

the newsletter of the

Pennsylvania  
Juvenile Court  
Judges'  
Commission

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# P E N N S Y L V A N I A J U V E N I L E J U S T I C E

Commonwealth of Pennsylvania, Edward G. Rendell, Governor

[www.jcjc.state.pa.us](http://www.jcjc.state.pa.us)

April 2007



**Director James Rieland and Juvenile Court Administrative Judge Kim Berkeley Clark receive the first annual Peace Partner Award for an Organization.**

## Allegheny County Juvenile Probation Department Receives 1<sup>st</sup> Annual Peace Partner Award

The Center for Victims of Violence and Crime and Pittsburgh Mediation Center sponsored its 1<sup>st</sup> Annual *Peace-It-Together Community Initiative Peace Partner Awards* on February 28, 2007. The Allegheny County Juvenile Probation Department received the inaugural "Peace Partner Award for an Organization." Accepting on behalf of the juvenile probation department was Director James Rieland and Juvenile Court Administrative Judge Kim Berkeley Clark.

The juvenile probation department was recognized for integrating the principles of balanced and restorative justice into its daily work, and serving as a state and national model for how victim advocacy and offender advocacy efforts can work together to build a more victim sensitive system, improve youth competency, and prioritize the safety and involvement of the community. The Allegheny County Juvenile Probation Department has a strong tradition of supporting services that offer help and healing to victims of juvenile crime as well as programs and services that prepare juvenile offenders to lead productive lives.

To sign up for the Governor's newsletter, click here [www.governor.state.pa.us](http://www.governor.state.pa.us)

## Juvenile Justice Academy Rolling Registration

The recent conversion of the Juvenile Act segment of the “Juvenile Justice Academy: Orientation for the New Professional” training program to a distance-learning format has led to the necessity of making registration for this entire program a continuous, on-going process. The on-line Pa. Juvenile Act course is an inseparable part of the Orientation program—not an optional component. Registration for the on-line course, and its prerequisite CCELC on-line orientation, as well as the two weeks of live training, is a single process – all covered by the \$250 registration fee. To this end, juvenile probation departments are encouraged to begin registering their new staff for Orientation throughout the year and as part of the hiring process. It may be taken in any one of the months preceding the live portion of the training.

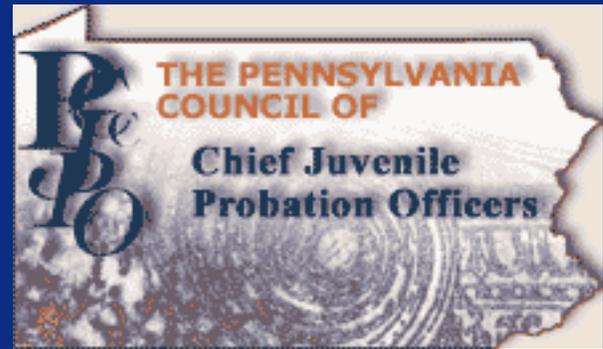
An e-mail notice was sent to all Chief Probation Officers and training coordinators earlier this month, outlining this rolling registration process, including a new Orientation Registration Form which should be submitted separate from the other Center training program registrations. The two live weeks of Orientation will continue to be offered twice a year. The Pa. Juvenile Act on-line course will be offered during the following weeks up through the end of this summer: 5/14-5/18; 6/11-6/15; 7/9-7/13; and 8/13-8/17. We will post course dates for the in each season’s training catalog.

This publication is produced monthly at the Center for Juvenile Justice Training and Research at Shippensburg University.

Guest articles, especially those with photographs, are always welcome; please submit them by email.

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# Save this Date!



## 40th Anniversary Celebration

Thursday, November 29, 2007  
Nittany Lion Inn, State College

## Weekend Master’s Degree Program accepting applica- tions for the Shippensburg University Class of 2010

Applications are now being accepted for the Juvenile Court Judges’ Commission-sponsored Weekend Master’s Degree Program at Shippensburg University. Members of the class of 2010 will begin classes in the fall of 2008. **The deadline to apply is September 1, 2007.**

The Shippensburg University program offers students a Master of Science degree in the Administration of Justice. This is a 36-credit hour program that includes courses in research methods, theory, administration, and policy analysis. Also featured is a summer internship in which students have the opportunity to develop, implement, and evaluate a program in their home county, or evaluate an existing program that serves juvenile offenders.

Classes in this two-year program are scheduled every third weekend in the fall, spring, and summer, with no classes scheduled during the months of July and

*Weekend Master’s, continued on page 11*



## 18<sup>th</sup> Annual National Youth-At-Risk Conference

Members of the McKeesport Communities That Care of Allegheny County were selected to present on Project H.E.A.R.T. (HIV/AIDS Education and Research Training) a Pennsylvania Commission on Crime and Delinquency funded program, at the 18<sup>th</sup> Annual National Youth-At-Risk Conference held in Savannah, Georgia on March 4-7, 2007. The conference was hosted by the College of Education and the Continuing Education Center of Georgia Southern University.

Diane George, Project Director of McKeesport CTC, and Jen Ely, Prevention Board member and Supervisor of staff for the program, along with Tracy Shultz, Southwest Region Communities That Care (CTC) Strategic Consultant, presented a workshop at the conference on Project H.E.A.R.T.: A Chance for Youth.

The workshop included information on how Project H.E.A.R.T. was selected to be implemented as a result of the McKeesport Communities That Care process. The CTC Process helped the community to identify what risk factors leading to the problem behaviors of juvenile delinquency, violence, substance abuse, teen pregnancy and school drop out are most prominent in the community.

