	➔	Crisis prevention planning
Focus on high use/restrictive	➔	Least restrictive settings
Youth out-of-home	➔	Youth in families & communities
Creation of "dependency"	➔	Empowerment/active participation
Needs/deficits assessments	➔	Strength-based assessments
Youth & Families as problems	➔	Youth & Families as partners
Cultural blindness	➔	Cultural/linguistic competence
Highly professionalized	➔	Coordinated w/informal & natural supports
Youth/family must fit services	➔	Individualized approach

Adapted from Pires, S. (2010). Building systems of care: A primer. 2nd Edition. Washington, D.C.: Human Service Collaborative

Parallel Process

STATE	State Leadership and Management Team equal youth, family & system partner representation	Identify barriers to systems integration; Review data & policy	Recommend modifications based on SOC standards; Raise public awareness
COUNTY	County Leadership Team equal youth, family & system partner representation	Participate in quality improvement processes; Evaluation of system performance	Facilitate training; Promote natural & community supports
INDIVIDUAL	Youth & family are primary decision makers in planning their own care	Work as service delivery providers, such as family support partners	Mentor peers; Train provider staff & community members

The State Leadership and Management Team

Lynne Ackerman	Executive Assistant, Dept. of Child Development and Early Learning
Ashley Bishop	Youth Partner
Darlene Black	HSPS Sup; Bureau of Policy & Program Development Office of Children, Youth and Families
Valarie Oulds-Dunbar	Family partner
Keith Graybill	Juvenile Court Consultant, Juvenile Court Judges Commission
Amy Grippi	Chief of Staff, Office of Children, Youth and Families
Alex Knapp	Youth Partner
Rosemarie Mann	Family Partner
Kenneth Martz	Director, Bureau of Treatment, Prevention and Intervention, Dept. of Drug & Alcohol
Stan Mrozowski	Director, Bureau of Children's Behavioral Health Services
James Palmiero	Director, Pennsylvania Training and Technical Assistance Network (PaTTAN)
Michael Pennington	Director, Bureau of Juvenile Justice Services
Shane Platt	Youth Partner
Gabriel Smaglik	Youth Partner
Karan Steele	Family Partner
Ladona Strouse	Family partner

Key Partners

PA Families, Inc. is Pennsylvania's statewide family network

<http://www.pafamiliesinc.com/>

The Youth and Family Training Institute at UPMC is responsible for the implementation and monitoring of High Fidelity Wraparound, which will be the youth and family team process for youth within the population of focus within all partner counties

www.yftipa.org/

System of Care 8 Standards

- Leadership Teams
- Youth Driven
- Family Driven
- Integration of Child Serving Systems
- Cultural & Linguistic Competence
- Natural & Community Supports
- Youth & Family Services and Supports Planning Process
- Evaluation & Continuous Quality Improvement

Goals of System of Care Implementation

- Establishment of a leadership team composed of 50% youth and family members, and 50% system partners
- Utilizing a single plan of care, systems communicate and coordinate service needs determined by youth and family led teams
- Systems work to integrate their efforts using evidence based practices to reduce costs and eliminate ineffective and redundant services
- Challenges and barriers identified at the individual family level lead to policy and practice changes focused on improving long term outcomes
- The leadership team and community enact processes, philosophies and programs that reflect the *System of Care principles, in particular for the target population*
- County System of Care stakeholders consistently support, encourage and promote the fundamental concepts of *System of Care through the dissemination of data, outcomes and information that is culturally and linguistically relevant to diverse audiences*

Beyond the Data

- Youth and their families have told us in many ways that things aren't working well in the current categorical systems;
- The systems will never have enough money (and they may even have less);

BUT

- There is a largely untapped resource: the natural supports that families have and the faith based and other community resources throughout Pennsylvania

We Learned

- The planning process, along with the experiences of the initial group of System of care Counties, helped us identify the challenges of counties.
- The new application included some modifications of our approach to working with counties.

Expansion Planning

- In 2011, we received a grant to conduct a comprehensive planning process to determine how to expand Systems of Care throughout the Commonwealth.
- That planning process involved hundreds of individuals from all areas of the state.
- Our plan was recognized as one of the best developed in the country.

