

# **Delaware County, Pennsylvania Multi System Integration Pilot Program Final Report - August 11, 2025**

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## Introduction

The Multi System Integration Pilot Program (MSI) was created in 2021 to demonstrate how to better serve the needs of youth involved in multiple systems of care, i.e., child welfare, juvenile justice, behavioral health and education. The MSI was designed to build upon the implementation of previous, more narrowly focused efforts to serve youth that were dually involved in child welfare and juvenile justice systems or youth who had entered the behavioral health system and also had involvement in other systems of care. It sought to accomplish this by bringing all four of these systems together as equal partners operating in a collaborative manner, one with equal buy-in and commitment to the effort.

Development and implementation of the MSI was supported through a Visiting Fellowship awarded to Georgetown University Research Professor Shay Bilchik<sup>1</sup>, which was sponsored by the Stoneleigh Foundation (headquartered in Philadelphia, Pennsylvania). The Fellowship was hosted by the Center for Youth Justice (previously the Center for Juvenile Justice Reform) at Georgetown University's McCourt School of Public Policy. The MSI was further supported by Dr. Meg Ogle, PhD,<sup>2</sup> and Christine Humowitz Gangi, M.A., Program Coordinator at the Center for Youth Justice.

The Pilot Program brought together the evidence-based practices associated with the initiatives alluded to above – System of Care (SOC)<sup>3</sup> and Georgetown University's Crossover Youth Practice Model (CYPM)<sup>4</sup> - and introduced them in early 2022 in a comprehensive manner in two Pennsylvania counties: Delaware and Erie. This report focuses solely on Delaware County. The final report for Erie County will be released at a later date.

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<sup>2</sup> Dr. Meg Ogle earned her PhD in Criminology and Criminal Justice from Florida State University in May of 2019, examining racial and ethnic disproportionalities in behavioral confinement use among pre-adjudicatory youth in secure detention. She has 11 years of experience working with practitioners in the field of juvenile justice to use data to guide decision-making. Dr. Ogle currently serves as a research analyst for the Pennsylvania Juvenile Court Judges' Commission.

<sup>3</sup> For more information regarding SOC, see: Stroul, B., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (rev. ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

<sup>4</sup> For more information about the CYPM see: Georgetown University Center for Juvenile Justice Reform. (2010). The Crossover Youth Practice Model (CYPM). McCourt School of Public Policy. M. Stewart, L. Lutz, D. Herz, S. Bilchik and L. Legters

## Background

Youth involved with multiple systems of care (child welfare, juvenile justice, behavioral health and education) have worse outcomes than youth who are involved with an individual system.<sup>5,6,7</sup> These negative outcomes span these four systems. Specifically, in child welfare, they are more likely to experience higher rates of out-of-home and group placements, longer stays while in placement and more frequent placement changes. In the juvenile justice system, these youth are detained at higher rates, less likely to be considered for diversion, more likely to receive out-of-home placement and are typically younger at age of first arrest. In relation to their education, they are more likely to experience school placement instability, have higher rates of truancy, suspension and expulsion, exhibit behavioral problems while in school and have lower levels of academic achievement. Last, they are more likely to have mental health challenges, higher levels of substance use and an increased likelihood of a familial history of mental health and substance use.<sup>8</sup>

As a result, a variety of efforts have been undertaken over the last twenty years to address and correct these disparities. Some of these efforts were designed to develop a better understanding of the relationship between childhood maltreatment and juvenile delinquency, as well as the trajectory these youth follow, i.e., the characteristics and correlations associated with dual-system involvement.<sup>6,9,10</sup>

Additional research was focused on the changes in policies and practices that systems can make to better respond to the needs of these youth. One of the most prominent initiatives in the behavioral health field is SOC, introduced in the 1980's by the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services. As described by Stroul and Friedman (1986),<sup>3</sup> this effort supports a comprehensive approach to mental health services for children, youth and families. It emphasizes a coordinated network of community-based services, delivered across systems of care and built on strength-based partnerships with families and youth.

SOC, implemented from this behavioral health lens, has been adopted in jurisdictions across the country. The outcomes have been impressive, with positive findings across

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<sup>5</sup> Center for Innovation through Data Intelligence. (2015). *Young Adult Outcomes of Foster Care, Justice, and Dually Involved Youth in New York City*.

<sup>6</sup> Herz, D. C., Dierkhising, C. B., Raithel, J., Schretzman, M., Guiltinan, S., Goerge, R. M., Cho, Y., Coulton, C., & Abbott, S. (2019). Dual-system youth and their pathways: A comparison of incident, characteristics and system experiences using linked administrative data. *Journal of Youth and Adolescence*, 48(12), 2432-2450.

<sup>7</sup> Lee, S. Y., Villagrana, M. (2015). Differences in risk and protective factors between crossover and non-crossover youth in juvenile justice. *Children and Youth Services Review*, 58, 18-27.

<sup>8</sup> Miller, A. & Pilnik, L. (2021). *Never Too Early: Moving Upstream to Prevent Juvenile Justice, Child Welfare, and Dual System Involvement*. Georgetown University, McCourt School for Public Policy, Center for Juvenile Justice Reform.

<sup>9</sup> Smith, C. & Thornberry, T. P. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology*, 33, 451-481.

<sup>10</sup> Zingraff, M. T., Leiter, J., Myers, K. A., & Johnsen, M. C. (1993). Child maltreatment and youthful problem behavior. *Criminology*, 31, 173-202.

youth, family and the services domains. Related to youth outcomes, there have been decreases in behavioral and emotional problems, suicide rates, and substance use; improvements in school attendance and grades, decreases in arrests and involvement with juvenile justice and increased stability of living situations. In the family domain, there have been decreases in caregiver strain and increased capacity to handle child/youth's challenging behavior. And at the service-level, there has been expanded accessibility to home- and community-based services, more individualized services, improved care coordination, increased family-driven/youth-guided services, increased cultural and linguistic competence and increased use of evidence-informed practices.<sup>11</sup>

In the child welfare and juvenile justice fields, the Crossover Youth Practice Model (CYPM), developed in 2010 by the Center for Youth Justice at Georgetown University's McCourt School of Public Policy,<sup>4</sup> identified policies and practices that would support a more coordinated, cross-systems approach to working with youth and families dually involved in the child welfare and juvenile justice systems. There are three core components of the CYPM: 1) systems working together to identify youth dually involved at the earliest point in time possible, avoiding children "falling through the cracks of the two systems" and facilitating initial joint decision-making regarding charging decisions and placement; 2) joint assessment and planning, thereby ensuring collaboration if the case is diverted or proceeds formally; and 3) coordinated case management, permanency planning, and transition away from system support and supervision. In 2018, the CYPM became the only effort of its kind focused on crossover or dually involved youth to be recognized by the California Evidence-Based Clearinghouse for Child Welfare as a promising program having "Promising Research Evidence" with "High Relevance" to the area of Child and Family Well-Being.<sup>12</sup> Further, in 2020, the CYPM was nationally recognized by the National Institute of Justice as having a "Promising" evidence rating and was added to the Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide with relevance to the Diversion, Vocational/Job Training, Wraparound/Case Management, Children Exposed to Violence, and Court Processing domains.<sup>13</sup> As of 2025, the CYPM has been implemented in over 120 counties across the country.<sup>14</sup>

Most recently, the CYPM was utilized by Dr. Denise Herz and Dr. Carly Dierkhising at California State University at Los Angeles, as a key part of a research project funded in 2018 by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the U.S. Department of Justice, the OJJDP Dual System Youth Study (DSYS).<sup>15</sup> The project

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<sup>11</sup> Huang, L., Woolverton, M., & Hepburn, K. (2002). Outcomes in System of Care. *Data Matters, Spring/Summer 2002, Issue #5*.

<sup>12</sup> California Evidence-Based Clearinghouse for Child Welfare. (2018). *Crossover Youth Practice Model (CYPM)*.

<sup>13</sup> National Institute of Justice (2020, July 28). *Program Profile: Crossover Youth Practice Model*. CrimeSolutions.gov, U.S. Department of Justice.

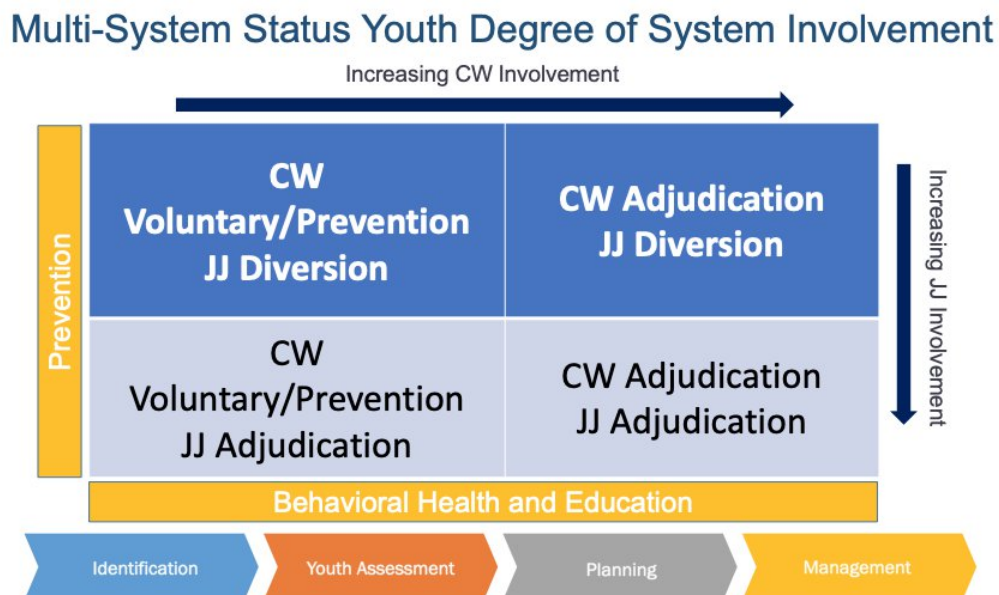
<sup>14</sup> Center for Youth Justice. (n.d.). Participating Jurisdictions in Crossover Youth Practice Model. Georgetown University. Retrieved July 11, 2025 from <https://cyj.georgetown.edu/our-work/crossover-youth-practice-model/participating-jurisdictions>

<sup>15</sup> Herz, D. C. & Dierkhising, C. B. (2019). *OJJDP Dual System Youth Design Study: Summary of Findings and Recommendations for Pursuing a National Estimate of Dual System Youth*. Office of Justice Programs'

explored how to best measure dual-system involvement and to summarize core best practices used in cross-systems work. Findings related to the incidence of dual-system youth and their pathways were also published in the *Journal of Youth and Adolescence*.<sup>6</sup>

The 2019 analysis that Herz and Dierkhising<sup>6</sup> conducted, focused on both timing and type of dual-system contact, showed that youth who were involved with the child welfare and juvenile justice systems concurrently had longer and deeper involvement in the child welfare system. They also had deeper juvenile justice involvement and poorer outcomes, such as higher recidivism. Further, when these youth were followed into young adulthood, those youth that had longer and deeper involvement in the child welfare system also had worse outcomes with regard to homelessness and later involvement in the criminal justice system.

The research referenced above makes clear the need for a “continuum of care” approach in working with Crossover and Multi-System Youth, one that provides coordination and collaboration across systems at the earliest point in time. It also requires a commitment to efforts designed to prevent youth from entering the child welfare and juvenile justice systems, becoming multi-system involved, and not receiving the supports they need from the behavioral health and education systems. The diagram below was created to depict the ideal “continuum of care” approach and how the MSI was designed to operate.



In examining the four-quadrant diagram, note should be taken of the prevention bar at the far left side (the prioritization of preventing system involvement) and the behavioral health and education bar immediately below the four quadrants (reflecting the need to always be focused on the youth’s education and behavioral health needs/issues). The four quadrants themselves reflect the trajectory a youth may take in their multi-system

involvement. The top left quadrant identifies youth with the least penetration in the child welfare and juvenile justice systems, which is one of the first opportunities to work in a collaborative, multi-system manner in meeting their needs. The top right and bottom left quadrants depict youth that have greater penetration in either child welfare or juvenile justice, but not both. If effectively identifying these youth, it presents an additional opportunity to work in a multi-system manner to meet their needs, before becoming more deeply involved in both systems, i.e., the bottom right quadrant depicting youth dually adjudicated in both the child welfare and juvenile justice systems. These youth often present the most significant mental health, substance use and academic challenges. The goal of the MSI was to ensure that regardless of the point of entry, or the degree of penetration into those systems, a youth's multi-system involvement is identified as early as possible and results in a coordinated and collaborative response in terms of assessment, case planning and care management.