Their presentation explained how Project H.E.A.R.T. educates peer leaders through the use of a research-based program and then trains them to talk to their peers about responsible decisions concerning sex. They have utilized the research-based program Teens

for AIDS Prevention (TAP) curriculum but, starting this summer, they are going to begin utilizing the Becoming a Responsible Teen (B.A.R.T) curriculum.

Over 1,200 people were registered for 18<sup>th</sup> Annual National Youth-At-Risk Conference. The keynote speakers included Adolph Brown III, Founder of Club Wellness Group and Chairperson/Associate Professor of Psychology at Hampton University; Dr. Pedro Noguera, urban sociologist, author and Professor of Education, New York University; and Dr. Christine Sleeter, Professor Emerita, College of Professional Studies, California State University, Monterey Bay, CA.

The conference offered over 150 training workshops, many international presenters, panel discussions, town hall meetings and poster sessions.

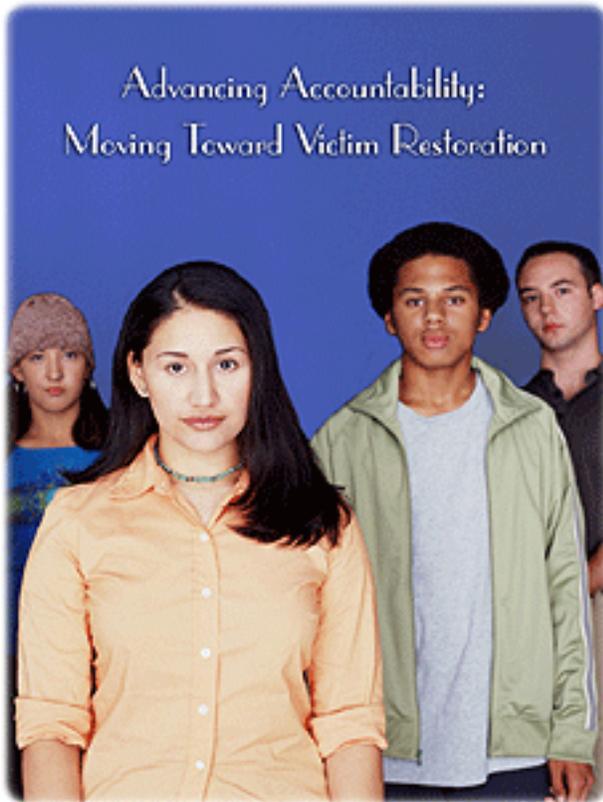
## Staff Development News

At this time of year, approaching the close of the current fiscal/training year, some staff and supervisors are reviewing progress toward meeting the minimum 40-hour annual training requirement. For those professionals still looking for a top notch staff development opportunity the workshop entitled "Pathways to Possibilities: Strength-based, Collaborative Practices" is scheduled for May 16 & 17 at the Days Inn Penn State. This program will expose participants to research-based approaches that effectively reduce resistance to change, promote pro-social behaviors in home, school and the community and dramatically reduce costly out-of-home institutional placements. Many juvenile probation officers and staff in other child-serving agencies have reported that utilizing these practices has made their work much more rewarding and successful. This program will be led by Dean C. Wolf, founder of Partners for Creative Collaboration, a comprehensive mental health/substance abuse practice and training/consultation center with offices in Gettysburg, PA and Westminster, MD. This is workshop #19 in the CJJT&R training catalog.

Further details on these programs can be found in the Spring 2007 Staff Development booklet or in the training area of the [JCJC web site](#). Other questions may be addressed to either Stephen Bishop at (717) 477-1294 or John Herb at (717) 477-1185.

## Second Juvenile Justice White Paper Released

### *Advancing Accountability: Moving Toward Victim Restoration*



*Commissioned by the Juvenile Justice and Delinquency Prevention Committee of the Pennsylvania Commission on Crime and Delinquency*

Under the direction of the Juvenile Justice and Delinquency Prevention Committee, the National Center for Juvenile Justice, guided by a focus group of juvenile justice and allied professionals, is producing a series of white papers on the goals of the juvenile justice system. The first white paper, *Advancing Competency Development*, defined principles, practices and outcomes for competency development.

The second white paper in the series, *Advancing Accountability: Moving toward Victim Restoration*, provides a more comprehensive definition of the accountability goal. It takes the position that offender accountability requires juvenile offenders to repair the harm caused by their offending behavior. The imposition of accountability for offenses committed demands that juvenile offenders understand and acknowledge the wrongfulness of their actions, their responsibility for causing harm, and the impact of the crime on the crime victim and community.

To support juvenile offenders in their efforts, the white paper identifies various accountability activities and gives examples of good practice in several areas. It

points out that advancing accountability requires that practitioners look beyond restitution and community service programs to fulfill this goal. The white paper encourages the use of victim impact statements, the Victim/Community Awareness for Juveniles curriculum and additional restorative practices.

The white paper also identifies system responsibilities to crime victims and offenders as they pertain to the accountability goal and highlights how clarification of the accountability goal affects the roles of participants in the system. Lastly, *Advancing Accountability: Moving toward Victim Restoration* identifies appropriate measures and outcomes for accountability.

## Youth Advantage Program Wins Contest

By: Nancy Clark, Community Volunteers in Action

The Dale Carnegie Youth Advantage Program has won a 2007 Acts of Caring Award in the category of Programs for Children and Youth. The annual award program sponsored by the National Association of Counties, honors community-based county government initiatives that provide a legacy for the future of our country.

The award will be presented at a national ceremony to be held in Washington, DC on April 26, during National County Government Week.