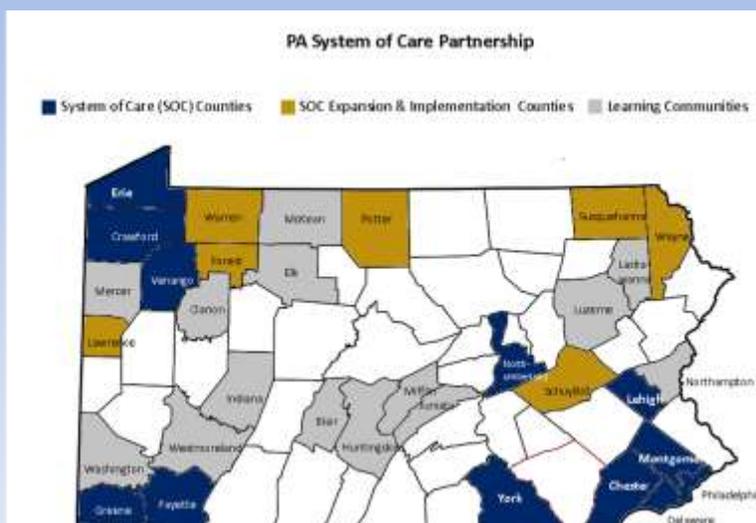
The Opportunity

- Funds remain available to develop HFW in a few counties before the end of the Cooperative Agreement in September 2015.
- Our new grant from SAMHSA has 2 years left at \$1 million/year
- We are planning to bring in 13 counties each year over the next 3 years
- Rolling application, non-competitive process

System of Care in PA

- Our **population of focus** continues to be youth, age 8 -18, and their families,
- These youth have complex behavioral health challenges along with involvement in the juvenile justice and/or child welfare systems and are in, or at risk of, out-of-home placement.

PA SOC Partnership MAP



Getting Started

- Of the 8 standards, the starting point is the formation of the county leadership team that will be responsible for identifying youth to be served and how the systems can accommodate the needs, and...
- The identification of the process that will be used to identify the services and supports for multi-system youth and their families.

Does it have to be High Fidelity Wraparound?

- We continue to recommend HFW as the best practice for youth with complex behavioral health needs and multiple system involvement;
- We have heard three major concerns:
 - The current financing model is problematic
 - Some counties are too small
 - Other practices might be just as effective
- Bill Brecker will talk more about HFW during his discussion

But we will also consider other Approaches

- We are testing the model of having two counties share one HFW team;
- We are also looking to work with counties on other approaches:
 - Family Group Decision Making
 - County Child and Adolescent Services System Processes (CASSP)
 - Intensive Case Management
- We have identified some basic considerations for these other models.

Youth & Family Services & Supports Planning Process

- The youth and family driven model that facilitates integrated services and supports planning among youth, families and key child-serving systems
- The planning model has dedicated and trained staff
- The referral process is known and understood by families and systems
- The engagement process is clearly defined and the process is agreed to by the families

Youth & Family Services & Supports Planning Process (cont'd)

- The individual youth and family plan includes:
 - * Assessment of strengths and needs
 - * Assessment across multiple domains
 - * Crisis plan
 - * Cultural and linguistic sensitivity
 - * Natural and community supports
 - * Plan for self-efficacy

Youth & Family Services & Supports Planning Process (cont'd)

- Youth will receive services and supports in the least restrictive settings
- Youth & family peer supports are available as needed
- Process outcomes are collected and monitored
- Results are used by the County Leadership Team for continual improvement

The Opportunity: What's in it for Counties

- There are dedicated staff that can provide technical assistance, consultation, and support
- There are state youth and family specialists to help counties engage and support youth and families in their counties
- Dedicated website: www.pasocpartnership.org
- There are funds to support cost of family and youth involvement.

We Can Help

- Technical Assistance is available for individual financing plans for counties that engage in High Fidelity Wraparound.
- Training and support in those counties that engage in other youth and family services and supports planning processes.
- System of Care support includes implementation staff, Youth and Family Training Institute staff, evaluation staff, PA Families Inc., and Youth leaders

Northumberland County Experiences: Finding the Starting Point

- Northumberland County has benefited from early implementation of CASSP in the mid-1980's and from several Federal Systems of Care grants in the 1990's
- Family driven interagency meetings in place for many years in various forms
- High Fidelity Wraparound in place for more than 4 years
- Need for meaningful family and youth input and a better structure for the system stakeholders to impact system change