While the quadrant provides an effective framework for a “continuum of care” approach in identifying the trajectory multi-system youth follow and when systems should come together to meet their needs, it is still necessary to identify the practices and policies needed to bring that continuum to fruition – both at an infrastructure and operational level. The second part of the DSYS provided both of those dynamics, using case studies from a sampling of CYPM jurisdictions to describe efforts to prevent and address crossover through cross-systems, collaborative practices. This included using the OJJDP Best Practices Rubric for Integrated Systems, a tool for jurisdictions to assess, guide and sustain their work.<sup>15</sup> The Rubric divides the best practices into the two categories noted above: 1) Infrastructure to Support Cross-Systems Collaboration and 2) Identifying and Managing Dual-System Cases (operational). These categories are further delineated as follows:

- Infrastructure to Support Cross-Systems Collaboration
  - Interagency Collaboration
  - Judicial Leadership
  - Information Sharing
  - Data Collection
  - Training
- Identifying and Managing Dual-System Cases
  - Identification of Multi-System Youth
  - Assessment Process
  - Case Planning and Management
  - Permanency and Transition (PT) Planning
  - Placement Planning
  - Service Provision and Tracking

After review of the SOC literature and consultation with experts in the SOC field, two elements were added to the infrastructure category:

- Culturally Competent and Responsive Services

- Youth and Family Voice

Herz and Dierkhising described five potential levels of practice for each element: 1) Practice Not in Place, 2) Initial Efforts in Place, 3) Emerging Practice, 4) Developed Practice, and 5) Highly Developed Practice. To assist jurisdictions in completing the Rubric for each element of practice, they developed descriptions of what those practices looked like for each element. Visiting Fellow, Shay Bilchik, added these descriptions for the two elements he added focused on Culturally Competent and Responsive Services and Youth and Family Voice. He also added content to the other elements that reflected the additional emphasis on behavioral health and education provided by the MSI. Based on its strong research base, this modified version of the Rubric was used in the MSI as a tool for the sites to assess their current state of practice and the progress that they made through their participation in the MSI. The modified Rubric, with a full description of the elements and levels of practice, can be found at Addendum A.

As can be seen from the research noted above, the multi-system population of youth faces a significant set of challenges, while the systems that are designed to serve them have only recently begun to adopt evidence-based, collaborative and integrated policies and practices. The SOC and CYPM are two such developments, both of which have made great progress in working across systems. Neither, however, have advanced a truly comprehensive approach to meeting the needs of this population of youth, one that brings together child welfare, juvenile justice, behavioral health and education in a comprehensive and truly collaborative manner in which there is joint ownership of the multi-system effort.

While efforts had been undertaken around these issues in Pennsylvania through both SOC and CYPM, as well as the Shared Case Responsibility policy that will be discussed later, the MSI Pilot Program became the first attempt to align them in a fully integrated, collaborative and comprehensive manner. By helping to create consensus around cross-systems case practice designed to best meet the needs of this multi-system population and piloting that approach in two counties eager to engage in this type of system improvement effort, the project provided the opportunity to demonstrate and measure a better way to serve children, youth and families.

#### Implementation of the MSI Pilot Program

There were several key steps that took place in staging the implementation of the MSI. The first was outreach to various stakeholders and current and former Stoneleigh Fellows in order to determine whether there was both a need and corresponding value in the project as designed. Those contacts included key stakeholders across systems at the state (Commonwealth) and county level, advocates in Pennsylvania that had undertaken juvenile justice system related efforts and Pennsylvania based researchers and foundation representatives that had supported juvenile justice system improvement efforts in Pennsylvania.

The development of the MSI during these early months of the Visiting Fellowship also included outreach to counties identified as good candidates for participation in the MSI. These communications were designed to inform them of the MSI, gauge their interest and

assess their readiness to undertake a project of this scope. For example, counties were contacted that had been involved in implementing SOC in Pennsylvania through its PA Care Partnership system of care initiative or the CYPM. This assessment was conducted through phone interviews of representatives from the identified counties.

It should be noted that the timing of the initial conversations gauging interest and assessing readiness for the introduction of the MSI Pilot Program was not ideal in that it came immediately following the first year of the COVID-19 pandemic (early 2021), a time during which the systems that would be involved in the MSI implementation were under tremendous stress related to health concerns and workplace challenges. As a result of the pandemic, staff turnover increased significantly during this period of time and there was an increase in workforce fatigue. This made the implementation of the MSI particularly challenging, in that it required that the workforce not only maintain their focus on their day to day responsibilities and the needs of their clients, but also incorporate the core values and principles of SOC and CYPM into their work, now formulated as the MSI (collaborative case practice, joint assessment and planning, coordinated case management, strong family and youth centered practice, use of developmental approaches, enhanced community engagement, and a greater focus on equity and fairness). Regardless of these barriers and corresponding challenges, there was strong interest in the MSI.

The second stage of implementing the MSI in Pennsylvania involved the submission and consideration of an application. Two counties (Delaware and Erie) were selected as a result of this process.

Delaware County submitted a strong application that established both need and readiness to serve as a pilot site for the MSI. The following summarizes both the category of information provided, as well as some of the most pertinent information related to the cross-systems efforts in which they had been engaged as of the submission of their MSI application. This information is being presented in order to provide context for the efforts that were undertaken as part of the MSI and the answers that were subsequently provided as part of the completion of the Rubric.

- Geographic region, population size, demographic information such as race, ethnicity, and gender, particularly as they related to the population of youth involved in the child welfare, juvenile justice, and behavioral health systems; and recent trends in the jurisdiction
- A description of their child welfare, juvenile justice, and behavioral health agencies (including type of organization, size, client population, county-administered/state-administered, and tribal affiliation)
- A description of their educational platform, including the number of school districts and students within their jurisdiction
- An estimate of the number of Multi-System/Crossover Youth in the jurisdiction, how the community defines a Multi-System/Crossover Youth, and the site's ability to collect and report data (electronically or manually) on the population (including information on shared data systems if they exist)

- The efforts engaged in to date to improve outcomes for the Multi-System/Crossover Youth population, providing examples of improvements that have been achieved as reflected in practice changes (including documentation of this work through data if it exists)

In this area, Delaware County noted that its award of a System of Care (SOC) grant in 2014, helped them to advance their youth and family involvement and prioritize the SOC standards, as well as their system efforts to learn each other's policies and procedures to eliminate barriers between systems and better serve youth who have multiple needs. In addition, in 2010 juvenile probation (JPO) and child welfare (CYS), in accordance with state policy,<sup>16</sup> collaborated on a joint training and wrote policies to provide staff guidelines in collaborating in planning for children involved in both systems. In 2016, CYS developed a specific unit for multi-system involved youth residing in the home or a juvenile probation placement. The Shared Case Responsibility Unit (SCR) provided CYS and JPO more consistent collaboration when planning for these children. They also noted, however, that there were many more JPO involved youth scattered throughout other CYS intake and other placement departments that did not benefit from the collaborative processes provided by the SCR. It was also noted that the JPO and CYS staff had recently held joint training regarding crossover and shared youth due to updates to their joint policy and procedures.

Questions in the application also focused on the following areas:

- Any other major system improvement initiatives in which the site was currently participating and how the Pilot Program, specifically the domains of the Rubric, complements that body of work.
  - In response, Delaware cited a 2018 Department of Justice education related grant afforded to the Delaware County Intermediate Unit (DCIU) to strengthen partnerships with the District Attorney's office, county government, behavioral health, and school communities to train school personnel to prevent school violence and to develop a comprehensive school threat assessment and crisis intervention teams to assist in preventing and reducing school violence. The grant enabled DCIU to empower schools to: 1) shape mindsets to become trauma informed; 2) take action on preventing violence; 3) orient communities on mental health first aid; and 4) prepare students and staff to respond to crises.
  - In August 2021, Pennsylvania Substance Abuse and Mental Health Services Administration (SAMHSA) awarded PA Care Partnership in collaboration with Delaware County a third SOC grant. The focus of this grant was to develop a Family Peer Specialist program designed to support families navigating children serving systems with utilizing their voice and choices.

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<sup>16</sup> Pennsylvania Office of Children, Youth, and Families (2010). *Shared Case Responsibility Policy and Procedures Bulletin*, issued May 3, 2010, effective October 1, 2010.

- The Delaware County JPO was also working to implement all aspects of the Juvenile Justice System Enhancement Strategy (JJSES), employing evidence-based practices whenever possible. The strategy includes various evidence-based screening and assessments on all juvenile offenders, training and implementing quality case planning, using data to drive decision making. The application also noted that other crucial concepts of the JJSES align well with the MSI, especially with family involvement, stakeholder and system partner collaboration, statistical tracking, continuous quality improvement, and matching services to accommodate the needs and responsivity factors presented by each youth.
- Each agency's (i.e., child welfare, juvenile justice, behavioral health, education, and family/juvenile court) history of and/or readiness for cross-system collaboration.
  - The application noted that Delaware County had been at the forefront of multi-systems collaboration dating back to 1977 with the creation of its Juvenile Review Board. This effort ran parallel with the national and statewide efforts to identify and provide services to emotionally challenged children not receiving services.
  - It was further noted that JPO played a major role in Delaware County's history of cross-system collaboration, holding cross-system meetings weekly for juveniles in secure detention and participating in numerous other cross-system collaboration meetings regularly. These included the search for foster care and community providers, which allowed CYS and JPO staff to learn from each other; the enactment of the Every Student Succeeds Act (ESSA), with CYS and JPO taking their first steps in becoming true partners with the school districts in Delaware County, and in planning meetings for multi-system youth placed out of the home.
- Each agency's (i.e., child welfare, juvenile justice, behavioral health, and family/juvenile court) level of engagement with families and youth in evaluating and shaping system policies and practices; as appropriate, including education in their answer.
  - In this regard the application noted efforts underway by the juvenile justice system, including families being consulted at every stage, informed of the risk and needs of juveniles under court supervision and in planning for the youth's supervision. It also noted, however, that youth and families were not presently consulted on policy but are considered in policy development, ensuring that family engagement is a component of any case management policy. In furtherance of this commitment, parent and juvenile focus groups had been held in order to learn about their experience with the court and probation process. It was also noted that Behavioral Health regularly meets with families who are reaching out for mental health services and meets quarterly with an advisory board made up of family and community members who provide updates regarding services and program developments; in

addition, conducting family satisfaction surveys to determine if the services they are receiving meet their needs and follow SOC principals.

- The jurisdiction's willingness to engage with state agency leadership (including state-level representatives, if applicable) in support of the implementation of the Pilot Program and the changes in organizational culture the Pilot Program facilitates.
  - The application noted that each department/division within the county makes efforts to work together to plan for their children. In their struggle to meet the needs of their more challenging youth, each county agency has agreed upon a willingness to reach out for outside assistance and engage in this pilot program.
- Why addressing the needs of Multi-System/Crossover Youth is a priority for the jurisdiction. What does the jurisdiction hope to achieve by participating in the implementation of the Pilot Program?
  - Delaware County indicated that they continue to struggle to meet the needs of their more complex multi-system youth. Although they collaborate during crisis situations, they do not consistently communicate during initial contacts, thereby reducing the identification of (and access to) available resources for each youth. All systems provide services to each multi-system involved youth and make best efforts to communicate that plan to county partners. They develop programs and policies to encourage collaboration, but true collaboration happens when there are limited options and resources have been exhausted. Last-minute meetings, wasting precious time rehashing previous services and relearning other department/division policies, are used to develop a cohesive plan attempting to de-escalate these situations. Staff turnover exacerbates these issues preventing all levels of staff from understanding all the system partners' roles, how they can assist, and be able to explain this type of collaboration to the youth and their caregiver. SOC provides evidence-based services with youth and family focus but the individualized planning utilizing all these services occurs as needed, not in relationship building practice.
  - Delaware County's four goals include providing clear boundaries and education of each entity's role, current policy and procedures, and limitations. This required all involved leadership and staff to reach an understanding that "Shared Case Responsibility" is only the start and how a county-wide SOC model benefits not only the youth and their families, but all staff involved in the planning. Developing and/or enhancing policies regarding who takes the lead with the youth and their family in planning to avoid duplicate services and confusion. Solidifying a managing body authorized to work together to maximize funding to build more cross-system services, a shared data system, and streamline processes and paperwork to break down barriers and silos wherever possible.

A conference call was conducted with key leaders in Delaware County after submission of their application. It was clear from the county's submission that there were many efforts underway that would be aligned with and very supportive of the MSI if Delaware County was selected as a pilot site. It was equally clear that the opportunity to implement the MSI would help create a truly collaborative continuum of care across the four systems, filling the gaps in care coordination that were noted in the application. Specifically, while it was noted that the systems were coming together at moments of crisis and conducting some cross-system training, more needed to be done. In this regard, there needed to be an agreed upon and routinized set of case practices in place, from the earliest points of multi-system involvement through more extensive system involvement. It was this lack of consistent and meaningful cross-system case practice that was at the heart of the conference call and expressed as the reason why the MSI would help the county strengthen their policies and outcomes for both Crossover and Multi-System Youth. After consultation with the Stoneleigh Foundation, a decision was made to accept Delaware County as a participant in the MSI Pilot Program.

Once selected, the next step in the implementation process was the creation of both a Leadership Team (LT) and Implementation Team (IT) that would work hand in hand with Visiting Fellow, Shay Bilchik and research analyst, Dr. Meg Ogle to implement the new policies and practices they would be developing and adopting as part of the MSI. This process was completed by email and Zoom meetings. The LT consisted of a lead judge assigned to the juvenile court, Juvenile Chief Probation Officer, Director of the Office of Children and Youth Services, Behavioral Health Administrator, SOC representative (who also served as the liaison/coordinator for the MSI in Delaware County), local school officials and the Delaware County Intermediate Unit, and representatives from the Office of the District Attorney and Office of the Public Defender. The IT consisted of the LT and mid level management staff from each of the key system partners as well as representatives from the provider community, attorneys representing children and families, and Court Appointed Special Advocate.

The next significant stage of the MSI implementation took place during a daylong site visit in Delaware County on May 25, 2022. The site visit was designed to familiarize the key stakeholders in the county with the MSI Pilot Program and the expectations around planning calls and site visits over the course of the next approximately 12 months it would require to launch the MSI in Delaware County.