Youth Advantage is a leadership and service oriented program for students in grades 9-11. The teens participate in an eight-week Dale Carnegie Institute Youth Leadership Training Course, at no cost to them, and then use those leadership skills to complete a community service project of their choice, under the guidance of volunteer adult mentors.

Students are referred for participation by their high school guidance counselors based on potential leadership ability. Selection is competitive. Since the beginning of the program in 2002, a total of 105 students have graduated, with 27 more expected to graduate in this year's class. Eleven out of the 13 county high schools have participated.

Youth Advantage helps the participants recognize and use their skills to the fullest potential. They  
*Youth Advantage continued on page 9*

# Office of Mental Health and Substance Abuse Services Bureau of Children's Behavioral Health Services/Cross-System Initiatives and Partnerships

by Sherry Peters, Office of Mental Health and Substance Abuse Services

Pennsylvania is unique in its collaborative approach to offer a statewide infrastructure of support in all 501 school districts and 67 counties. The Student Assistance Program (SAP) is a significant source of referral to services for children who previously went undiagnosed and untreated until their service requirements were the most severe. SAP is sponsored and funded at the local level through the Departments of Health, Education, and Welfare and is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs and mental health issues which pose a barrier to the student's success.

For additional information about these and other SAP related issues, please see the [SAP website](#).

## Youth Suicide Prevention Initiative

The Pennsylvania State Suicide Prevention Initiative is a public/private agency collaborative comprised of representatives from various State Departments, public and private organizations, community task forces, legislative representation, survivors and other stakeholders. The Initiative is comprised of a Monitoring Committee and an Advisory Committee that includes a Youth Committee, Adult/Older Adult Committee and various working subcommittees. The subcommittee updates follow.

The 3<sup>rd</sup> Annual State Suicide Prevention Awareness Day event will occur on September 11, 2007 in association with the National Suicide Prevention week. A subcommittee is being formed to begin planning for the kick-off event that will generate week long activities throughout the State.

The Suicide Prevention Conference Planning Committee has been meeting to plan for a one day Suicide Prevention Awareness Conference to address suicide prevention issues across the life span. The conference is scheduled for September 12, 2007 in Grantville, PA. and is planned in association with the State Suicide Prevention Awareness Day event.

The Advisory Committee is looking for volunteers to facilitate and to serve on the Marketing and Advocacy Subcommittee. The mission of the Marketing and Advocacy Subcommittee is to develop a plan to promote suicide prevention awareness at various venues including conferences, forums and through the dissemination of materials. The subcommittee also had plans to create a website that would provide

information and resources that will highlight prevention efforts and support for survivors.

Members of the Legislative Subcommittee are compiling data to give to legislators that will provide information relevant to the incidence of suicide in Pennsylvania. The mission of this committee is to increase awareness and to seek legislative support for suicide prevention initiatives.

The Funding Subcommittee will work to identify resources to fund state and local suicide prevention programs, events and activities.

The Advisory Committee developed three task force assignments to address special needs that have been addressed by the membership.

- 1) A task force is being developed to explore whether parts of the Garret Lee Smith proposal could be implemented without the funding. This group would address screening in primary care settings with connections to behavioral health.
- 2) A task force will be developed to meet with members of the medical community to problem solve problems and gaps in service delivery when people, who are depressed or suicidal, seek assessment and services in physician's offices and in emergency rooms.
- 3) Members of the Youth Committee volunteered to work with OMHSAS Children's Bureau to plan an event for Children's Mental Health Awareness Day on May 8, 2007.

## School Based Behavioral Health Initiative

The Children's Bureau has been working with the PA. Dept. of Education (PDE) in crafting a strategy for ensuring that schools are caring and supportive places that maximize learning as well as social, emotional, and behavioral development; and will bring together schools, county mental health programs, and community resources to develop a continuum of services that enable children to have their educational and mental health needs met within their school districts. Many strategies are being considered.

One of the strategies is the collaboration between OMHSAS Children's Bureau and the Department of Education on the State Leadership Team for statewide implementation of School-wide Positive Behavioral Intervention and Supports (PBIS). PBIS is a comprehensive three (3) tier level structure that will

provide services and supports to the entire student population from prevention to assessment for treatment services.

### **Transition Initiatives**

As recommended by the OMHSAS Children's Advisory Committee, OMHSAS is moving forward with a Transition Age Youth Advisory Membership Workgroup. The goal of this workgroup will be to develop the process by which the youth voice (ages 14-26) will be represented and supported on both the Children's and Adult Advisory Committees.

The workgroup will consist of several members currently appointed to the Adult Advisory Committee and the Children's Advisory Committee along with youth ages 14 to 26 years old from various cross systems that include mental health, drug and alcohol, children and youth, juvenile justice, or special education. Shelley Bishop, Executive Assistant for Consumer and Family Issues in OMHSAS; and Doris Arena, Transition Specialist from the Children's Bureau in OMHSAS will be facilitators for this workgroup. The first meeting occurred on February 27, 2007.

### **Integrated Children's Services Planning (ICSP)**

The final feedback generated from the review of the county Integrated Children's Services Plan has been sent to all counties. It is anticipated that counties will be making requests for technical assistance in some areas of their plans. Regional office staff will be working with counties throughout this process.