Northumberland County Experiences: SWOT Analysis

INTERNAL (Participant feedback, Employee feedback, processes or resources)					
POSITIVE	<table border="1"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Strengths (What do we do well? What unique resources can we draw on?)</p> <ul style="list-style-type: none"> • Integration coming to school system • Desire to engage families as partners • Agencies willing to give up turf and work as a unit • Years of experience • Relationships building between all stakeholders • High Fidelity Wraparound implemented • Child and Adolescent Service System Program developed – adding similar model for adults • Ground level case-management in-house </td> <td style="width: 50%; vertical-align: top;"> <p>Weaknesses (What could we improve? Where are we lacking in resources?)</p> <ul style="list-style-type: none"> • No kid/youth as active partners • Communication at times with partners • Still need to build relationships • Understanding each other's systems • Respecting agency & family decisions & expectations • Resources offered in limited schools within the county • Centralized intake not in place • Unable to hire people of varying cultures – civil service • No screening for cultural/linguistic preferences • No unified planning process for families to include all systems, creating one plan </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <p>Opportunities (What opportunities are open to us? What trends can we take advantage of? What strengths can we turn into opportunities?)</p> <ul style="list-style-type: none"> • SOC initiative – supports and potentially funding • Black Street Funding (2014-2023 anticipated) • Training opportunities • Program/System sharing • Positive Behavioral Interventions and Supports (PBIS) • Parent Child Interaction Therapy (PCIT) • School involvement (case managers in schools) • Centralized intake (cross systems) • Affordable Care Act funding, philosophy • Federally Qualified Health Centers (FQHCs) </td> <td style="width: 50%; vertical-align: top;"> <p>Threats (What threats could harm us? What other agencies doing? What threats do our weaknesses expose us to?)</p> <ul style="list-style-type: none"> • Regulation • Funding • Affordable Care Act – could severely threaten funding for IM/IOS • Poverty • Literacy • Family Cultures </td> </tr> </table>	<p>Strengths (What do we do well? What unique resources can we draw on?)</p> <ul style="list-style-type: none"> • Integration coming to school system • Desire to engage families as partners • Agencies willing to give up turf and work as a unit • Years of experience • Relationships building between all stakeholders • High Fidelity Wraparound implemented • Child and Adolescent Service System Program developed – adding similar model for adults • Ground level case-management in-house 	<p>Weaknesses (What could we improve? Where are we lacking in resources?)</p> <ul style="list-style-type: none"> • No kid/youth as active partners • Communication at times with partners • Still need to build relationships • Understanding each other's systems • Respecting agency & family decisions & expectations • Resources offered in limited schools within the county • Centralized intake not in place • Unable to hire people of varying cultures – civil service • No screening for cultural/linguistic preferences • No unified planning process for families to include all systems, creating one plan 	<p>Opportunities (What opportunities are open to us? What trends can we take advantage of? What strengths can we turn into opportunities?)</p> <ul style="list-style-type: none"> • SOC initiative – supports and potentially funding • Black Street Funding (2014-2023 anticipated) • Training opportunities • Program/System sharing • Positive Behavioral Interventions and Supports (PBIS) • Parent Child Interaction Therapy (PCIT) • School involvement (case managers in schools) • Centralized intake (cross systems) • Affordable Care Act funding, philosophy • Federally Qualified Health Centers (FQHCs) 	<p>Threats (What threats could harm us? What other agencies doing? What threats do our weaknesses expose us to?)</p> <ul style="list-style-type: none"> • Regulation • Funding • Affordable Care Act – could severely threaten funding for IM/IOS • Poverty • Literacy • Family Cultures
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NEGATIVE	<p>EXTERNAL (Data on environment in which we operate, what is happening in our industry/field)</p>				

Northumberland County: SOC Initiatives

- Youth Development
 - Required component of the SOC Grant – equal voice “at the table.”
 - Developed the Northumberland County Youth Leadership group utilizing the High Fidelity Wraparound staff and graduates
 - Focus on service
 - Group currently has @ 10 members

Northumberland County: SOC Initiatives Youth in Action



www.youtube.com/watch?v=Rgp2jgNKvfs

Northumberland County: SOC Initiatives

- Family Involvement
 - Small Group Roundtables
 - Facilitated by Parent to Parent Connections, Inc. of Northumberland County
 - Topics include systems development and choice
 - Goal to develop family partners

Northumberland County: SOC Initiatives

- Stakeholder Development
 - Board of Commissioners
 - School Districts
 - Community Action Agencies
 - Intermediate Unit
 - YMCA
 - Advocacy Groups
 - High Fidelity Wraparound
 - Human Service Agencies
 - CYS
 - JCS
 - Behavioral Health & Early Intervention
 - Drug and Alcohol

Northumberland County: SOC Initiatives

- High Fidelity Wraparound
- Evidenced Based Programs
 - Multisystemic Therapy
 - Parent Child Interaction Therapy
 - Cognitive Behavioral Therapy (Day Treatment)
- Unified Model Training
 - Ecosystemic Structural Family Therapy
 - Motivational Interviewing

Northumberland County: SOC Initiatives

- Cultural Linguistic Competency
 - Training – LGBTQI, Basic Spanish
 - Wordle...