At this site visit, the following workgroups were created:

- Mapping: This workgroup mapped decision points along the case processing and service continuum; possibly by developing multiple maps that identify where child welfare, juvenile justice, behavioral health and education should be intersecting; overlaying existing case sharing policies as a resource. This was a fairly brief exercise, followed by the development of each phase of the policy and practice protocols for the MSI.
- Protocols: This workgroup became active after the initial mapping process was completed, and focused on developing protocols across child welfare, juvenile justice, behavioral health and education to implement the MSI. This included the

- process for identifying multi-system youth, informing relevant parties of this identification in a routinized manner, establishing a process for the scheduling of monthly multi-system team case planning meetings, setting up a method for collecting case level information from each system regarding these youth and sharing that information with the Data Workgroup, informing the charging decision and developing the pre-adjudication/pre-disposition meeting structure to address immediate case level concerns.
- Memorandum of Understanding: This workgroup sought to build consensus on what information could legally be shared between child welfare, juvenile justice, education and behavioral health, i.e., what can be shared as a matter of law, by court order, or the informed consent of the holder of the privacy interest. The workgroup focused on understanding the legal implications of information sharing, not the case practice protocol of sharing the information.
  - Prevention and Disproportionate Contact/Disproportionate Minority Representation (DMC/DMR):
    - Prevention: This work group's focus was to identify strategies that mitigate youth from becoming involved in multiple systems of care and support the development of decision-making processes and policies that promote healthy and positive youth development.
    - DMC/DMR: This workgroup sought to ensure alignment and, when appropriate, integration, between the DMC/DMR work currently underway in Delaware County and the Multi Systems Integration Pilot Program, more narrowly focused on these issues related to the multi-system youth population.
  - Data: This workgroup worked in partnership with Georgetown University (Research Analyst, Dr. Meg Ogle and Visiting Fellow, Shay Bilchik), to collect and analyze data related to the implementation of the Multi Systems Integration Pilot Program. The Data Workgroup was responsible for managing this process in concert with the county's Leadership and Implementation teams, collecting baseline, pre-pilot and pilot data.

In addition, the representatives of the LT and IT present at the site visit on May 25, 2022, completed the Rubric for Delaware County. While the team of system representatives that completed the MSI Pilot Program application had initially completed the Rubric, this was an opportunity for the entire team to weigh in on the current status of practice as the MSI was being launched and come to consensus as to the current status of practice. Later in this report, the updated Rubric completed by the LT and IT after the implementation of the MSI, will be shared - providing an opportunity to highlight the county's progress during the course of the MSI.

Initial<sup>17</sup> Rubric: Infrastructure to Support Cross-Systems Work

- Interagency Collaboration: Emerging Practice

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<sup>17</sup> The Rubric responses in this section include the updates from the first site visit in addition to the initial responses submitted with the Delaware County team's application.

- Strengths: “Our county has regularly scheduled meetings discussing multi-system children with multi-system partners. Individual systems will specifically come together to support youth with challenging systemic barriers. Departments are developing avenues of communication to keep departments informed when a youth crosses systems. Delaware County actively engages system partners in case specific planning. Have moved from lack of trust/finger pointing to collaboration.”
- Challenges: “Our county struggles, however, to uphold the regularly scheduled collaboration meetings. System partners meet on cases that are most complex/serious, but struggle to work together/meet when cases are going well. Need to meet earlier on in the process, not just when in crisis. A lot of dependency placements won’t take youth showing aggression as a trauma response so they end up in JJ [juvenile justice] placement. Struggle to meet together.”
- Judicial Leadership: Developed Practice
  - Strengths: “New leadership has taken an active role in encouraging cross-system collaboration. Both Judge Love and Judge Lowe have embraced this work. Judge Lowe has very well assumed his leadership role.”
  - Challenges: “New leadership is still learning system differences and therefore has created barriers in meeting regulatory system requirements. This situation has been rectified as judicial leadership has gained experience. Still, judicial leadership could help facilitate bringing all four systems together for meetings.”
- Culturally Competent and Responsive Services: Initial Efforts in Place
  - Strengths: “Our county has engaged an outside consultant to assist the Department of Human Services in assessing systemic racism in our policies and practices. Child Welfare is analyzing data in regards to kinship placement. Delaware County formed the Equity Child Welfare Task Force to be able to address these issues. Juvenile justice, child welfare, and behavioral health staff are participating in cultural competency trainings. Delaware County embraces the cultural diversity of the staff and utilizes the staff’s knowledge to engage different community cultures. There is dedication and commitment to bettering this aspect of service, but much work remains to be done.”
  - Challenges: “Many staff members are reluctant to recognize their own bias and how that impacts the service they provide. Families are only provided instructions in English regardless of the language they speak. There is a lack of data (at least within CYS) and therefore a data-driven plan with action steps is missing as well. As noted under strengths, there is a commitment/dedication, but that being said changes haven’t actually been made yet. There needs to be a greater understanding of cultural differences and competencies.”
- Youth and Family Voice: Emerging Practice
  - Strengths: “Delaware County has several advisory committees that involved the youth and family voice.”

- Challenges: “We need to make additional efforts to sustain and increase involvement of youth and family voice in all aspects of our services. Youth advisory boards exist, but are not really being used. Those that were in place before the pandemic, have dissolved. In general, they tend to be short-lived. Not hearing from youth and families beyond the clients currently being serve, leads to loss of less successful participants’ voices with these efforts, as they are less likely to be willing to participate. Including youth at schools would be beneficial.”
- Information Sharing: Initial Efforts in Place
  - Strengths: “Delaware County works to provide cross-system information to ensure youth’s needs are met. There are processes in place when Probation conducts intake conferences that seek to obtain information from other systems. JJ [juvenile justice] has MOU [Memorandum of Understanding] with individual providers to share case information.”
  - Challenges: “Delaware County has practices in place that need to be revised. The processes that are in place need to be routinized and a memorandum of agreement needs to be developed that clearly establishes the information that can be shared between systems, whether by law, consent of the holder of the privacy interest, or court order. While there is sometimes a reference to an MOA [memorandum of agreement], no one has been able to surface it.”
- Data Collection: Developed Practice
  - Strengths: “All systems are collecting and analyzing data regarding youth services.”
  - Challenges: “Delaware County does not have a generalized data gathering system.”
- Training: Emerging Practice
  - Strengths: “Delaware County regularly holds a multi-system training and dual-system trainings for new staff and providers.”
  - Challenges: “Delaware County continues to struggle for all staff to receive training in timely manner. Only juvenile justice and child welfare are present at shared case responsibilities (SCR) trainings. Behavioral health, education and other system partners need to be involved in this training. In addition, the training that is done is an overview and then it’s up to each system to train on the details from there.”

#### Initial Rubric: Identifying and Managing Dual-System Cases

- Identification of Multi-System Youth: Highly Developed Practice
  - Strengths: “Delaware County has good communication between systems to identify youth using staff knowledge and system specific data.”
  - Challenges: “Delaware County does not have a generalized database with all Department of Human Services and Juvenile Justice information. Juvenile Justice does not have access to school records unless youth and guardians sign a release so they typically rely on self-reported school status.”
- Assessment Process: Initial Efforts in Place

- Strengths: “All county systems are assessing risk and needs and communicating across systems.”
- Challenges: “Delaware County does not have a formal protocol in place to assess risk and needs across systems.”
- Case Planning and Management: Emerging Practice
  - Strengths: “Each Delaware County system writes a plan that discusses the other systems planning within their individual plans.”
  - Challenges: “Delaware County does not have one formal plan that is used to record all systems.”
- Permanency and Transition Planning: Emerging Practice
  - Strengths: “Delaware County consults regularly with all systems regarding transition plans. Transition plans are regularly reviewed within CW [child welfare] and JJ [juvenile justice]. Coming off of supervision, youth have conversations with their juvenile probation officer, but the transition planning is less formal of a process than in CW. The process is more formal when transitioning out of Residential Placement (as opposed to transitioning off of probation).”
  - Challenges: “Delaware County does not consistently coordinate planning between systems. Mental health and education are not present in current transition planning processes. When they are brought in it is often late in the process and less beneficial.”
- Placement Planning: Emerging Practice
  - Strengths: “Delaware County communicates regularly regarding placement needs and transitions; through individual case conferencing and broader system planning meetings.”
  - Challenges: “Delaware County struggles to utilize the resources available to each system. Disagreements regarding the best path forward sometimes exist between systems even though they are all present at placement planning. A more routine process is needed to resolve those conflicts.”
- Service Provision and Tracking: Developed Practice
  - Strengths: “Delaware County is aware of the evidence-based and trauma-focused programs in our county. Juvenile Justice is in the beginning stages of using the Standardized Program Evaluation Protocol (SPEP) and has a Level 1 SPEP person trained. This capacity will help with assessing program/service delivery and quality.”
  - Challenges: “Delaware County does not have a generalized system that can track youth’s engagement in services. Everyone tries to help get the youth to placement, but don’t necessarily track if the youth accesses and fully utilizes the services. Transportation needed to access services can be a barrier. Calling to make appointments is onerous for youth and thus often doesn’t happen if that responsibility falls on the youth.”

Once the workgroups were formed and Rubric completed, the work of both developing and implementing a set of Protocols and a Memorandum of Understanding (MOU) around information sharing and collaborative case practice began. This process extended over the next 2.5 years, which included monthly Zoom meetings of the LT and IT

(approximately 90 minutes in length) and meetings of the workgroups until their assignment was complete. In this regard, the only workgroup that continued operating throughout the MSI development and implementation was the Data Workgroup.

Giving consideration to the strengths and challenges identified in the Delaware County application and resulting from their completion of the Rubric, the Delaware County Protocols and MOU were created and officially adopted by the county. These two documents are attached as Addendum B and Addendum C. The adoption of the protocols and MOU was followed by a cross-system training that brought together staff from Juvenile Probation, Children & Youth Services, Behavioral Health and Education. The training was offered at four different times and was facilitated by a cross-system team of trainers. Staff from all four systems was trained at each session. Addendum D and Addendum E describes this training effort in detail.

The highlights of the Delaware County Protocols and MOU and the plan for their implementation included the following:

- Agreeing to collaborate on the care management for any Crossover or Multi-System Youth.
- Agreeing on the process for the identification of Crossover and Multi-System Youth at any level of system involvement.
- Developing and conducting training of staff across all four systems of care and other key stakeholders, for example, but not limited to judicial staff, lawyers, and Court Appointed Special Advocates.
- Sharing of information, pursuant to the agreed upon protocols, that is relevant to assessment, case planning and ongoing care management.
- Conducting monthly team meetings for all Crossover and Multi-System Youth that include the family, youth, and representatives from JPO, CYS, Behavioral Health, education, providers and counsel for the youth and family.
- Collecting and analyzing data around the implementation of the MSI.
- Developing and maintaining a quality assurance plan.

The development phase of the implementation process began with the May 25, 2022 site visit and continued through the launch of the protocols on April 3, 2023. Between those two dates the LT and IT met monthly (90 minute Zoom meetings), the workgroups met as needed to fulfill their respective tasks, and one additional site visit was conducted on February 16, 2023, during which families and youth shared their multi-system experiences with the LT, IT and other key stakeholders, concluding with the adoption of the Delaware County Protocols and MOU.

From April 3<sup>rd</sup> through December 31<sup>st</sup> every youth identified as either crossover or multi-system was identified and had their assessment, case planning and care management handled pursuant to the adopted protocols. The youth identified as crossover or multi-system were then tracked for 9 months from the date of their identification (ending on September 30, 2024). During this period of time the implementation of the protocols and MOU was being monitored by members of the LT and IT, and discussed during monthly LT and IT meetings.

As a means of further understanding the progress being made in implementing the MSI, focus groups were formed in October of 2023 of juvenile probation and child welfare staff, asking for feedback on their experiences. The primary takeaways from those focus groups were:

- The MSI protocols had resulted in more formal, meaningful team meetings
- Meetings were more meaningful when parents and youth participate
- There was a need to determine how best to increase youth and family participation
- There had been consistent participation with JPO, CYS, and formal programs that the youth was participating in such as Hi-Fi, accountability programs, and Delco Rising
- School participation had increased over time. If the youth's school had a lot of involvement with the youth, they tended to be present for the meeting
- Some staff felt that the team meetings are too scripted
- It seemed to be an inefficient use of staff time to conduct monthly meetings on less serious and courtesy supervision cases, identifying issues on which to focus
- In general, it seemed that the goals of the youth in a JPO placement remained stagnant
- Many of the focus group participants did not have a clear recollection of the training
- Initially JPO was having difficulty getting participants to respond to meeting times, but once the teams are formed, most JPOs were establishing the next meeting at the end of the meeting and participation was improving
- Participants wanted a more formal written action plan, thereby holding each participant accountable
- JPO identified that they were confused about how dependency court works and their role in court

The focus groups revealed a generally positive reaction to the implementation of the protocols, but also areas for improvement. The areas identified that needed to be addressed were discussed at the LT/IT meetings and leadership from the respective systems undertook efforts to address them.