### **The Integrated Treatment Services Workgroup**

The Integrated Treatment Services Workgroup met on 02-07-07 to reach consensus on staffing and training issues. A recommended staff competency was to require individuals providing services to adolescents to have a minimum of one year working experience with adolescents diagnosed with a co-occurring disorder. The meeting also allowed the stakeholders to review their entire treatment criteria recommendations. Treatment standards, however, need to be based upon the level of care, acuity of the population served, and length of stay of each treatment program. A waiver or a grandfathering process should be considered to assist programs in meeting the standards criteria. The treatment criteria will be reviewed internally to determine the next step in the implementation process. The workgroup will be informed of the progress of the initiative and will be asked for additional input as needed.

This workgroup was convened at the request of the Governor's office to continue the development of state infrastructure to support co-occurring service within the Commonwealth. The workgroup involves collaboration between the Department of Health and the Department of Public Welfare. Its primary task has

been to design services to support individuals with co-occurring psychiatric and substance use disorders.

The focus has been on developing a minimum set of clinical standards acceptable to both Departments and stakeholders that will ensure the incorporation of consensus and evidence-based practices into co-occurring treatment services within the Commonwealth.

The initial workgroup meeting occurred on 09/13/06. A wide range of professionals, including practitioners, program administrators, and managed care companies, are represented in the workgroup. The workgroup has been divided into six subcommittees who have been developing criteria ranging from staffing to pharmacology. The adolescent subcommittee drew the largest number of participants. It consists of twenty-seven members. Several conference calls have been held to develop recommendations for the larger workgroup to review and discuss. The following recommendations were presented to the Integrated Treatment Workgroup on Wednesday, January 10, 2007:

The co-occurring competent facility, if serving the adolescent population, shall use a developmentally appropriate comprehensive longitudinal assessment/evaluation process that includes family input.

The facility, if the program is serving adolescents, should include a broad range of cognitive, behavioral and other culturally appropriate clinical therapies that are adapted to the individual's developmental stage and level of comprehension. The program needs to provide developmentally appropriate treatment in the most appropriate environment such as, the community, school, or home.

The comprehensive integrated treatment plan shall, at a minimum, include input from the multi-system team providing services to the adolescent and the family. The treatment plan needs to identify community supports, including informal, non-traditional resources available to the adolescent and family.

The facility shall develop policies and procedures to include access to expert consultation in pharmacological practices involving complex cases.

The facility must be able to demonstrate staff competencies to treat individuals diagnosed with a co-occurring psychiatric and substance use disorder. The Clinical Director must have, at a minimum, one year of experience working with adolescents, if the program serves the adolescent population. The Staff Psychiatrist, if the program is serving adolescents, must be Board Certified in Child and Adolescent psychiatry or document one year of experience

The facility, if the program is serving adolescents, shall document attendance at co-occurring training. Training shall include specific child and adolescent topics, such as, child and adolescent development, child and adolescent psychopathology, trauma informed care, family dynamics, or adolescent psychopharmacology.

The facility shall, at a minimum, develop the policies and procedures to ensure coordination of care across all child-serving systems involved with the adolescent and their family, if the program serves the adolescent population. Policies and procedures for providing information and linkage to self-help support groups for the individual and family also need to be developed.

### **PA System of Care Initiative (SOC)**

A 15-member team from Pennsylvania attended the System of Care (SOC) TANF Child Welfare and Tribal TANF Child Welfare Annual Grantee Meeting held in Washington, D.C. from January 30 to February 1, 2007. The theme of this mandatory meeting was "Sustaining Your System of Care." Pennsylvania's team was comprised of parents, representation from both Northumberland and Dauphin counties, the Child Welfare Training Program staff, and local evaluators from the University of Pittsburgh.

In attendance from Pennsylvania were Project Manager Andrea Richardson of the Office of Children Youth and Families and both Julie Barley and Laurel Yates from OMHSAS' Children's Bureau. Pennsylvania displayed a poster to capture ideas for its sustainability planning including the Integrated Children's Services Planning Initiative, Family Group Decision-making, and the revised approach to training of Child Welfare workers, "Charting the Course."

All attendees participated in sessions on sustaining parent involvement, using data as an effective tool to sustain SOC, and the Indian Child Welfare Act of 1978. Break-out sessions offered opportunities for clustering of family members, evaluators, interagency partners and project managers to share ideas across grant communities while grant community sessions allowed for individualized planning by each grant community under the facilitation of their technical assistant.

### **Integrated Children's Services Initiative (ICSI)**

This initiative (sometimes called MA Realignment) involves a concerted effort, as part of the DPW plan to identify children's behavioral health services, currently being paid by Child Welfare funds that should be transitioned to Medical Assistance funding. Regional staff has been working with all counties to identify and facilitate the process of

conversion. Changes have been made in the HealthChoices counties to reflect the increase in behavioral health services. After beginning with residential services, the focus over the past year has been on community based non-residential services. This initiative (sometimes called MA Realignment) involves a concerted effort, as part of the DPW plan to identify children's behavioral health services, currently being paid by Child Welfare funds that should be transitioned to Medical Assistance funding. Regional staff has been working with all counties to identify and facilitate the process of conversion.

Changes have been made in the HealthChoices counties to reflect the increase in behavioral health services. After beginning with residential services, the focus over the past year has been on community based non-residential services. More than 50 community based programs have been enrolled, including Multi-Systemic Therapy and Functional Family Therapy. This effort will support the integration of behavioral health services for children who are dependent or delinquent.

### **Transformation Activities**

Pennsylvania has been selected to be one of ten states to receive training and technical assistance as part of the national effort to transform children's mental health systems to improve the well being of children and their families. The Georgetown National Training and Technical Assistance Center for Children's Mental Health, with the support of SAMHSA, is leading this initiative. Georgetown staff has been working with the Children's Bureau and the co-chairs of the Children's Advisory Council to:

- Assess the current status of the children's mental health system in Pennsylvania;
- Identify transformation targets and strategic opportunities
- Facilitate collaborative alliances; and
- Develop action plans.