Northumberland County: Enhanced Planning Process

- Children's Clinic
 - Multidisciplinary team including BH, CYS, JCS, Education and other family supports
 - Used to hear concerns of the family and develop a plan
 - NOT necessarily to simply function as a team needed to authorize services
 - Often occurs in the family's home school district to enhance school participation and convenience for the family.

Northumberland County: Enhanced Planning Process

- Family Group Decision Making
 - Enhanced family meeting facilitated through the Children and Youth System
 - Intentional process to include as many family supports as possible
 - Considered to be a short term or one time meeting to mobilize supports around the family's concerns and needs.

Northumberland County: Enhanced Planning Process

- High Fidelity Wraparound
 - Ongoing, highly intensive planning process
 - Mobilizes family resources
 - Intentional assessment process to include a Strengths/Needs/Cultural Discovery
 - Can last 6 months to a year or more based on the needs of the family
 - Target group includes those highly at risk of significant service involvement or those already highly involved in the service system

We operationalize the System of Care philosophy at the individual family level using the High Fidelity Wraparound (HFW) process...

What the High Fidelity Wraparound (HFW) Process means to families?

- HFW is a youth and family-driven, team-based **process** for planning and implementing services and supports
- Through the HFW process, teams create plans that are geared toward meeting the unique needs of these youth and their caregivers and families
- The HFW team members meet regularly to implement and monitor the plan to ensure its success
- Team members include individuals relevant to the success of the identified youth, including his or her parents/caregivers, other family members and community members, mental health professionals, educators, system representatives, and others

Northumberland County High Fidelity Wraparound Team

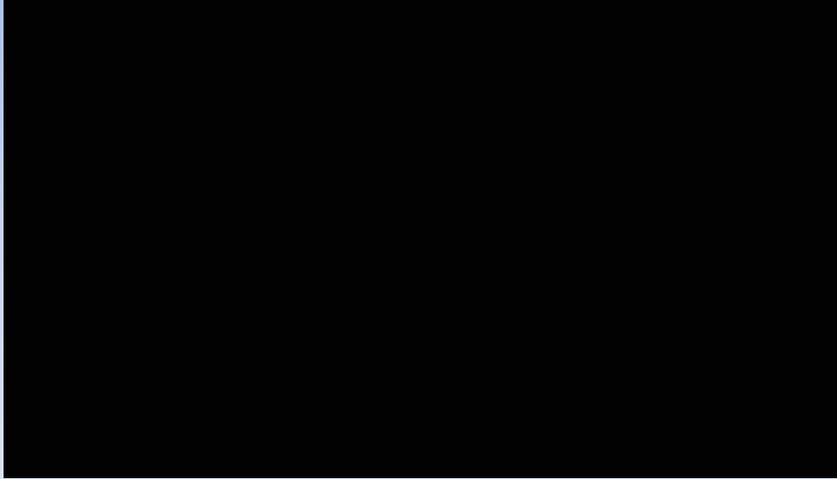
For every 25 youth/families:

- 2 Wraparound Facilitators
- 1 Family Support Partners
- 1 Youth Support Partners
- 1 Coach/Supervisor

The Role of the Youth and Family Training Institute:

To train, coach, and credential the High Fidelity Wraparound workforce as well as monitor fidelity and family outcomes related to the process model

What we can learn about teamwork from "Geese..."



www.youtube.com/watch?v=HGY9i8iJu94

**THE YOUTH AND FAMILIES WE
SERVE IN HIGH FIDELITY
WRAPAROUND...**

2013 PA Data

- 61% of HFW graduates Improved their grades
- 60% of HFW graduates with Juvenile Justice involvement at the start of HFW were discharged by the end of the process
- 44% of HFW graduates with Child Welfare involvement at the start of HFW were discharged by the end of the process
- 75% of HFW graduates had less intensive mental health services than at the start
- 74% of HFW graduates reported they felt better able to manage their mental health services
- 85% HFW graduates reported improved family relationships by the end of the process

Basic Demographics

Youth	434
Age	14.5 years (average)
Gender	54.6% Male 45.2% Female 0.2% Transgender
Race/Ethnicity	57.9% Caucasian 23.1% Black/African American 15.5% Hispanic/Latino 3.1% Multi-racial 0.5% Asian
Income Level	54.2% Below the poverty level 16.7% At/near the poverty level 29.1% Above the poverty level