In addition, at the final site visit on October 25, 2024, the Delaware County Rubric was updated by the LT and IT. A summary of the updated Rubric is included in Addendum F, however, the key findings revealed by the update were improvements in interagency collaboration (moved from “emerging” to “developed”), information sharing (moved from “initial efforts in place” to “highly developed”), training (moved from “emerging” to leaning “developed”), case planning and management (moved from “emerging” to “highly developed”) and service provision tracking (moved from “developed” to “highly developed”). Delaware County did not regress in any category, remaining “highly developed” in identification of multi-system youth; “developed” in judicial leadership and data collection; “emerging” in youth and family voice, permanency and transition planning, and placement planning; and “initial efforts” in place in assessment, and culturally competent and responsive services. The takeaway from the updating of the

Rubric was that much progress had been made, but that much work was left to be done to fulfill the promise of the efforts that had been undertaken over the last two years.

In addition to the subjective feedback collected through the focus groups and the information received from the LT and IT through the updating of the Rubric at the final site visit, the Data Workgroup focused tirelessly throughout the MSI to ensure that quantitative data was collected that would provide objective evidence as to how case practice changed under the MSI and how effective those changes were in bettering outcomes for Crossover and MSI Youth. Each system partner provided both individual and population level data to assist with this analysis, allowing for the first published record of multi-system involved youth's characteristics and functioning from each system's perspective. Additionally, Visiting Fellow Shay Bilchik and research analyst Dr. Meg Ogle spoke with approximately thirty stakeholders (system partners, court representatives, community partners, parents, and youth) during January and February of 2025 to learn more about the context surrounding the quantitative data collected by the Data Workgroup.

#### Description of the data

Four distinct data sets were collected and analyzed to learn more about the specific population of youth simultaneously served by four county-run systems of care (behavioral health, child welfare, education, and juvenile justice) and evaluate the efficacy of the Multi System Integration Pilot Program.

1. **Baseline** aggregate demographic data was collected for youth ages<sup>18</sup> 10-17 served by each system and residing in Delaware County during calendar year 2018 or school<sup>19</sup> year 2018-19.
2. **Pre-pilot** quantitative de-identified data was collected for 51 youth who were simultaneously served by three (all systems except behavior health, "Crossover Youth") or four systems of care<sup>20</sup> ("MSI Youth") during calendar year 2018. Pre-pilot data regarding the youth's system involvement and well-being was collected at the time nearest to and preceding the date that the youth entered the final of the systems (i.e., the youth's "crossover/MSI identification date") and nine months after this date. Approximately 31% (n = 16) of the pre-pilot youth were crossover and 69% (n = 35) were MSI.
3. **Pilot** quantitative de-identified data was collected for 46 youth who were simultaneously served by three or four systems of care between April 3, 2023 and December 31, 2023. Importantly, in the pilot data, youth were

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<sup>18</sup> This age range corresponds with that of juvenile court delinquency jurisdiction in Pennsylvania (Pennsylvania Juvenile Court Judges' Commission, 2024).

<sup>19</sup> Three partnering school districts, accounting for approximately 21.9% of all youth ages 10-17 enrolled submitted baseline data.

<sup>20</sup> Medicaid claims data were exclusively used to determine whether a youth was receiving behavioral health services in the baseline and pre-pilot data. Thus, due to data limitations any youth accessing behavioral health services through private insurance was not captured.

identified as MSI when the county determined they were in need of mental health services<sup>21</sup> rather than actually having had to receive such services. These youth were also followed for nine months from the date that they entered the final system. Approximately 33% (n = 15) of the pilot youth were crossover and 67% (n = 31) were MSI.

4. **Meeting invitation and attendance** de-identified data was collected for each individual invited to the monthly team meetings contemplated by the newly developed protocols. Data for 2,304 invitees to 215 team meetings held for 39 of the 46 pilot youth was analyzed.

#### Data Analysis

The various data sources collected were used to illuminate three broad areas of inquiry, each of which will be discussed in turn:

1. What do we know about Crossover and MSI Youth in Delaware County?
2. What changed in terms of case practice for Crossover and MSI Youth between the pre-pilot and pilot periods and over the course of the pilot period?
3. Have 9-month outcomes improved for pilot youth compared to the pre-pilot Crossover and MSI Youth?

Below, each question is answered with a summary paragraph, followed by illustrative quantitative and qualitative data points.

#### *What do we know about Crossover and MSI Youth in Delaware County?*

In general, we have learned that Crossover and MSI Youth in Delaware County are more likely to transition from the juvenile justice system into the child welfare system. Most Crossover and MSI Youth have at least one prior referral to child welfare and have spent an average of 19 months and a median of 6 months involved in child welfare prior to their identification as crossover or MSI. Black youth are over-represented in the crossover population, Hispanic youth are over-represented in the MSI population, and girls are over-represented in both populations. Crossover and MSI Youth tend to be concentrated in zip codes within the county that have relatively low median household income, median gross rent, home ownership rates, and percentages of residents with a bachelor's degree or higher. School districts with the greatest proportion of Crossover and MSI Youth have been identified as those needing the most additional funding in Delaware County to adequately support the education of each student enrolled. Although Crossover and MSI Youth cases are complex, the majority of these youth are not referred to juvenile probation for a serious or violent offense. Most Crossover and MSI Youth have stable contact with their parents or prosocial adults at the time of identification,

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<sup>21</sup> Youth were determined to be in need of mental health services through either: a preliminary assessment, a more in-depth evaluation/assessment, or as a result of communication with the child and family revealing what is believed to be a mental health or substance use issue.

however, this protective factor is undercut by a severe lack of involvement in prosocial or positive youth development activities. While approximately half of all Crossover Youth have an individualized education plan (IEP), almost three-quarters of MSI Youth have an IEP. Additionally, MSI Youth are over-represented in the following behavioral health diagnoses compared to the general population of youth receiving behavioral health services in Delaware County: disruptive mood dysregulation disorder, bipolar disorder, oppositional defiant disorder, and conduct disorder.

1. Girls are over-represented in both the crossover (44%) and MSI (35%) populations, relative to their proportion of all youth referred to juvenile probation (22%). Additionally, Crossover and MSI Girls, on average, (average age = 14.0) are significantly younger at the time of identification than Crossover and MSI Boys (average age = 14.9).
  - Since girls have higher crossover and MSI population representation, both JPO and CYS need to be sure that they are meeting the needs of these girls before they cross over or become MSI. The baseline data shows that girls are under-represented in the receipt of behavioral health services (41%) relative to their proportion of the youth population in Delaware County (48%). If girls in need of behavioral health services are not receiving those services, that may lead to behavior that pushes them into crossover or MSI status. Thus, ensuring availability and access to behavioral health services functions as both a prevention and intervention strategy. Going forward, Delaware County should assess whether case practice is unfolding in a way that is increasing the movement of girls into the other systems.
2. Hispanic youth are over-represented in the MSI population (17%) relative to their proportion of youth in each individual system of care and the Delaware County youth population (6%)
  - Hispanic youth compose 4% of referrals to juvenile probation, 5% of referrals to Child & Youth Services, and 9% of youth receiving behavioral health services.
  - Given that both in Pennsylvania and nationally, Hispanic youth are the most rapidly growing population of youth of color,<sup>22</sup> Delaware County should attend to the unique context and cultures of Hispanic youth and work to ensure that appropriate services are in place to try to prevent multi-system involvement.
3. Black, Non-Hispanic youth are over-represented in the crossover population (66%) relative to their proportion of referrals to Children & Youth Services (54%). Black, Non-Hispanic youth are also over-represented in each system of

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<sup>22</sup> Annie E. Casey Foundation. (2022). *Increase Successful Diversion for Youth of Color*.

care relative to their proportion of youth population in Delaware County (31%). This over-representation is typical of prior studies of Crossover Youth.<sup>23,6</sup>

- Black, Non-Hispanic youth compose 47% of youth receiving behavioral health services, 54% of youth referred to Children & Youth Services, and 70% of youth referred to juvenile probation.
  - Black, Non-Hispanic MSI Youth, on average, are significantly younger (average age = 13.3) at the time of their first referral to juvenile probation than the general Black, Non-Hispanic youth population (average age = 14.7).
  - The baseline data indicate that Black, Non-Hispanic youth are over-represented in behavioral incidents at school (77%) relative to their proportion of the youth population enrolled in the participating school districts (36%). Additionally, Black, Non-Hispanic youth are under-represented in Student Assistance Program (SAP) referrals (66%), conferences (70%), and behavioral contracts (50%) as responses to behavioral incidents at school.
    - Delaware County should review their case practice around assessment, case planning, and dispositional decisions for the Black, Non-Hispanic youth population across juvenile justice, child welfare, behavioral health, and education.
  - In light of points 2 and 3, any work around racial and ethnic disproportionalities needs to be sure to attend specifically to the subset of Hispanic and Black youth who are crossover and MSI.
4. After reviewing Census data<sup>24</sup> for Delaware County, the three most common zip codes that Crossover and MSI Youth reside in share the following qualities: lower median household income, lower median gross rent, lower home ownership rates, and lower percentages of residents with a bachelor's degree or higher relative to the county averages for these measures.
  5. The three school districts identified in the 2025 Children First report<sup>25</sup> as needing the most additional funding to adequately educate each student were all in the top seven school districts with the largest proportion of Crossover and MSI Youth.

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<sup>23</sup> Haight, W., Bidwell, L., Choi, W., & Cho, M. (2016). An evaluation of the Crossover Youth Practice Model (CYPM): Recidivism outcomes for maltreated youth involved in the juvenile justice system. *Children and Youth Services Review*, 65, 78-85.

<sup>24</sup> [U.S. Census Bureau QuickFacts: Delaware County, Pennsylvania](#)

<sup>25</sup> Children First (2025). *A Decade of Stalled Progress: Opportunity Stunted for Children in Delaware County*. [Delaware-County-2025-FINAL.pdf](#)

- These areas of the county need additional funding and services to counteract the lack of supports that are typically found in low socio-economic status communities.
6. Contrary to what is typically seen nationally,<sup>26</sup> it is more common for both Crossover and MSI Youth in Delaware County to transition from the juvenile justice system into the child welfare system.
    - 63% of Crossover Youth and 57% of MSI Youth enter the juvenile justice system before becoming simultaneously involved in the child welfare system.
    - Various stakeholders voiced frustration with multiple CYS involvements unable to sufficiently meet the permanency and well-being needs of the youth and families that they serve.
  7. Most Crossover and MSI Youth (74%) have at least one prior referral to Children & Youth Services before being identified as crossover or MSI in either the pre-pilot or pilot time period and have spent an average of 19 months, median of 6 months involved with child welfare prior to their identification as crossover or MSI.
    - For youth whose pathway starts with child welfare involvement, this indicates an opportunity to try to identify as early as possible any risk factors that may lead to crossover or MSI status. Delaware County should examine whether the periods in time that youth are open with child welfare are long enough that the permanency, safety, and well-being needs of child are being adequately met before dependency case closure.
  8. MSI Youth are, on average, significantly<sup>27</sup> younger (average age = 13.5) at the time they are first referred to juvenile probation than the general youth referred to juvenile probation (average age = 14.8). This finding is in line with what prior research has found regarding Crossover Youth.<sup>26</sup>
    - Since MSI Youth are younger at the time of their initial entry to the juvenile justice system, it is important to ensure they have access to behavioral health and other supportive, preventive services.

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<sup>26</sup> Cullen, C. (2021). Sentenced to child welfare: How states seeking placement and services for justice-involved youth fail to protect the rights of parents and create “reverse” crossover youth. *Children’s Legal Rights Journal*, 40, 99-117.

<sup>27</sup> References to significance in the Data Analysis section refer to statistical significance. A p-value of 0.05 was used to assess whether a result was statistically significant.

9. Approximately 26% of Crossover and MSI Youth were referred to juvenile probation for a serious violent offense<sup>28</sup> at the referral closest to their crossover/MSI identification date.
  - While Crossover and MSI Youth's cases are complex, the majority of such cases are not serious or violent in nature. Thus, any perspective that would include that these are the most complex, serious cases may be incorrect. Unless public safety concerns dictate otherwise, the complexity of Crossover and MSI Youth cases needs to be dealt with through greater coordination and case assessment planning, rather than deeper penetration into the justice system.
10. Most Crossover and MSI Youth (85-89%) have stable contact with their parents or prosocial adults at the time of identification, however, most Crossover and MSI Youth (83-90%) are **not** involved in any prosocial programming or positive youth development activities at the time of identification.
  - While having stable contact with prosocial adults is a very positive observation, the lack of involvement in prosocial programming and positive youth development activities undercuts the key protective factor that stable prosocial adults offer.
11. Approximately 50% of Crossover Youth and 72% of MSI Youth have an individualized education plan (IEP).

While this is relatively consistent with national data as to representation of IEPs in the crossover population,<sup>23,29</sup> this is higher than prevalence of IEPs in the general youth population and thus, highlights the need to ensure that the IEPs for Crossover and MSI Youth are being followed.

12. Approximately 44% of Crossover and MSI Youth have reported academic problems at school. Academic problems are concentrated among Black Crossover and MSI Youth, with a significantly greater proportion of Black (61%) than non-Black (30%) Crossover and MSI Youth having reported academic problems at school.
  - We did not collect the necessary data to say whether 44% is a high number, but Delaware County should explore whether it is and whether they need additional academic supports. This 44% may be higher than you

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<sup>28</sup> The following offenses were considered serious violent offenses: Aggravated Assault Strangulation, Applying Pressure to Throat or Neck, Agg. Ind. Assault – Comp. Less than 13 Years Old, Agg. Ind. Assault of Child, Robbery-Inflct Serious Bodily Injury, Invol. Deviate Sexual Intercourse W/ Child, Rape by Forcible Compulsion, Indecent Assault – WO Cons of Other, Indecent Assault Person Less than 13 Years of Age, Rape of Child, and Intim Wit/Vit – Refrain from Report.