The Transformation effort has become focused on efforts to individualize care through development of Child-Family Teams.

### **Update of the CASSP Institute**

The CASSP Institute is extensively involved in planning for the 2007 Children's Interagency Training Conference. There are several noteworthy partnerships with other systems. Special education has contributed funds to bring in two national speakers as well as identified specific programs; BDAP, JJ, OCYF, early childhood, and OVR have created concentrations to attract their workforce. The Institute has partnered with leadership from the national youth initiative, Youth Move, in the development of the youth track.

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The CASSP Institute is developing technical assistance/training to counties on Integrated Children's Service Planning with a particular focus on issues of confidentiality. The Institute is also working with the DPW Bureau of Provider Integrity to develop training on Ethics and the Delivery of BHRS. The Institute is collaborating with Temple University on social work education including the development and delivery of continuing education. The Institute is collaborating with the Department of Counselor Education at Penn State on the development and delivery of pre-service and post graduate education for case-managers and licensed counselors. The Institute continues its collaboration with the Department of Health on training efforts related to fetal alcohol syndrome and parental health issues.

### **Juvenile Justice**

In 2005, Pennsylvania became the recipient of a grant from the MacArthur Foundation to develop a model system for juvenile justice. The subcommittee on mental health is focusing on screening and assessment, diversion, developing a continuum of services, and aftercare.

A Policy Statement was recently endorsed by leaders of state agencies and statewide organizations, that sets forth a vision of a model system that prevents the unnecessary involvement of youth with mental health or co-occurring disorders in the juvenile justice system, allows for the early identification of youth with mental health needs and co-occurring disorders, and provides for timely access to appropriate treatment within the least restrictive setting that is consistent with public safety needs. The purpose of the Policy Statement is to serve as a blueprint for counties, and the state, in developing a comprehensive system that features the key components of screening and assessment, diversion, short-term interventions and crisis management, evidence-based treatment, continuity of care / aftercare, family involvement, funding, and legal protections.

Information on the [MacArthur Foundation Grant](#) for Juvenile Justice can be found on their website.

### **The Pennsylvania Juvenile FireSetter (JFS) Intervention Coalition**

While the Juvenile FireSetter (JFS) Advisory Group continues to be active on a number of fronts, the five JFS Program Development Seminars are completed. The following summarizes the progress noted in the evaluation of this initiative:

- Attendance totaled approximately 800 persons for the five events.

- Disciplines represented were the fire service, law enforcement, juvenile justice, mental health, and social services.
- Several new JFS intervention programs were initiated as a result of the seminars.
- Modifications to several existing programs occurred primarily in their adoption of the state 'standard' for intervention.
- The need for additional training was identified.

Based on the feedback received from the workshop attendees, the group decided to seek another grant to offer advanced training in two elements of JFS intervention: (1) how to conduct juvenile fire setter interviews/screening to determine the appropriate intervention and (2) how to successfully conduct fire safety education programs for the juvenile fire setter and their caregivers.

A short DVD that outlines how to create JFS intervention programs according to Pennsylvania standards has been developed in collaboration with the Burn Foundation of Philadelphia. There is also an interactive CD being developed for mental health practitioners to acquire self-instruction on mental health intervention for juvenile fire setters.

### **Residential Treatment Facilities (RTF) Cross System Workgroup**

The integration of the approval, licensure, and certification of Residential Treatment Facilities (RTFs) is an initiative within DPW. Since 2002 the DPW/RTF Cross System Workgroup has met regularly to implement a cross system team approach to the review of RTFs through the regional and field offices. The group includes policy, licensing and operational staff from the Office of Children Youth and Families, Office of Medical Assistance Programs/the Bureau of Program Integrity, the Department of Health and the Office of Mental Health and Substance Abuse Services. The mission of the group is to establish consistent review and approval of RTFs and to improve the quality of care provided to residents. This group has been charged to complete operational protocols between DPW and the DOH based on the Memorandum of Understanding (MOU) signed in September 2006. Once completed the goal is to incorporate the finalized protocols in a DPW Bulletin.

### **Restraint Initiative/Alternatives to Coercive Techniques (ACT)**

The Children's Bureau has continued to be involved in the DPW Alternatives to Coercive Techniques (ACT) Initiative to eliminate the need for the use of restraint through a trauma informed care approach and the use of treatment alternatives in all 3800 licensed programs. For more information on the ACT initiative please visit the [CASSP website](#).

The ACT Initiative is now supplemented by the Quality of Residential Services Workgroup as part of the PeopleStat Office. This DPW level group included Office of Child Development, Office of Mental Retardation, Office of Children, Youth and Families, Office of Medical Assistance and all residential programs including those operated directly by DPW. Initially all program offices identified their current regulations/requirements covering restraints, data collection and any special initiatives focusing on the elimination of the use of restraints. The Data Survey developed by a cross system team of stakeholders approximately a year ago was sent to providers and survey forms were to be returned to OCYF by February 9, 2007. Information from the survey will be compiled and used to direct future data and incident management procedures in a consistent way across all program offices and age groups. This group will meet on a routine basis.

### **Deaf and Hard of Hearing Services**

The Children's Bureau has been working with the Department of Education, whose Educational Resources for Children with Hearing Loss (ERCHL) Subcommittee on Mental Health Issues for Children with Hearing Loss has developed a series of recommendations: (1) Establishment of a Residential Facility in the eastern part of the state. (2) Regional trainings (such as provided by PaTTAN), and (3) Regional Outreach Teams.