Family and Youth History

- **80% of caregivers reported a family history of depression (n = 46).**
- **74% of caregivers reported a family history of mental illness, other than depression (n = 46).**
- **65% of caregivers reported a family history of substance abuse (n = 46).**

Has the youth ever . . .	
Witnessed domestic violence? (n = 47)	55.3%
Experienced physical assault? (n = 48)	39.6%
Experienced sexual assault? (n = 48)	16.7%
Run away? (n = 48)	43.8%
Had substance abuse problems? (n = 48)	25.0%
Attempted suicide? (n = 47)	19.1%

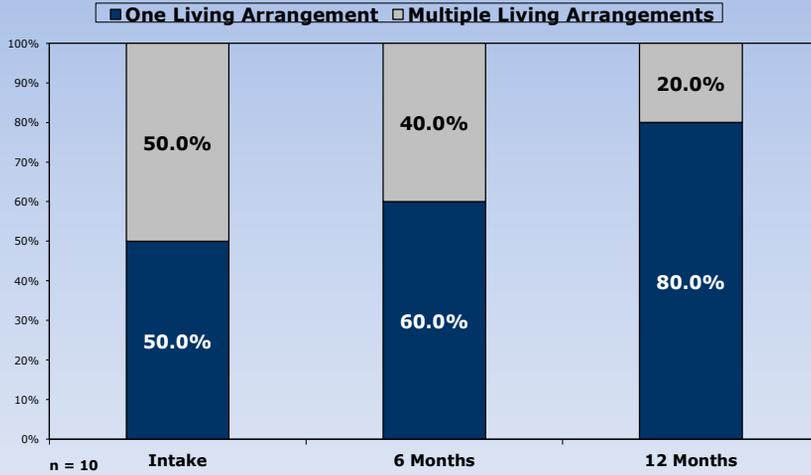
[a] Data reported were collected using the Caregiver Information Questionnaire-Intake (CIQ-I).

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PRELIMINARY OUTCOMES...

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A Stable Place to Live

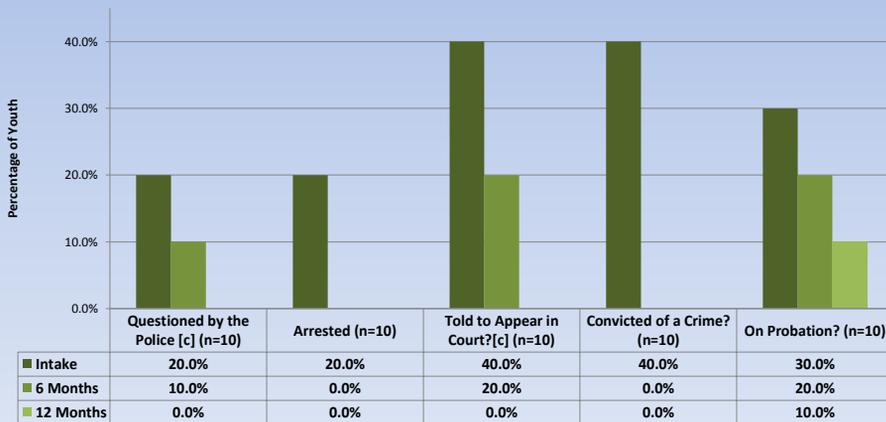


[a] Data reported were collected using the Living Situations Questionnaire (LSQ). This instrument collects data on the status of the child/family in the 6 months prior to the interview.

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Less Juvenile Justice Contact

• In the past 6 months have you been . . .



[a] Data reported were collected using the Delinquency Survey-Revised (DS-R). This instrument collects data on the status of the youth age 11 years and older in the 6 months prior to the interview.

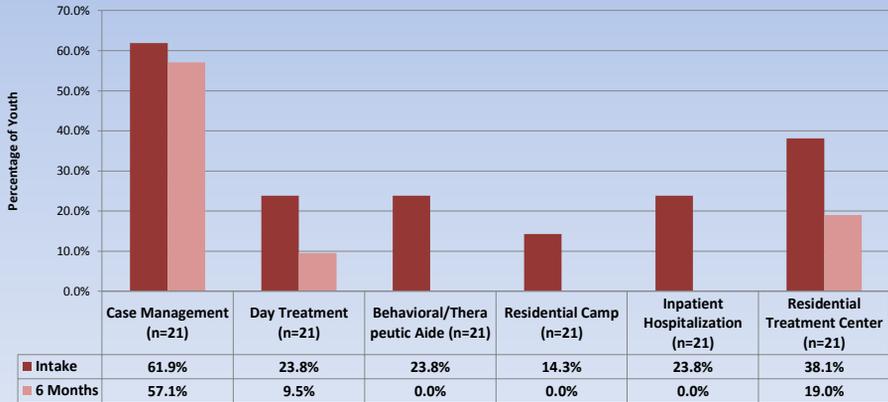
[b] Because participants may have had multiple criminal justice contacts, percentages may sum to more than 100%.