<sup>29</sup> Bilchik, S., Herz, D. C., & Fontaine, A. M. (2012). *Final Data Report for the Crossover Youth Practice Model in King County, Washington: 2010/2011 Cases*. Center for Juvenile Justice Reform, Georgetown University Public Policy Institute.

would expect from the typical youth population and the reasons may include a lack of stability in school placement and the associated challenges in keeping up with their academic assignments and performance, trauma associated with abuse and neglect, and behavioral incidents in school leading to suspension.

- In addition, the higher rate of academic problems among Black Crossover and MSI Youth may be explained, at least in part, by the incongruity between youth enrolled and teachers, particularly in the two school districts with the greatest concentration of Crossover and MSI Youth. While the baseline data shows that 36% of youth enrolled in these two school districts are Black, Research for Action data<sup>30</sup> shows that only 1-7% of the teachers in those school districts are Black. Prior research has found that Black students tend to perform better academically when taught by Black teachers<sup>31,32,33</sup> perhaps due to teachers' abilities to serve as role models, mentors, advocates, or cultural translators.<sup>31,34</sup>

13. Most MSI Youth<sup>35</sup> (83%) accessed psychiatric outpatient services prior to being identified as MSI.

14. Approximately 36% of MSI Youth had a substance use diagnosis present at the time of identification as MSI. More specifically, 14% of MSI Youth were diagnosed with cannabis related disorder prior to being identified as MSI. Compared to the general youth population accessing behavioral health services in Delaware County (3%), MSI Youth appear to be over-represented in cannabis related disorder diagnoses.

- MSI Youth appear to be over-represented in the following behavioral health diagnoses relative to the general population of youth receiving behavioral health services in Delaware County:
  - Disruptive mood dysregulation disorder (15% of MSI Youth vs. 9%)
  - Bipolar disorder (17% of MSI Youth vs. 4%)
  - Oppositional defiant disorder (23% of MSI Youth vs. 12%)
  - Conduct disorder (31% of MSI Youth vs. 5%)

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<sup>30</sup> [Pennsylvania Educator Diversity Research - Research for Action](#)

<sup>31</sup> Dee, T. S. (2004). Teachers, race, and student achievement in a randomized experiment. *The Review of Economics and Statistics*, 86(1), 195-210.

<sup>32</sup> Egalite, A., Kisida, B., & Winters, M. (2015). Representation in the classroom: The effect of own-race/ethnicity teacher assignment on student achievement. *Economics of Education Review*, 45, 44-52.

<sup>33</sup> Gershenson, S., Hart, C., Hyman, J., Lindsay, C., & Papageorge, N. (2022). The long-run impacts of same-race teachers. *American Economic Journal: Economic Policy*, 14(4), 300-342.

<sup>34</sup> Fox, L. (2016). Seeing potential: The effects of student-teacher demographic congruence on teacher expectations and recommendations. *AERA Open*, 2(1), 1-17.

<sup>35</sup> Only MSI Youth are included in the behavioral health data points as Crossover Youth, by definition in this context, do not have current behavioral health involvement or an identified need for behavioral health services.

- This data highlights the fact that the MSI Youth population has an ongoing need for behavioral health services and ongoing analysis should ensure that such services are available and accessible to this population.

*What changed in terms of case practice for Crossover and MSI Youth?*

While there are strong implications that adopting and implementing the protocols has significantly changed how Delaware County worked with multi-system youth from April 2023 to September 2024, there is still a need for additional improvement. In light of the fact that discussions with stakeholders showed participants believe these meetings to be of value, pre-service and in-service training across all four systems and continuous quality improvement efforts are needed to ensure that adherence to the protocols continues and strengthens. The majority of stakeholders indicated that collaboration, communication, and information sharing all increased over the course of the pilot. Meeting data demonstrated quantitatively that youth, family members, parents, caregivers, behavioral health representatives, attorneys, education representatives, and social workers at the Public Defender's Office were not only invited to a greater share of the monthly team case planning meetings for Crossover and MSI Youth over the course of the pilot, but each party also attended a greater proportion of the meetings they were invited to during the pilot period. While these are significant improvements, there is also room for improvement in not only the level of participation, but also the quality of participation in the monthly meetings and case management.

1. The majority of stakeholders indicated that communication and information sharing about Crossover and MSI Youth cases has increased during the time of the pilot program. Stakeholders indicated that not only a greater volume of case planning appropriate information was being shared, but the communication across system partners was happening with greater regularity and frequency than had previously been the case. There was also greater attention to the youth and caretakers being at the center of the conversation and a focus of the team on their needs.
2. The majority of stakeholders indicated there was increased collaboration between systems as a result of the MSI Pilot Program. They described a greater familiarity with their cross-system partners that has led to more collaborative case planning prior to court and greater involvement of youth and their caretakers.
3. The majority of stakeholders indicated that the MSI program should continue and that overall it has been helpful with improving the quality of case planning and management for multi-system cases. Stakeholders acknowledged greater familiarity with the services and policies of their cross-system partners and indicated that the consistent monthly team meetings allowed for a more holistic understanding of the youth and their circumstances which helped to more efficiently guide the case plan.

4. The majority of stakeholders highlighted the need for continuing knowledge building (i.e., training and mentoring) for key partners on multi-system shared case practice expectations and team meetings (for example, including, but not limited to: Assistant District Attorneys, Education partners, CYS).
5. The proportion of Crossover and MSI Youth who received joint/coordinated case planning significantly increased between the pre-pilot<sup>36</sup> (46%) and pilot (91%) periods.
  - The average number of joint/coordinated case planning meetings increased significantly as well, from an average of 1.24 meetings in the pre-pilot period to an average of 4.39 meetings in the pilot period.
6. The proportion of expected<sup>37</sup> monthly team case planning meetings that pilot youth received increased over the pilot period. Pilot youth identified as crossover or MSI in April of 2023 received, on average, 81% of their expected monthly team case planning meetings while pilot youth identified in December of 2023 received, on average, 150% of their expected monthly team meetings.
7. Crossover and MSI Youth were invited to 59% of the monthly team case planning meetings and attended 39% of the meetings they were invited to during the pilot period.
  - The proportion of monthly team case planning meetings that Crossover and MSI Youth were invited to and attended both increased over the pilot period. Youth were invited to 17% of monthly team meetings held in April of 2023 and 86% of the monthly team meetings held in September of 2024. Youth attended 0% of the monthly team meetings they were invited to in April of 2023 and 50% of the monthly team meetings they were invited to September of 2024.
8. Parents, caregivers, and family members of Crossover or MSI Youth were invited to 66% of the monthly team case planning meetings that were held and attended 43% of the meetings they were invited to during the pilot period.
  - The proportion of monthly team case planning meetings that parents, caregivers, and family members of Crossover and MSI Youth were invited

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<sup>36</sup> The measure of joint/coordinated case planning was less stringent in the pre-pilot sample as data was not purposively being collected regarding team case planning meetings at that point in time. We reviewed juvenile probation's case notes and coded any indication that at least two systems verbally spoke (either over the phone or in person) about the case as a joint/coordinated case planning session.

<sup>37</sup> The number of expected monthly team meetings was calculated based on the date the Crossover or MSI Youth closed with either Juvenile Justice or Child Welfare (and thus was no longer simultaneously involved in both systems). Youth who were open with both systems for the entire 9-month follow-up period were expected to receive 9 monthly team case planning meetings. Otherwise, youth were expected to receive 1 team case planning meeting per month they were simultaneously open with Juvenile Justice and Child Welfare.

to and attended both increased over the pilot period. Parents, caregivers, and family members were invited to 42% of the monthly team meetings held in April of 2023, but 100% of the monthly team meetings held in September of 2024. Parents, caregivers, and family members attended 0% of the monthly team meetings they were invited to in April of 2023, but 57% of the monthly team meetings they were invited to in September of 2024.

9. Education representatives were invited to 49% of the monthly team case planning meetings that were held for Crossover and MSI Youth and attended 58% of the meetings they were invited to during the pilot period.
  - The proportion of monthly team case planning meetings that an educational representative was invited to and attended both increased over the pilot period. An education representative was invited to 42% of the monthly team meetings held in April of 2023 and 57% of the monthly team meetings held in September of 2024. An education representative attended 20% of the monthly team meetings they were invited to in April of 2023 and 75% of the meetings they were invited to in September of 2024.
  - The two school districts with the greatest proportion of Crossover and MSI Youth showed a different pattern than the full sample. While the proportion of monthly team case planning meetings that education representatives were invited to increased over the pilot period, the proportion of monthly meetings that education representatives for youth enrolled in these two districts attended once invited, decreased over the pilot period.
    - i. The school district with the greatest share of Crossover and MSI Youth saw education representatives invited to 46% of the monthly team case planning meetings and attending only 37% of the monthly meetings they were invited to over the course of the pilot.
    - ii. The school district with the second greatest share of Crossover and MSI Youth saw education representatives invited to 50% of the monthly team case planning meetings and attending 63% of the monthly meetings they were invited to over the course of the pilot.

10. Behavioral health<sup>38</sup> was invited to 72% of the monthly team case planning meetings that were held for MSI youth and attended 46% of the monthly team meetings they were invited to during the pilot period.
- The proportion of monthly team case planning meetings that behavioral health was invited to and attended both increased over the pilot period. Behavioral health was invited to 33% of the monthly team case planning meetings in April of 2023 and 100% of the monthly team case planning meetings held in September of 2024. Behavioral health attended 0% of the monthly team meetings they were invited to in April of 2023, but 80% of the monthly team meetings they were invited to in September of 2024.
  - Sustaining this increase in behavioral health participation in the monthly team case planning meetings will be critical as Delaware County continues to work to address the needs of MSI youth.
11. Attorneys<sup>39</sup> were invited to 63% of the monthly team case planning meetings held for Crossover and MSI Youth and attended 43% of the monthly team meetings they were invited to during the pilot period.
- The proportion of monthly team case planning meetings that attorneys were invited to and attended both increased over the pilot period. Attorneys were invited to 58% of the monthly team case planning meetings held in April of 2023 and 71% of the meetings held in September of 2024. Attorneys attended 29% of the monthly team case planning meetings they were invited to in April of 2023 and 60% of the meetings they were invited to in September of 2024.
12. A social worker from the Public Defender's Office was invited to 38% of the monthly team case planning meetings held for Crossover and MSI Youth and attended 55% of the monthly team meetings they were invited to during the pilot period.

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<sup>38</sup> The following attendees were coded as behavioral health: Behavioral, Behavioral Health, Belmont Psychiatrist, Belmont Social Worker, CCBH, CFF Program Director, CGR, Children's Mental, Children's Mental Health, County Behavioral Health Representative, County MH Representative, County SA Representative, Crozer Chester BH, Del Co Office of MH, Delco Rising, Delco Rising Caseworker, Delco Rising Director, Delco Rising Health, Delco Rising Program, DHS Office of, Director Catholic Social Services – St. Francis Home, Doctor, Family Based Therapist, Family Support Line Advocate, FBT, FBT Spur Of, FBT To Amber, Hi-Fi, Hi-Fi of CGRC, Mental Health, Mental Health Oversight, MH Provider, Miller Psychiatrist, OBH, Office of Behavioral Health, OMH, OMH Behavioral Health, Provider Psychiatrist, RCS Family Therapist, RCS SO Therapist, Restoration Counseling Services, and SO Therapist – Restoration Counseling Services.

<sup>39</sup> The following attendees were coded as attorneys: Attorney, CID, County Court Representative, County Public Defender, County Public Defender Representative, Defense Attorney, Defense Counsel, Guardian Ad Litem, Juvenile Public Defender, Juvenile's Attorney, PD, PD's Office, Public Defender, Public Defender Office, and Public Defender Representative.

- The proportion of monthly team case planning meetings that a social worker from the Public Defender's Office was invited to and attended both increased over the pilot period. A social worker from the Public Defender's Office was invited to 33% of the monthly team case planning meetings held in April of 2023 and 71% of meetings held in September of 2024. A social worker from the Public Defender's Office attended 0% of the monthly team case planning meetings they were invited to in April of 2023, but 100% of the meetings they were invited to in September of 2024.
- Given the focused attention to youth's safety and well-being that social workers offer, it will be important to ensure that social workers from the public defender's office continue to be invited and attend the monthly team case planning meetings.

*Have 9-month outcomes improved for pilot Crossover and MSI Youth?*

During the pilot period, more Crossover and MSI Youth were closed with juvenile probation<sup>40</sup> or had their dependency case closed 9 months after identification than during the pre-pilot period. Less Crossover and MSI Youth were adjudicated delinquent for the offense closest to their identification date, although Black Crossover and MSI Youth do not appear to be benefitting from this promising trend to the same extent as White Crossover and MSI Youth. While the proportion of Crossover and MSI Youth with stable contact with their parents or prosocial adults remained relatively high during the 9 month follow up period, the proportion of Crossover and MSI Youth engaged in prosocial programming or positive youth development activities remained quite low. High levels of turnover, and as a result inexperienced staff, can often lead to focusing on the immediate safety of child welfare-involved youth and somewhat neglecting the youth's well-being more broadly. Given the importance of engagement in such prosocial activities to promoting youth well-being,<sup>41</sup> however, this should be a focus of crossover and MSI case practice in Delaware County going forward. A greater share of pilot Crossover and MSI Youth improved academically during the 9 month follow up period than pre-pilot Crossover and MSI Youth. Importantly, among the two school districts with the greatest proportion of Crossover and MSI Youth, the school district with greater attendance at the monthly team case planning meetings experienced more academic improvement among their Crossover and MSI Youth. This underscores the importance of education representatives being active participants in the case planning process for Crossover and MSI Youth.