The Children's Bureau worked with a committee of advocates, counties, providers, and Education representatives to establish goals for service development in the Southeast. One of the outcomes has been a plan for a regional program for residential and related treatment services for children in South-eastern Pennsylvania. The group is beginning to consider the array of community services, especially for youth that are hard of hearing. The next step for the Children's Bureau is to focus on statewide issues.

### **Reactive Attachment Disorder (RAD)**

The Children's Bureau recently brought a consultant on board who will be dedicated to assist in the development and implementation of a plan to address the needs of families and their children who are experiencing developmental attachment issues. The consultant –along with Children's Bureau staff met with OCYF staff from the Statewide Adoption Network (SWAN) and discussed working toward meeting common goals. A number of ideas were considered such as conducting regional trainings for providers and families by nationally recognized experts, developing an expert panel for review of and technical assistance to new programs as well as an approval and certification process. At the conclusion of this initial meeting, it was decided that several surveys requesting information from the Behavioral

Health Managed Care Organizations (BH-MCO's) and the SWAN affiliates would be drafted by the consultant. The focus of this effort is to develop guidelines for good care and quality training for staff, programs and providers of services to youth diagnosed within the broad range of attachment issues, including Reactive Attachment Disorder (RAD).

### **The Fetal Alcohol Spectrum Disorder (FASD) Task Force**

The Children's Bureau staff continued to participate in the Bureau of Drug and Alcohol Programs recently convened task force for Fetal Alcohol Spectrum Disorder (FASD). The task force is comprised of individuals from across the state representing parents, advocate, physicians, researchers, service providers, nurses and government policy makers. The purpose of the Task Force is to identify the most critical needs in Pennsylvania regarding FASD diagnosis and treatment, and to help create and implement goals and recommendations for a five year state plan. Task Force members were addressed by a nationally known expert, Dan Dubovsky, MSW, FASD Specialist for the Substance Abuse and Mental Health Services Administration's (SAMSHA) FASD Center for Excellence. Mr. Dubovsky's masterful presentation focused on improving outcomes for individuals and families by addressing the prevention and treatment of FASD. Breakout groups formed to address FASD through prevention activities, education, awareness, data, and collaboration and coordination of services. Reports from each of the groups were collected and reviewed by the larger group for adherence to established mission and goals of the group. Revisions will be incorporated in to a draft for final review at the next meeting of the group.

If you have questions about the Children's Cross-System Initiative and Partnerships, please contact [Sherry Peters](#).

### *Youth Advantage from page 4*

also have the opportunity to develop relationships with adult mentors and students from other schools in the county. Many continue to be active in their communities as volunteers even after graduation from the program.

The Youth Advantage Program is a project of Schuylkill County Communities That Care, which is sponsored by the Schuylkill County Drug and Alcohol Program.

# Improving lives one family at a time! Nurse Family Partnership coming to Bradford County

By: Desiree Spencer, Partners in Family & Community Development

**C**ommunities that Care, an initiative under Partners in Family & Community Development, has worked diligently over this past year to bring the nationally recognized Nurse-Family Partnership (NFP) program into Bradford County. Recently their efforts have been rewarded. In collaboration with Wyoming County Communities That Care and Wyoming County Healthy Family Partnership, Nurse-Family Partnership services will be expanded into Bradford County. The Communities That Care mobilizers from both counties worked cooperatively to submit a grant application to the PA Department of Public Welfare to fund the Bradford County expansion. Wyoming County will expand services into Bradford County by hiring two nurses who will reside and work in Bradford County. These nurses will be employed and supervised by Wyoming County Healthy Family Partnership but will provide services only to Bradford County residents.

Nurse-Family Partnership works to strengthen and enrich the lives of growing families in the comfort of their own homes. NFP is an evidence-based nurse home-visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. This free, voluntary program begins early in pregnancy and continues through the first two years of the child's life. The goals of the Nurse-Family Partnership are to:

- improve pregnancy outcomes by helping women improve their health-related behaviors;
- improve child health and development by helping parents provide more responsible and competent care for their children; and,
- improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their educations and find work.

The comprehensive nurse home visiting services build upon a parent's strengths so that they may improve parent-child relationships, provide a safe and loving home environment, and maintain good health practices. Tailoring the program to fit each family's individual needs, the nurse home visitors provide a wealth of information to help new parents prepare for the arrival of the baby and learn more about pregnancy and childbirth. After the baby arrives, nurses provide information about breast and bottle feeding, teach parents about the baby's growth and development, and provide tips to make parenting easier and more successful. Along the way, nurses work with families to set realistic goals that

will help them succeed. They also help mothers identify and involve support systems such as the baby's father, and other family and friends, and make connections with other local health and human services agencies from which the family may benefit.

Nurse-Family Partnership is the most rigorously tested program of its kind. Random controlled trials of this program have been conducted in Elmira, New York, Memphis, Tennessee and Denver, Colorado. Among the positive outcomes were improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness. Nurse home visitors receive more than 100 hours of instruction from the NFP professional development team over a 16-month period of time. Due to the rural nature of Bradford County, each nurse will serve a maximum of 20 families.

Nurse-Family Partnership will more than pay for itself, given the multitude of outcomes the program affects. Net reductions in public costs begin to accrue by the time the children turn four-years-old. It is evident that there are positive economic returns/benefits from investing in early intervention programs. The Rand Corporation has independently estimated that the return for each dollar invested in NFP will show a positive return of \$5.70 for the high-risk population that is being served.