[c] Because you were suspected of committing a crime.

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Less costly services

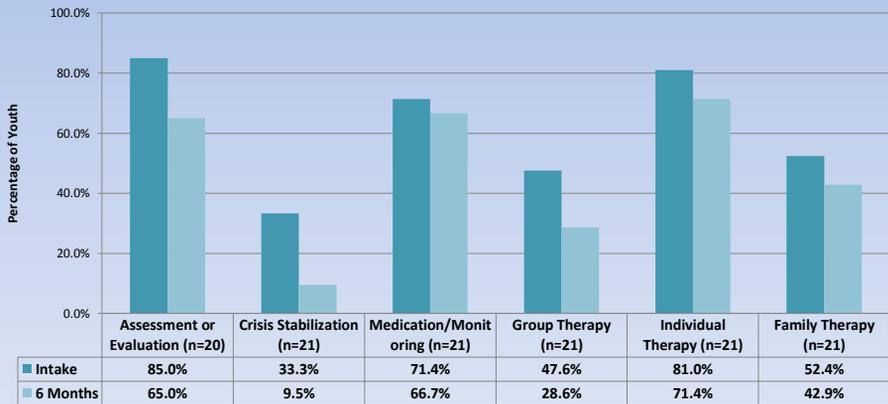
Support & Inpatient Services



[a] Data reported were collected using the Multi-Sector Service Contacts-Revised (MSSC-R) questionnaire. This instrument collects data on the services 55 received by the child/family in the 6 months prior to the interview.

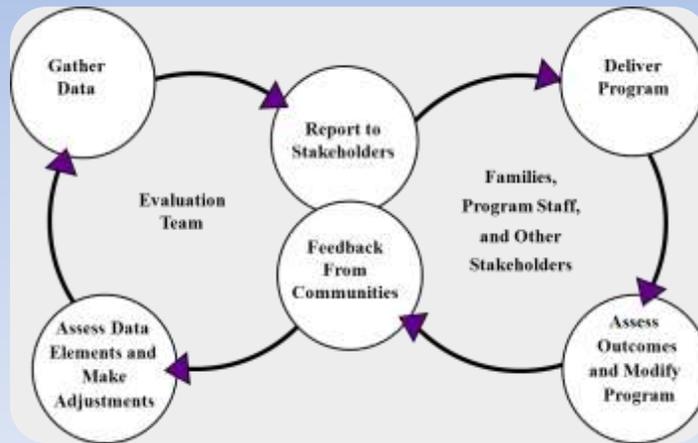
Less costly services

Outpatient Services



[a] Data reported were collected using the Multi-Sector Service Contacts-Revised (MSSC-R) questionnaire. This instrument collects data on the services 56 received by the child/family in the 6 months prior to the interview.

Overarching Value - Using a data feedback loop to ensure Continuous Quality Improvement



Northumberland County Juvenile Court Services Impact...



Northumberland County Demographic Overview

- 5th Class County
- Total Population - 94,428
- Juvenile Population 10 to17 - 8,760
- Phase II County YLS Implementation

Northumberland County Juvenile Court Services

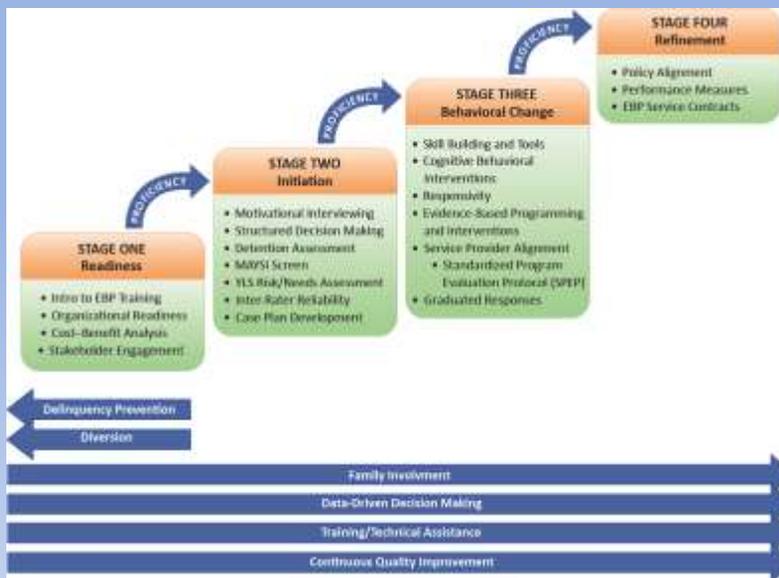
Part of integrated Human Services since early 80's:

- JPO
- Children & Youth
- MH/MR
- Drug & Alcohol
- Adult Services
- CASSP

Systems of Care

- JPO
- Children & Youth
- BHIDS
- Drug & Alcohol
- CASSP
- Early Intervention
- Family-Based MH Services
- Adult Services
- County Commissioners
- Central Susquehanna Opportunities
- Parent to Parent
- Keystone Services
- High Fidelity Wraparound
- Greater Susquehanna Valley YMCA
- Community Care
- Meadows
- CCBH
- County Youth Leadership
- Shikellamy Area School District
- PA Safe Schools and Healthy Students Partnership

JJSES Monograph



STAGE ONE - Readiness

Organizational Readiness & Stakeholder Engagement

SOC Standards Require:

1. County Leadership Team from child-serving systems (Juvenile Justice, Child Welfare, Mental Health, Drug and Alcohol, Education, Health, and Individuals with Developmental Disabilities)
2. Youth Members
3. Family Members
4. Integration of Child-Serving Systems
5. Natural & Community Supports

STAGE TWO - Initiation

- YLS Risks/Needs Assessment
- Service Matrix Development
- Case Plan Development

Northumberland County Service Matrix

FAMILY CIRCUMSTANCES	EDUCATION EMPLOYMENT	SUBSTANCE ABUSE	PEER RELATIONS	ATTITUDES & ORIENTATIONS	PERSONALITY & BEHAVIORS	LEISURE & RECREATION
VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED	VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED
LOW RISK (3-3) Community Support/AMH with Based Programs Big Brothers/Big Sisters Children & Youth National Family Center	LOW RISK (3-3) Community Support/AMH with Based Programs	LOW RISK (3-3) Community Support/AMH with Based Programs	LOW RISK (3-3) Community Support/AMH with Based Programs Big Brothers/Big Sisters Family Center	LOW RISK (3-3) Community Support/AMH with Based Programs Big Brothers/Big Sisters Family Center	LOW RISK (3-3) Community Support/AMH with Based Programs Family Center	LOW RISK (3-3) Community Support/AMH with Based Programs Big Brothers/Big Sisters
LOW-MODERATE RISK (3-16) Counselors in Clinic Walk-in Center	LOW-MODERATE RISK (3-16) Counselors in Clinic 44 Education Programs Day Treatment	LOW-MODERATE RISK (3-16) S&K Referral T&D Testing (4333)Walk-in Clinic	LOW-MODERATE RISK (3-16) Counselors in Clinic Walk-in Center	LOW-MODERATE RISK (3-16) Counselors in Clinic Walk-in Center Value Healthy Group	LOW-MODERATE RISK (3-16) Counselors in Clinic Walk-in Center S&K Clinic M&D Referral	LOW-MODERATE RISK (3-16) Counselors in Clinic
HIGH-MODERATE RISK (16-22) Family Group (Decision Making) M&D Homeless/PTW Day Treatment	HIGH-MODERATE RISK (16-22) M&D Day Treatment Cancer 120/300	HIGH-MODERATE RISK (16-22) M&D Day Treatment Electronic Monitor/Sponder Treatment Court	HIGH-MODERATE RISK (16-22) M&D Homeless/PTW Day Treatment Electronic Monitor	HIGH-MODERATE RISK (16-22) M&D Homeless/PTW Day Treatment Electronic Monitor	HIGH-MODERATE RISK (16-22) M&D Homeless/PTW Day Treatment Electronic Monitor Patrol Supervision	HIGH-MODERATE RISK (16-22) M&D Day Treatment Electronic Monitor
HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility	HIGH RISK (22-34) Patrol Care/PTC Residential Treatment Facility
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Northumberland County Service Matrix (JPO ONLY)