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<sup>40</sup> Youth were considered "closed" with juvenile probation if they were not open for any delinquency referral. This status is not specific to the referral that led to the youth's crossover or MSI status. This therefore speaks to potential delinquency recidivism within the 9-months following the youth's identification as crossover or MSI.

<sup>41</sup> Catalano, R., Berglund, M., Ryan, J., Lonczak, H., & Hawkins, J. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention & Treatment*, 5(1), 98-124.

1. A significantly smaller proportion of pilot Crossover and MSI Youth (59%) were open with juvenile justice 9 months after identification than pre-pilot Crossover and MSI Youth (78%).
  - A significantly larger proportion of Crossover and MSI Youth whose child welfare case closed prior to their delinquency disposition date (82%) had no legal status 9 months after identification than youth whose child welfare case was still open on their delinquency disposition date (25%).
2. A significantly smaller proportion of MSI youth were adjudicated delinquent for the referral closest to their MSI identification date in the pilot period (55%) than in the pre-pilot period (64%).
  - During the course of the pilot program, Delaware County Juvenile Probation and District Attorney's Office made a concerted effort to increase the use of diversion opportunities. This data suggests that MSI youth benefitted from this initiative.
    - Although not statistically significant, data suggests that White, Non-Hispanic youth (64% adjudicated pre-pilot versus 33% adjudicated in the pilot period) benefitted more than Black, Non-Hispanic youth (57% adjudicated pre-pilot versus 64% adjudicated in the pilot period).
    - Delaware County should review their criteria for diversion and its use across different racial groups to better understand why this benefit is not universal.
3. Juvenile Probation reported that Crossover and MSI Youth's stable contact with their parents or positive adults 9 months after identification did not change appreciably between the pre-pilot (80.0%) and pilot (80.4%) periods.
  - Children & Youth Services, however, reported a significantly lower proportion of pilot Crossover and MSI Youth (81%) than pre-pilot youth (98%) had stable contact with their parents or positive adults 9 months after identification.<sup>42</sup>
  - The lack of convergence suggests that perhaps a standard, written definition for this data field could assist in measuring youth's stable contact with their parents or prosocial adults as this work continues in Delaware County. We suggest using the following language as a starting

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<sup>42</sup> It is possible, especially given the high pre-pilot rate, that this difference is attributable to the way this phenomenon was measured rather than a true difference in stable contact. The pre-pilot data referred back to 2018 and given the high rate of turnover in CYS caseworkers, measures of stable contact were gleaned largely from case notes. In contrast, the pilot data was able to be collected in real time and current caseworkers could provide a more accurate assessment of youth's contact with parents and prosocial adults.

point for that definition: “Any individual 18 years or older who serves as a positive or prosocial mentor, influence, or role model for the youth and whose involvement with the youth is not likely to cease without court order.”

4. Although not statistically significant, Juvenile Probation reported that a greater proportion of pilot Crossover and MSI Youth (48%) than pre-pilot youth (30%) were involved in prosocial programming and positive youth development activities 9 months after identification as crossover or MSI.
  - Children & Youth Services reported the opposite trend, although also not statistically significant. Approximately 20% of pre-pilot youth were involved in prosocial programming and positive youth development activities 9 months after identification while only 14% of pilot youth were.
  - The lack of convergence suggests that perhaps a standard, written definition for this data field could assist in measuring youth involvement in prosocial programming as this work continues in Delaware County. We suggest using the following language as a starting point for that definition: “Any organized, prosocial, positive youth development program or activity, in the school or community that the youth voluntarily participates in or attends. Examples include, but are not limited to: sports teams or clubs (e.g., football, baseball, gymnastics), military or law enforcement preparation groups or programs (e.g., junior reserve officers’ training corps [J-ROTC], Hill Impact Program, Law and Leadership Program), music clubs or groups (e.g., chorus, marching band, dance troupes), religious clubs or programs, after-school programs, boy/girls scouts, summer camps, and hobby clubs or groups (e.g., chess, sewing, gardening).”
  - Regardless of which system’s perspective is used, the proportion of Crossover and MSI Youth engaged in prosocial programming and positive youth development activities 9 months after identification (16-45%) should be an area of focus as Delaware County works to refine their monthly team meetings for this population.
5. Approximately 88% of Crossover and MSI Youth were enrolled in a school or an education program 9 months after being identified as crossover or MSI.<sup>43</sup> Although not statistically significant, a larger proportion of pilot youth (90%) than pre-pilot youth (83%) were enrolled in school or an education program 9 months after being identified as crossover or MSI.
6. Approximately 49% of Crossover and MSI Youth were enrolled in a different school or education program 9 months after being identified as crossover or MSI.

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<sup>43</sup> We did not account for the fact that youth may have aged out or graduated from school during this 9-month period.

Although not statistically significant, a smaller proportion of pilot youth (44%) than pre-pilot youth (60%) were enrolled in a different school 9 months after identification.<sup>44</sup>

7. Just over half (52%) of Crossover and MSI Youth had satisfactory grade progression in school 9 months after being identified as crossover or MSI. Although not statistically significant, a larger proportion of pilot youth (56%) than pre-pilot youth (40%) had satisfactory grade progression in school 9 months after identification.
8. Approximately 32% of Crossover and MSI Youth improved academically during the 9 months following their identification as crossover or MSI. Although not statistically significant, a larger proportion of pilot youth (40%) than pre-pilot youth (9%) improved academically over the 9 month follow up period.
  - Importantly, the school district with the largest proportion of Crossover and MSI Youth did not record any academic improvement among the 7 pre-pilot and 8 pilot Crossover and MSI Youth enrolled in that school district. Crossover and MSI Youth in this school district had a higher incidence (56%) of academic problems at the point of crossover or MSI identification than the total sample (44%), suggesting this lack of improvement is not due to a lack of need for academic improvement. Education representatives for Crossover and MSI Youth in this school district were invited to 46% of the monthly team case planning meetings held and attended 37% of the monthly meetings they were invited to during the pilot period.
  - The school district with the second greatest proportion of Crossover and MSI Youth had educational representatives invited to 50% of the monthly team case planning meetings that were held and attended 63% of the monthly team meetings they were invited to over the pilot period. Although sample sizes were too small to test for statistical significance, a greater proportion of Crossover and MSI Youth enrolled in this school district (57%) than in the full sample (27%) saw academic improvement during the 9 month follow up period.
    - Taken together, the data in 5, 6, 7, and 8 considered in the context of points 11 and 12 in the first section related to prevalence of IEP's and academic problems in the crossover and MSI population, suggests that if there were more consistent invitations and attendance and a greater focus on academic outcomes at the meetings, then even greater improvement might

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<sup>44</sup> Importantly, the way this data was captured (i.e., a free text response) did not allow us to ascertain whether changing schools was in the youth's best interest. For example, some responses listed the youth's trajectory from one school district to another, but did not specify the reason for the change. Therefore, this result should best be understood as an area that warrants further inquiry rather than a call to change.

occur. Going forward, it will be important for Delaware County to ensure educational representatives are invited and attending the monthly team meetings and that the educational well-being of the youth is given enough attention at those meetings.

Additionally, Delaware County should ensure that school staff are trained on the MSI protocols and understand the importance of attending the monthly team case planning meetings and their role at those meetings.

9. Approximately 32% of Crossover and MSI Youth experienced decreased school discipline during the 9 months following their identification as crossover or MSI. Although not statistically significant, a larger proportion of pilot youth (35%) than pre-pilot youth (27%) experienced a decrease in school discipline.
10. The proportion of Crossover and MSI Youth who had their dependency case closed within 9 months of identification significantly increased from the pre-pilot (12%) to the pilot period (36%). This was especially true for MSI Youth, where 6% of pre-pilot MSI Youth had their delinquency case closed within 9 months while 32% of pilot MSI Youth did.
  - At the same time, there was no statistically significant change in the proportion of youth with additional child welfare involvement during the 9 month follow up period between the pre-pilot (8%) and pilot (13%) periods.
    - The relatively similar proportion of Crossover and MSI Youth with additional child welfare involvement in the pilot and pre-pilot periods suggests that the greater closing of dependency cases within 9 months of identification was still appropriate. Had these cases been closed without having met the safety, permanency, and well-being needs of the child, we would expect those cases to be re-opened and thus the proportion of pilot cases with additional child welfare involvement to be higher. While the data referenced earlier about case closure prior to crossover or MSI identification reflected a need for further exploration, the finding here refers to a later point in time (i.e., the 9 months following crossover or MSI identification during the pilot period). Thus, while cases may have been (or still are) being closed too quickly prior to crossover or MSI status, once the youth receives the MSI protocols, their CYS cases appear to be closed out in a timely, but effective manner.
11. Approximately 60% of Crossover and MSI Youth experienced at least one change to their living situation during the 9 months following their identification as crossover or MSI. Although not statistically significant, a smaller proportion of

pilot youth (59%) than pre-pilot youth (61%) experienced a change in their living situation during the 9-month follow-up period.

12. Approximately 30% of MSI youth had at least one “emergency” visit to a health provider during the 9 months following their MSI identification date. Although not statistically significant, a greater proportion of pilot MSI youth (39%) than pre-pilot MSI youth (22%) had at least one “emergency” visit during the 9-month follow-up period.

The increase in “emergency” visits during the pilot period appears to be a consequence of the pandemic and its aftermath. Behavioral health professionals indicated that due to provider staffing shortages since the pandemic, caregivers were taking youth to emergency rooms since they were stuck on waitlists awaiting the receipt of behavioral health services while in need of immediate attention.

#### Conclusion. Significant Findings and Recommendations

Delaware County entered into the Multi System Integration Pilot Program with four overarching goals. Those goals were: 1) to provide clear boundaries and education of each entity’s role, current policy and procedures, and limitations; 2) to support leadership and staff across systems in reaching an understanding that “Shared Case Responsibility” was only the starting point for cross-system collaboration, with a true county-wide SOC model benefiting not only the youth and their families, but all staff involved in the planning; 3) to develop and/or enhance policies regarding who takes the lead with the youth and their families in planning to avoid duplicate services and confusion; and 4) to solidify a managing body authorized to work together to maximize funding to build more cross-system services, a shared data system, and streamline processes and paperwork to break down barriers and silos wherever possible.

The data provided above confirms the significant progress made in all four areas, as well as the room for improvement that remains. This accomplishment is due primarily to the sustained commitment to the development and implementation of the MSI by the Delaware County LT, the IT, the Workgroups and the staff of each system partner involved in the effort. There is always the risk of leaving someone out when making the attempt to name the individuals that distinguished themselves in a particular initiative, but while acknowledging the contributions of the membership of the entire LT, IT and workgroups, particular thanks go to the following individuals that made possible the progress achieved:

Judge Lowe and Judge Krull, who led the judiciary’s role in the MSI over the past 2.5 years were unequivocal in their support and insistence that moving in this direction would ultimately improve the way the systems operated and the outcomes for the crossover and multi-system population of youth. Representatives from the four systems of care, including: Danielle DiMatteo, Director of Juvenile Court and Probation Services; Vanessa Pierre, Administrator, Children and Youth Services; Melanie Govan, Interim Deputy Director and Staff Development Supervisor, Juvenile Court and Probation

Services, Gretchen Sidler, Deputy Administrator, Children and Youth Services; Dorothy Stewart, Program Director, Policy, Planning and Quality Assurance, Children and Youth Services; Jill Angelos, Administrative Supervisor, Juvenile Court and Probation Services; Tom Omlor, Administrative Supervisor, Juvenile Court and Probation Services; Gail Veriabo, Regional Supervisor, Juvenile Court and Probation Services; Laura Kuebler, System of Care Coordinator, Department of Human Services; Janet Dreitlein, Administrator, Mental Health/Intellectual & Developmental Disabilities, Department of Human Services; Kim Mecca, Director Student Services Assistance, Delaware County Intermediate Unit; Jeremy Curtis, Assistant Superintendent of Student Services, Chichester School District; and Edward Marshaleck, Assistant Superintendent of Student Services, Upper Darby School District were all instrumental in ensuring that the protocols around identification of youth, assessment, care management and agreements around information sharing were thoughtfully created and adopted in an effective manner. This was also true of the Public Defender and District Attorney staff, in the assistance Alyssa Poole, Chief, Juvenile Division, Office of the Public Defender; Kathleen Magee, Deputy District Attorney; and Olivia Rosenberger, Chief of the Social Services Division, Office of the Public Defender, provided in helping to maintain an appropriate balance in working more collaboratively and sharing information, while also ensuring that the interests of the children and families being served were respected and prioritized. While also a system partner, special thanks goes to Kisha Brown, Administrator, Data, Statistics and Quality Improvement, Department of Human Services, who while serving as a DHS representative on the LT, also spearheaded the data workgroup in partnering with the Georgetown staff to collect the data needed to track both the process and population level data associated with the implementation of the MSI. Additional thanks to the Pennsylvania Juvenile Court Judges' Commission for their support, including allowing Dr. Ogle to be involved in the project.