It is the intention of the Bradford County CTC to create a sustainability plan which will ensure that the Nurse-Family Partnership program will grow and become self-sufficient in Bradford County. Members of the Bradford County CTC include representatives from Children & Youth Services, B-S D&A program, PA Department of Health, Abuse Rape Crisis Center, Memorial Hospital, YMCA, Sayre Area School District, Bradford County Probation Department, and Northern Tier Counseling, among others.

If you or someone you know is expecting her first child, call the Health Family Partnership of Wyoming/Bradford County at (570) 265-6246. Help us improve the lives of Bradford County families....one family at a time!

# Detention Standards Revised to Ensure Consistency with Pa. Rules of Juvenile Court Procedure

The Juvenile Court Judges' Commission (JCJC) has issued a Statement of Policy comprising revisions to the Standards Governing the Use of Secure Detention Under the Juvenile Act (37 Pa. Code §200.1 et seq.) and Standards Governing Hearings and Administrative Reviews for Children Held in Secure Detention (37 Pa. Code §200.101 et seq.). The JCJC Statement of Policy was published on April 14, 2007 in [The Pennsylvania Bulletin](#) (36 Pa.B. 2282).

This Statement of Policy sets forth minor revisions to the existing standards, which provide guidance to juvenile court judges, juvenile court masters, and juvenile probation officers regarding the use of secure detention, and in conducting hearings and administrative reviews following a juvenile's admission to secure detention. JCJC staff worked in partnership with the Standards Committee of the Pennsylvania Council of Chief Juvenile Probation Officers to develop the recommendations which were adopted by the JCJC.

Listed below are the primary revisions that were made to both sets of standards. Please note that, in addition to these changes, the terms "child/children" have been replaced by the terms "juvenile/juveniles" so the JCJC standards are consistent with the Rules of Juvenile Court Procedure.

## **Standards Governing the Use of Secure Detention Under the Juvenile Act (37 Pa. Code §200.1 et seq.)**

In § 200.3 "Detention required to protect the person or property of others or of the child", two new offenses were added to the list of offenses on which basis detention can be authorized to protect the person or property of others. These additional offenses reflect changes in 18 Pa.C.S. Chapter 31 "Sexual Offenses", that occurred subsequent to the last revision of these standards.

## **Standards Governing Hearings and Administrative Reviews for Children Held in Secure Detention (37 Pa. Code §200.101 et seq.)**

In § 200.101. "Preadjudication detention", a new subsection (b) was added to provide that the petition shall be filed with the clerk of courts within 24 hours or the next court business day when a juvenile remains in secure detention following a detention hearing, consistent with Pa. R.J.C.P. 242 (D). Language was also added to subsection (c) to provide that if the juvenile is detained, an adjudicatory hearing shall be held within ten days of the filing of the petition, consistent with Pa. R.J.C.P. 404 (A).

A new subsection (d) was added to provide that if a juvenile is detained and the adjudicatory hearing is not held, or notice of request for transfer is not submitted within the ten day period, the juvenile shall be released from detention, consistent with Pa. R.J.C.P. 240 (D).

In § 200.102. "Postadjudication / predisposition detention", language was added to §200.102 (a) to clarify that a disposition hearing or a hearing to determine the need for continued secure detention shall be held within 20 days of the date of a ruling on the offenses, not within 20 days of the date of the adjudication, consistent with Pa. R.J.C.P. 510.

In § 200.105. "Detention pending a disposition review proceeding for violation of probation", language was added to § 200.105 to create a new subsection (b) requiring that within 10 days of the informal detention hearing, a hearing on the motion to modify or revoke probation shall be held consistent with Pa. R.J.C.P. 605, 610, and 612. Language in § 200.105 (c) was modified to provide that unless a new dispositional order is entered, a hearing to determine the need for continued secure detention shall be held within 20 days of the hearing on the motion to modify or revoke probation.

In § 200.107. "Responsibility of probation officer", language was added to § 200.107(a) to provide that the chief juvenile probation officer "or designee" is to provide to the Court such information as necessary to ensure the continued appropriateness of the detention is reviewed by the Court. This standard was also amended to delete a phrase which provided that a designee of the Court could review the continued appropriateness of a juvenile's detention.

Please contact [Seth Bloomquist](#) at (717) 477-1704, or [Lisa Freese](#) at (717) 705-9003 if you have questions or desire additional information.

## *Weekend Master's from page 2*

August. This program is available to county juvenile probation officers who will have at least two years of post-baccalaureate experience in the juvenile justice field prior to the start of classes. Applicants who have an undergraduate grade point average of less than 2.75 must take and pass the Miller Analogies Test (MAT) or the Graduate Record Examination.

Additional information about the program is available on the [JCJC](#) website. If you have any questions, or are interested in applying for the program, contact [Greg Young](#) at 717-447-1797.

# Juvenile Court Judges' Commission Reports on Performance of Pennsylvania's Juvenile Justice System

The Juvenile Court Judges' Commission (JCJC) has released its 2006 report on the performance of Pennsylvania's juvenile justice system. This is the third year that the JCJC has released a statewide juvenile justice system report card. Pennsylvania was the first state in the nation to develop and release a report of this type.

The report was designed to measure the system's progress in achieving its legislative mandate to provide programs of supervision, care and rehabilitation which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed, and the development of competencies to enable children to become responsible and productive members of their communities.

"The mandate in our Juvenile Act to provide balanced attention to community protection, offender accountability, and youth competency development not only provides a clear mission for Pennsylvania's juvenile justice system, but also provides the means for us to evaluate our system's performance in achieving its mission," said JCJC Executive Director James Anderson.