FAMILY CIRCUMSTANCES	EDUCATION EMPLOYMENT	SUBSTANCE ABUSE	PEER RELATIONS	ATTITUDES & ORIENTATIONS	PERSONALITY & BEHAVIORS	LEISURE & RECREATION
VERY LOW RISK (3-3) WARNED, COUSULES CASE CLOSED						
LOW RISK (3-3)						
LOW-MODERATE RISK (3-16)	LOW-MODERATE RISK (3-16) 44 Education Programs Day Treatment	LOW-MODERATE RISK (3-16) S&K Testing	LOW-MODERATE RISK (3-16)	LOW-MODERATE RISK (3-16) Value Healthy Group	LOW-MODERATE RISK (3-16)	LOW-MODERATE RISK (3-16)
HIGH-MODERATE RISK (16-22) Day Treatment	HIGH-MODERATE RISK (16-22) Day Treatment	HIGH-MODERATE RISK (16-22) Day Treatment Electronic Monitor/Sponder	HIGH-MODERATE RISK (16-22) Day Treatment Electronic Monitor			
HIGH RISK (22-34) Patrol Care Residential Treatment Facility						
HIGH RISK RISK (30-34) Residential Treatment Facility Residential Treatment Facility						

Northumberland County Dispositions (2008-2012)

YEAR	DISPOSITIONS		DISPOSITIONS Rank per 100,000	DISPO %	
	County	(State)		County	(State)
2012	369	(31,079)	3	4.2	(2.4)
2011	448	(32,544)	2	5.1	(2.5)
2010	492	(38,978)	2	5.5	(3.0)
2009	582	(41,561)	1	7.0	(3.2)
20008	448	(32,544)	2	6.7	(3.3)

* All statistics from CJJT&R Pennsylvania Juvenile Court Dispositions Report

Northumberland County Detention Report (2008-2012)

YEAR	SECURE DETENTION ADMISSIONS		AVERAGE LENGTH OF STAY - DAYS	
	County	(State)	County	(State)
2012	16	(13,885)	3.0	(6.0)
2011	12	(15,312)	5.0	(6.0)
2010	17	(16,636)	4.0	(9.0)
2009	18	(11,094)	5.0	(10.0)
2008	18	(12,036)	6.0	(11.0)

* All statistics from CJJT&R Pennsylvania Juvenile Court Dispositions Report

Northumberland County Placement Report (2008-2012)

YEAR	TOTAL PLACEMENTS		NEW ALLEGATIONS		DISPO REVIEWS	
	County	(State)	County	(State)	County	(State)
2012	26	(2,385)	30.8%	(50.3%)	69.2%	(49.7%)
2011	22	(2,332)	45.5%	(53.6%)	54.5%	(46.4%)
2010	28	(2,479)	39.3%	(53.8%)	60.7%	(46.2%)
2009	37	(4,265)	48.6%	(61.2%)	51.4%	(38.8%)
2008	26	(5,040)	57.6%	(61.5%)	42.4%	(38.5%)

* All statistics from CJJT&R Pennsylvania Juvenile Court Dispositions Report

** Does not include Philadelphia Placement Statistics

STAGE THREE – Behavioral Change

SKILL BUILDING & TOOLS:

CLANCY Day Treatment Program - Pennsylvania Academic & Career/Technology Training (PACTT):

- PACTT Employability & Soft Skills Manual
- OSHA 10 Certification
- ServSafe Certification
- Penn State Cooperative Extension Health & Nutrition Program
- Indoor/Outdoor Maintenance Certification (Planning stage)

STAGE THREE – Behavioral Change

COGNITIVE BEHAVIORAL INTERVENTIONS:

CLANCY Day Treatment Program:

- Thinking for a Change (T4C) curriculum
- Dialectic Behavioral Therapy (DBT)
- Anger Replacement Therapy (ART)

STAGE THREE – Behavioral Change

EVIDENCE-BASED PROGRAMMING & INTERVENTIONS:

Juvenile Treatment Court (Best Practice)

Family Group Decision Making (FGDM)

High Fidelity Wraparound Services (HFW)

Multi-Systemic Therapy (MST)

Anger Replacement Therapy (ART) – Northwestern Academy

STAGE FOUR – Refinement

PROJECTS IN DEVELOPMENT

PA Safe Schools and Healthy Student Partnership

Communities that Care (CTC)

Truancy Intervention/Prevention – Children's Roundtable

Family & Children engagement

What are the next steps to System of Care participation

- Counties are asked to submit a letter of intent and work plan to participate:
 - Identifying the County Leadership Team membership
 - Describing youth & family involvement
 - Identifying County strengths & needs
 - Identifying the proposed process model
 - Identifying the System of Care contact person for the county

One more Illustration of a System of Care in Action.....



Questions?

Thank you for participating and we look forward to following up on next steps!

For Further Information...

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PA System of Care Partnership:

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Websites

PA SOC Partnership - www.pasocpartnership.org (today's workshop materials are uploaded here)

PA Families Inc. - www.pafamiliesinc.com

Youth and Family Training Institute - www.yftipa.org