As this report was being compiled it became evident that there were both successes and challenges worthy of note. It was clear in the application Delaware County submitted to become a MSI site, that while there had been much work done in advancing a more collaborative, multi-system operating platform, there was much left to be done. As noted in the application, while systems had agreed to come together to support youth with challenging systemic barriers, moving from lack of trust and finger pointing to collaboration, the county was still struggling to uphold the regularly scheduled collaboration meetings. System partners were meeting on cases that were the most complex and serious, but struggled to work together or meet when cases were going well – and failed to meet earlier on in the process, not just when in crisis. This concern was effectively addressed by the MSI, but remains a challenge. Consistent with that concern, and in acknowledgement of the significant progress that has been made, we are providing a set of significant findings and recommendations. These are not meant to be exhaustive, but rather the successes to be celebrated and the challenges that need to be addressed.

The successes are highlighted, as suggested above, by the judicial leadership and strong commitment to the Pilot Program by the leadership of the four core systems of care, as well as their open willingness to engage in the system change process and focus on prevention. The identification of areas for targeted system improvement and the

development of new policy and practice protocols, the memorandum of understanding on information sharing and the information sharing consent form were also significant accomplishments. As the Center at Georgetown has seen in other jurisdictions, this can be hard to maintain in the face of changes in these roles. To address this possibility, a strong plan will need to be created to provide oversight and quality assurance around the ongoing use of the policies and practices adopted as a result of the MSI. This may be through quarterly meetings of the LT, reports to the County Council and appropriate community advisory boards as requested, or another body in the county that can provide this type of cross-system oversight. This type of oversight body or the LT will also need to ensure that there is a strong plan to onboard new staff in these leadership roles, educate them on the protocols and MOU and the benefits of maintaining the work as designed.

Another success was the broad agency/staff involvement in workgroup activity, making this an inclusive process with greater staff ownership of the work. This deeper level of involvement was also seen in the extensive outreach to and connection with school liaisons from every county school district. The creation of this point of contact list facilitated easier cross-system communication and resulted in a stronger school representation and focus on education goals at the monthly team meetings. Moving forward, it is recommended that outreach to school systems throughout the county is maintained and where needed, enhanced. There has been varying levels of school system involvement in the monthly team meetings, which will require a very focused effort to achieve the kind of buy-in that has resulted in the improved educational outcomes for Crossover and MSI Youth as reflected in the data findings.

One of the early signs of the commitment to the implementation of the MSI in Delaware County was the decision by the LT to extend the application of the protocols to both pre-existing and newly identified MSI and Crossover Youth. In addition, Delaware County chose to re-define MSI youth to also include youth identified as in need of behavioral health services, moving the identification process further upstream than would occur if access to services was required. Making these commitments in the face of ongoing challenges in levels of staffing and staff fatigue reflected the belief in the value of the MSI protocols as implemented. It is recommended that this broad application continue, as the positive outcomes achieved through the MSI, has been demonstrated in both populations of youth.

Another success was the cross-systems and partner training of staff. Developing an in-person training package for a cross-systems group of staff and offering it at multiple times was a huge commitment of staff time, but proved to be a successful way to initially engage staff and facilitate a cross-systems dialogue in the training sessions. As reflected in the updated Rubric, it has been challenging to bring to fruition the plan to expand the training as part of an in-service and pre-service training plan for core system staff, as well as for educators, providers, Court Appointed Special Advocate (CASA) and attorneys (public defender, solicitors, Guardian Ad Litem, district attorney and children and family counsel). It is recommended, therefore, that a strong cross-systems plan for pre-service and in-service training be adopted and maintained through appropriate oversight.

A significant area of the work undertaken by Delaware County that deserves recognition is the commitment to and engagement around data collection and the development of the quality assurance monitoring tools and the routinization of collecting and reviewing crossover and MSI related data. As noted above, the data workgroup headed by Kisha Brown, facilitated both the data collection (allowing us to effectively document what was implemented and what was achieved at a population level – while maintaining the anonymity of the youth) and the creation of the quality assurance tool. In addition, the efforts of the LT to identify individuals to participate in the conversations with Visiting Fellow Shay Bilchik and Dr. Meg Ogle added great value to this report. Being able to document the outcomes of the MSI in Delaware County with both quantitative data and qualitative impressions helps to establish clear benchmarks around the value of this work in both Delaware and other counties around Pennsylvania. Maintaining these efforts will provide an opportunity to engage in a process of continuous quality improvement, both refining and growing the policies and practices adopted through the MSI.

As documented in the meeting data, while there were increases in both the invitations to and participation in the monthly team meetings, there is substantial room for improvement, particularly as it relates to parents, caretakers and youth. It is recommended that cross-system agency leadership stress the importance of setting these meetings at mutually convenient times and ensuring that invitations are extended to all appropriate parties. In addition, the LT should seek to partner with youth advisory boards or with youth and families through other avenues to identify ways to increase youth and family attendance and engagement in the monthly care management team meetings.

An additional challenge was achieving and sustaining fidelity to the protocols, information sharing processes, and data collection. This became evident from the staff focus groups and the discussions with stakeholders, as some staff would question the need for a team meeting when things were going well or in less complex cases. This was also seen in comments about staff “checking the boxes” and not more thoughtfully embracing the opportunity to engage in strength-based, youth and family centered team meetings that changed the dynamic of these meetings consistent with the values inherent in SOC care management. Meetings conducted in a more youth-centered and strength-based manner might reveal information that would help address the lack of involvement in prosocial programming and positive youth development activities, an area identified as being in need of improvement in the data. This concern was further demonstrated in the challenges around meaningfully partnering with youth and families (both in current case practice and in refining MSI practices through feedback after the fact). We recommend that this be an area of focus for Delaware County as this work moves forward.

In light of the racial, ethnic, and gender-based disproportionalities in system involvement and adjudication shown in the data, it is recommended that Delaware County focus on the causes of these disproportionalities and the elements of the Rubric related to Culturally Competent and Responsive Services (which remained as “Initial Efforts in Place”) and Youth and Family Voice (which remained as an “Emerging Practice”).

Another area where there were challenges, was the difficulty in adopting and implementing the newly developed universal consent form and collecting behavioral health data from providers. The universal consent form was designed to alleviate some of the confusion and redundancy of the family having to complete multiple release forms. It was finalized after the launch of the MSI in April of 2023 and the training for and introduction of the form was delayed and is yet to occur. To be clear, the use of the forms already in existence have not interfered with the implementation of the protocols or the information sharing contemplated by the MSI; instead the failure to adopt its use keeps the burden on the family as to understanding and completing multiple forms. It is recommended that the universal consent form be implemented as soon as practical.

In relation to collecting behavioral health data, we recommend involving the providers in identifying a mechanism that will permit the appropriate sharing of this information in a way that protects its confidentiality. More broadly, it is recommended that the providers be more closely involved in the ongoing implementation of the MSI protocols in Delaware County. Their participation in the monthly meetings will greatly enhance the outcomes for multi-system youth.

As the lessons learned from the implementation of the MSI from Delaware County are better understood, they should also be considered in light of various related efforts now underway in the Commonwealth. These include, but are not limited to: the Pennsylvania 2024 Juvenile Justice and Delinquency Prevention Committee (JJJPC) Plan,<sup>45</sup> the Pennsylvania Office of Children and Families in the Court's Family Engagement Initiative,<sup>46</sup> the Supporting Youth Success in PA – Statewide Planning & Assessment Initiative Project,<sup>47</sup> and the report issued by Governor Shapiro's administration: "Recommendations to Improve Coordination of Care, Services for Children and Young Adults with Complex Needs"<sup>48</sup>. The benefit of the MSI implementation in Delaware County will be enhanced as they are experienced in the context of these other initiatives.

In balance, it appears that the successes and accomplishments in Delaware County's development and implementation of the MSI far outweigh the challenges that were experienced. The increasing fidelity to the protocols and the improved outcomes, from lower delinquency recidivism, lower likelihood of delinquency adjudication, and faster case closure in both the delinquency and dependency system, to improvements in academics, satisfactory grade progression, and decreased school disciplinary actions were well worth the effort expended.<sup>49</sup> This in no way means that an undertaking of this kind should be considered lightly. Indeed, Delaware County faced many challenges in developing and implementing the MSI. These include the fact, as noted earlier in the

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<sup>45</sup> Pennsylvania Commission on Crime and Delinquency's Juvenile Justice and Delinquency Prevention Committee. (2024). *Pennsylvania Juvenile Justice & Delinquency Prevention Plan*.

<sup>46</sup> See: [Family Engagement Initiative – Office of Children & Families in the Courts](#)

<sup>47</sup> See: [Launch of OJJDP-funded Continuum of Care Project for Youth in Pennsylvania – JPRC](#)

<sup>48</sup> Pennsylvania Department of Human Services. (2024). *Shapiro Administration Releases Report, Recommendations to Improve Coordination of Care, Services for Children and Young Adults with Complex Needs*.

<sup>49</sup> Although these education-related outcomes were not statistically significant, they were trending in the right direction during the pilot period as compared to the pre-pilot period.

report, that the implementation and its demand on staff time took place when the impact of the pandemic was still being felt, with high levels of staff turnover and fatigue. Delaware County was also challenged, as was foreshadowed in its application, in shifting from a silo to a more collaborative case practice mentality across the continuum of care. It may be impossible to separate this challenge from the preceding one, but while changing the culture of how systems operate may take a longer period of time – perhaps an entire generation of workforce turnover – it is clear that Delaware County’s journey in this regard is well underway and they are to be commended for what they achieved through their participation in the MSI. As this report documents, the Delaware County system partners and key stakeholders and the children, youth and families they serve are better off as a result.

**Multi-Systems Integration Pilot Program Rubric Domains**

I. Infrastructure to Support Cross-Systems Work					
Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Interagency Collaboration	Cross-system teams/committees have not been established, and key stakeholders have not been engaged.	Potential cross-system teams/committees and key stakeholders have been identified but not engaged.	Cross-system teams/committees and members of each key stakeholder group have been engaged in the work but do not meet regularly.	Cross-system teams/committees are established and meet regularly. Members of each key stakeholder group are engaged but not in a consistent manner.	Cross-system teams/committees are established and meet regularly. Members of each key stakeholder group are consistently engaged and participate in ongoing review of the work.
Judicial Leadership	No judicial support or leadership, or there is active judicial opposition.	No active opposition. Some judicial support but not very involved or does not provide leadership in the work.	Active judicial support for collaboration.  Attends cross-systems meetings of the key stakeholder group but may not take a leadership role.	Active judicial support. Regularly attends cross-system meetings of the key stakeholder group and trainings; provides leadership but in a limited capacity.	Active judicial support and leadership. Convenes and leads cross-system meetings of the key stakeholder group, drives the work, and provides accountability.

## Addendum A – Modified Rubric Domains and Descriptions of Elements

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Culturally Competent and Responsive Services	No culturally competent and responsive services, no data collection or analysis of disproportionality.	Commitment to culturally competent and responsive services, though services may not be developed, and no data collection or analysis.	Limited culturally competent services available, limited disproportionality data is collected and analyzed.	Culturally competent services exist but are not evaluated; disproportionality analyses are robust but not linked to practice change.	Services are monitored and evaluated for cultural competence and responsiveness; protocol to conduct disproportionality-based analyses is in place and linked to practice change.
Youth and Family Voice	Youth and family members with lived experience are not engaged.	Youth and family members with lived experience are engaged periodically, but no formal board or committee exists.	Advisory board or committee of youth and family members with lived experience is engaged.	Youth and family members with lived experience hold staff positions across systems; youth and family committee is engaged.	Youth and family members with lived experience hold leadership positions across systems and hold decision-making power; youth and family committee is engaged.
Information Sharing	There is not an MOU/MOA or a protocol building on state law in place that supports or allows information sharing between key system partners in clearly defined circumstances.	An MOU/MOA or a protocol building on state law is in the process of being developed that allows information sharing between key system partners in clearly defined circumstances.	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, but information is never exchanged <i>or</i> is only shared under special circumstances (e.g., challenging case, emergencies, etc.).	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, but information is not consistently shared.	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, and information is regularly shared between systems in a structured and collaborative manner.

## Addendum A – Modified Rubric Domains and Descriptions of Elements

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Data Collection	There are no data collection efforts in place to identify the prevalence of multi-system involved youth and their characteristics.	There is an effort to build a data collection system, but it is not in place, <i>or</i> there is a data collection protocol, but it is not currently in use.	Data collection efforts, informal or formal, are in place separately at each agency, but data are not consistently collected, <i>or</i> data are not complete.	Formal data collection efforts are in place and consistently collected and available to be shared as appropriate. However, data systems are not integrated between child welfare, juvenile justice, behavioral health, and education.	Data collection efforts are established and ongoing and include key characteristics of the target population (as defined by the jurisdiction). Data are centralized in one database containing information from child welfare, juvenile justice, behavioral health, and education.
Training	Training on multi-system youth is not provided to staff.	Training is provided to staff on multi-system youth, but there is no protocol for working with the population.	Training on the protocol for working with multi-system youth is typically available at one point in time. These trainings may be conducted by each agency and may or may not include staff from multiple agencies.	Training on the protocol for working with multi-system youth is conducted regularly (i.e., in an ongoing manner). These trainings are done in a cross-system format with staff from multiple agencies attending.	Training on the protocol for working with multi-system youth is conducted regularly (i.e., in an ongoing manner) along with related training (e.g., CW 101, JJ 101, BH 101, and ED 101). These trainings are done in a cross-system format with staff from multiple agencies attending.