The project gained momentum during the FY 04-05 budget process when the JCJC developed system-wide performance measures in response to Governor Rendell's directive for all state agencies to strengthen performance and outcome measurement.

The performance measures which comprise the report card were developed through a partnership of the JCJC and the Pennsylvania Council of Chief Juvenile Probation Officers, and are based on the work of the National Center for Juvenile Justice with a number of Pennsylvania juvenile probation departments. Each of Pennsylvania's sixty-seven juvenile probation departments submitted data to the JCJC pertaining to all juveniles released from juvenile court supervision between January 1 and December 31, 2006.

The mission statement of Pennsylvania's juvenile justice system, as developed by Pennsylvania's Juvenile Justice and Delinquency Prevention Committee, is "Juvenile Justice: Community Protection; Victim Restoration; Youth Redemption." Anderson explained that "community protection" refers to the right of all Pennsylvania citizens to be and feel safe from crime; that "victim restoration" emphasizes that a juvenile who commits a crime harms the victim of the crime and the community, and thereby incurs an obligation to repair that harm to the

greatest extent possible; and that the concept of "youth redemption" embodies the belief that juvenile offenders have strengths, are capable of change, can earn redemption, and can become responsible and productive members of their communities. "This report truly does quantify the degree to which we are achieving this mission," said Anderson.

Highlights of the 2006 report include the following:

## **Community Protection**

- 17,576 juvenile offenders completed a period of supervision by county juvenile probation departments.
- 86.8 percent of juveniles successfully completed supervision without a new offense.

## **Accountability**

- 94.1 percent of offenders with a community service obligation completed their obligation. The juveniles performed a total of 566,940.5 hours of community service.
- 84.8 percent of offenders with a restitution obligation made full restitution. The total amount of restitution paid in 2006 was \$2,397,438.10
- 90.8 percent of the offenders obligated to pay costs for deposit into the Crime Victims Compensation Fund met their obligation in full. In 2006, a total of \$346,149.78 was paid for deposit into this fund. (The cost is based upon the type of disposition. Therefore, not all offenders had an obligation to pay this cost.)

## **Competency Development**

- 89.6 percent of offenders directed to participate in a competency development activity while under supervision successfully completed this obligation.
- 80.6 percent of offenders were employed or engaged in an educational or vocational activity at the time they were released from supervision.

The full report is available on the [JCJC website](#).

Questions concerning the report should be directed to [Thomas P. Green](#), Director of Administration and Grant Programs at (717)705-6596.

Editors Note: For information regarding county-specific outcome measures, please contact your county's chief juvenile probation officer.

## 2006 Statewide Community Service Programs

County efforts continue to be directed at integrating practices consistent with the Balanced and Restorative Justice principles and the number of youth participating in community service has set yet another record with an increase of 9.5 percent from last year, to 21,615 youth assigned to work community service in 2006. Aggregate program data is compiled each year from the information submitted to the Center for Juvenile Justice Training and Research. The information gathered is necessary for purposes related to the Juvenile Court Judges' Commission-sponsored insurance program, and provides a useful picture of the community service activities statewide.

During 2006 there were a total of 21,615 youth assigned unpaid community service in the sixty-eight active programs throughout the Commonwealth. This represents a 9.5 percent increase from the 20,650 youth participating in 2005. To gain perspective over a broader period of time, this is a 259 percent increase from the 8,354 youth participating in 1995, just eleven years ago. Last year, a total of 705,485 community service hours were worked by youth throughout the state. At the current minimum wage, this represents over \$4,409,000 in volunteer effort invested in non-profit organizations and agencies across the Commonwealth in 2006. There were 13 programs handling more than 400 community service assignments/participants last year including: Philadelphia 1,960 (+96.5%); Delaware 1,833 (+38.6%); Allegheny (Cornell-Abraxas Workbridge) 1,491 (+4.6%); Berks 1,485(+.7%); Montgomery 1,467(-2.8%); Lehigh 1,302 (+10%); Bucks 880 (+19.2%); York 827 (+16.6%); Beaver 676 (+75.6%); Erie 674 (-6.1%); Lancaster 642 (-9.8%); Dauphin 508 (-26.6%); and Lycoming 417 (-19.5%). The percentage figures listed above in parentheses indicate the increase, or decrease, from the number of participants in 2005 in each county.

74.5 percent of the total youth assigned were male. The average age of participants was between 15 years and 16 years, 6 months of age. The age composition of program participants has remained relatively constant since 1990. This is also a typical male/female ratio in nearly all of the past 15 years, with 2003 data being an aberration at 86 percent male. The length of time necessary to complete community service assignments appeared similar to prior years, in that there are significant variations between programs ranging from low figures of 13, and 16 days in some of the counties' programs, to highs of 180 to 240, and even more than 365 days in a few counties. Also, the percentage of youth carried over to the following year to complete their assignment continues to be surprisingly high at 10,607, or 49.1 percent of the youth assigned community service in the year.

## Aftercare Reality and Reform

The current issue of [Pennsylvania Progress](#) summarizes the scope of the work Pennsylvania is engaged in to achieve the goals of comprehensive aftercare reform. Based upon the vision articulated in the Joint Policy Statement on Aftercare and its 17 goals, the article succinctly answers the questions, "What does it mean? Where do we stand? and, Where do we go from here?"

*Pennsylvania Progress* is a research, policy and practice series produced by the National Center for Juvenile Justice for the Pennsylvania Commission on Crime and Delinquency and its Juvenile Justice and Delinquency Prevention Committee. It is distributed to 1,800 state and local policy makers and practitioners in the Commonwealth as well as key policy makers in other states.