## Addendum A – Modified Rubric Domains and Descriptions of Elements

II. Identifying and Managing Dual System Cases					
Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Identification of Multi-System Youth	There is no process for the identification of multi-system youth.	There is an informal and/or inconsistent process for the identification of multi-system youth.	Process for identification of multi-system youth is in place but occurs at varying stages of the case.	Multi-system youth are identified but not consistently and not always at entry into the system, whether JJ or CW.	Multi-system youth are identified as involved in more than one system at the point they enter the system, whether JJ or CW, regularly and consistently.
Assessment Process	Assessment of risks and needs specific to multi-system youth is not routinely completed and is not done jointly between JJ and CW staff and staff from relevant systems of care. There is no use of an assessment protocol.	Assessment of risks and needs specific to multi-system youth is completed separately by JJ and CW staff and staff from other relevant systems of care. There is no use of an assessment protocol.	Assessment of risks and needs specific to multi-system youth is completed separately by JJ and CW staff and staff from other relevant systems of care. There is a plan in place, however, to implement an aligned assessment protocol within 12-18 months.	Assessment of risks and needs specific to multi-system youth is generally completed separately by JJ and CW staff, with staff from other systems conducting their own assessment. However, some joint assessment processes are used regularly in a more narrowly defined population of cases.	Assessment of risks and needs specific to multi-system youth is completed. Assessment is conducted in a coordinated manner using a “team” approach, with staff from all relevant systems contributing to the process (e.g., during a family team meeting, team decision-making meeting, or multidisciplinary team meeting) on a regular basis.

## Addendum A – Modified Rubric Domains and Descriptions of Elements

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Case Planning and Management	There is no contact between JJ, CW, and other relevant caseworkers on a case, and there is no use of a coordinated or integrated case plan.	There is occasional communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	There is regular communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	Coordinated case planning is done with one integrated case plan between JJ, CW, and other relevant agencies, but there are not regular interagency or multidisciplinary meetings throughout the life of the case.	Coordinated case planning is done, with one integrated case plan between JJ, CW, and other relevant agencies, in a collaborative and ongoing fashion. There are frequent interagency/multidisciplinary team meetings and/or contact between JJ, CW, and other relevant caseworkers throughout the life of the case, including caseworkers attending parallel hearings.
Permanency and Transition (PT) Plans	PT plans are minimal and often only meet legal requirement minimums.  Plans do not involve both CW and JJ systems, nor are they informed by BH or ED.	PT plans meet legal requirement minimums, and there is some coordination between CW and JJ systems, with limited consultation with BH or ED.	PT plans meet or exceed legal requirements and are developed jointly by CW and JJ systems with input from BH and ED.	PT plans meet or exceed minimum legal requirements and are developed jointly by CW and JJ systems, with input from BH and ED, well before release.	PT planning is conducted jointly by CW and JJ systems at disposition with input from BH and ED, leading to a formal plan within 90 days. PT plans meet or exceed all legal requirements and are reviewed on a regular basis by the PT team.

## Addendum A – Modified Rubric Domains and Descriptions of Elements

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Placement Planning	There is no communication or collaborative placement planning between CW, JJ, BH, and ED. Other parties to the case (and family members) are not routinely informed about youth changing placements.	There is occasional communication between CW, JJ, BH, and ED regarding placement changes but no formal collaborative placement planning that includes other parties to the case and family members.	There is regular communication between CW, JJ, BH, and ED regarding placement needs and transitions. Collaborative placement planning occurs on an inconsistent basis and occasionally includes other parties to the case and family members.	There is regular communication between CW and JJ regarding placement needs and transitions. This includes collaborative placement planning with other parties to the case (BH and ED) and family members.	There is a robust placement process that includes regular communication between CW and JJ, collaborative pre-placement planning (with all parties to the case, including family members, BH, and ED) for the transition, and a phased-in approach that supports an adjustment phase into the new living situation. Relatives and next of kin are consistently reviewed for their viability as a placement or supportive resource.
Service Provision and Tracking	There is no access to behavioral health, education, and/or prosocial services/supports for youth known to both the CW and JJ systems.	There are some options for behavioral health, education, and/or prosocial services/supports for youth known to both the CW and JJ systems, but they are not provided regularly, and whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, but whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. But, whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. There is also a process in place to track whether youth connect to the agency/services to which they are referred.

**DELAWARE COUNTY, PENNSYLVANIA**  
**MULTI-SYSTEMS INTEGRATION PILOT PROGRAM PROTOCOLS**



*April 27, 2023*

## **INTRODUCTION**

The Delaware County Juvenile Probation Department and Delaware County Children and Youth Services (CYS) have a long history of collaboration and commitment to achieving positive outcomes for children and families. Longstanding agreements and shared protocols between the two agencies aim to accomplish this common goal; however, ongoing improvements, evaluation, and refinement are a necessary function of most, if not all, professional organizations. In 2022, Delaware County was chosen to participate in a youth Multi-Systems Integration Pilot Program led by Georgetown University and the Stoneleigh Foundation. With the guidance provided by the Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy, the child-serving systems of Delaware County collectively worked to enhance and improve collaboration to better serve the juveniles and families of Delaware County. The leadership group and numerous workgroups identified practices to improve the collaborative process. The creation of a new Coordination of Services Memorandum of Understanding with the provisions of act 78 of 2016, greatly enhance both the opportunity to appropriately share information across systems and the collaborative case practice contemplated by these Protocols. These Protocols define how youth under the jurisdiction of the Juvenile Probation Department and Children and Youth Services, whether or not court involved, can best be served in conjunction with the behavioral health system and school communities as part of an enhanced trauma informed coordinated case management system.

The overall goals of the Multi-System Integration Pilot Program in Delaware County are to:

- Increase coordinated case management across multiple child-serving systems
- Sustain family connections and keep children living in safe family settings
- Increase Youth and Family Voice
- Increase information sharing and data collection
- Provide culturally competent services in all child serving systems
- Provide meaningful diversion opportunities to prevent further involvement with systems
- Address disproportionate minority representation in delinquency and dependency systems



## **BACKGROUND**

### **SCR Procedure**

OCYF Bulletin 3130-10-01, Shared Case Responsibility (SCR) Procedure, outlines the expectations for Children and Youth Services (CYS) and Juvenile Probation (JPO) to jointly share case responsibility for those youth who are under the direct supervision of either agency, or both concurrently, and the families of those youth. Shared case management and responsibility for those cases involved with both systems was established over 25 years ago to include adjudicated delinquent youth in the CYS administered Title IV-E Foster Care Maintenance Program.

In addition to the requirement to provide all Title IV-E and IV-B required services to children under SCR who are in delinquency placement, it is acknowledged that families and youth are best served, and will have better outcomes, when Children and Youth Services and Juvenile Probation work together on service delivery. This previously established SCR procedure, along with the System of Care principles, served as a foundation for expanding collaboration between the two agencies and other stakeholders through the Protocols established herein.

### **System partners referenced in this protocol**

- Juvenile Probation
- Children and Youth Services
- Department of Human Services- Behavioral Health providers
- Educational partners (Public School Districts, Intermediate Unit, Private and Parochial Schools)

### **Types of clients discussed in this protocol**

- Crossover Youth- Active with both Juvenile Probation and Children and Youth Services at any stage in either system.
- Shared Case Responsibility Youth- Crossover case that requires a delinquency court order that designates the case as “Shared Case Responsibility.” The case cannot be closed in dependency or delinquency court until the order is terminated. Only applies when:
  - Youth is adjudicated both delinquent and dependent, OR
  - Family is accepted for ongoing services by CYS, but youth is not adjudicated dependent; AND youth is adjudicated delinquent and placed in out of home care by Juvenile Court.
- Multi-Systems Youth- Receiving services through Children and Youth Services AND the Juvenile Probation Department at any stage, and receiving, or in need of, behavioral health services while registered in a public or private school.

Youth can become involved in multiple systems at any time, but early identification of multi-system youth increases the likelihood of quality collaboration to prevent deeper involvement in delinquency and dependency systems. Therefore, the office of Juvenile Probation and Children and Youth Services will work to identify multi-system clients at the earliest possible points, including at the intake stage within each respective system. In this regard, it is one of the primary goals of these Protocols to whenever possible, deliver services in the youth’s home and community, drawing on formal and informal resources and supports to promote successful youth and family participation in a community setting.

## **Multi-System Integration Pilot Program Protocols**

### **1) Intake Protocol – Office of Juvenile Probation**

- a) All allegations of delinquency are approved by the District Attorney's office for legal sufficiency, then filed in Juvenile Court with an initial determination of case handling, e.g., whether to divert the case or seek an adjudication. When a case is considered for diversion or before a finding/adjudication is entered in cases that are handled in Court, each allegation is assigned to the Juvenile Probation Intake Unit. Upon receipt of a new youth's case, and prior to the intake conference, the Juvenile Probation Officer shall contact the Children and Youth Services screening unit to determine if the family is already open with CYS and if open obtain the name of the current CYS caseworker. If the juvenile is in physical and legal custody of Children and Youth Services, the CYS caseworker shall attend the intake conference.

If the case is open with CYS, the case will fall into one of the following CYS status categories:

- (1) *Intake – open investigation, not yet accepted for ongoing services*
- (2) *Services to Children in their Own Home – open for ongoing services, may or may not be court-involved (i.e. youth may or may not be adjudicated dependent)*
- (3) *Placement – open for ongoing services, youth is adjudicated dependent*

Upon receiving the case status from CYS, the Juvenile Probation Officer shall update the dependency status module in the Juvenile Case Management System (JCMS). If CYS status changes throughout supervision, the status will be updated in JCMS by the assigned Juvenile Probation Officer.

Upon receiving the case status from CYS, the Juvenile Probation Officer shall update Juvenile Court with the name of the CYS worker. Court Staff will update CPCMS to include the CYS worker and solicitor as recipients of all court notifications. Regional Probation Officers shall update Juvenile Court with any CYS worker changes.

- b) If a case is open with CYS, the Probation Officer will, within five business days of learning that CYS is involved, contact (by email) the current CYS Caseworker to determine the status of the dependency case and advise CYS of the pending delinquency allegation. At the intake conference, the Probation Officer will then request that the parent(s) sign a release of information so relevant information can be obtained from CYS, and shared with CYS, including but not limited to a case summary, Family Service Plan (FSP), diagnostic evaluations, safety assessment, and Court Order(s). Duplicate assessments and services should be avoided.
- c) If a case is not open with CYS, the Probation Officer will screen for any dependency issues for the client and minor siblings in the home using the department-approved screening direction. If dependency issues are identified, a referral will be made to Childline. If child welfare issues are identified, the Juvenile Probation Officer will make an immediate Childline referral for assessment and potential investigation by CYS. It is preferred that Childline referrals be made online however, if that is not possible and the referral is submitted by telephone, form CY-47 shall be completed by the Probation Officer and forwarded to the Children and Youth Services Screening unit within 24 hours.

Upon receipt of the referral, the CYS Intake Screener will contact the Juvenile Probation Officer to gather additional information and/or provide an update on the planned response by CYS. The Probation Officer will forward a copy of all relevant information to CYS within 48 hours of CYS making the request for the information.

- d) When Juvenile Probation Intake receives a new case, and prior to the intake conference, the Probation Officer will contact the designee from the Department of Human Services, Office of Mental Health, to determine the youth's behavioral health treatment history as reflected in the medical assistance system.
- e) During the Intake conference, the Probation Officer will follow established protocols to help identify immediate mental health needs. The Probation Officer will also ask the family about past and present involvement with the behavioral health system, using the information obtained from DHS to clarify or assist with details. If current or prior treatment exists, the parent/juvenile will be asked to sign releases so relevant information can be obtained by Juvenile Probation, and shared with Juvenile Probation, including but not limited to, case summary, diagnostic evaluations, and treatment plan. If the behavioral health status of the juvenile is a non-emergency, the Juvenile Probation Officer will contact the provider within five business days to confirm services received, obtain information, share pending case information, and confirm contact information. Duplicate assessments and services should be avoided. Behavioral health emergencies shall require immediate contact with a behavioral health provider.
- f) When Juvenile Probation Intake receives a new case and confirms CYS involvement, the Probation Officer will contact the designee from the youth's home school district, or other educational setting prior to the intake conference, to determine if the youth is enrolled in the district or program and whether attendance issues exist. However, if the CYS worker is able to provide this basic information, the Probation Officer does not need to contact the school district.
- g) During the Intake conference the Probation Officer will ask the family about the current educational status of the youth. If the juvenile is active with CYS, the Probation Officer will ask the parent/juvenile to sign a release so relevant educational information can be obtained by the Juvenile Probation Department, and shared with the Juvenile Probation Department, including, but not limited to behavioral reports, attendance reports, academic reports, diagnostic evaluations, and individual educational plan. The Juvenile Probation Officer shall contact the school within five business days of completed releases being signed. Duplicate assessments and services should be avoided.
- h) After receiving and reviewing all reports from system partners and conferring with them as appropriate, the Probation Officer will make treatment, supervision, rehabilitation, and disposition recommendations (whether court involved or not) that consider the following:
- (1) Client's status with each system
  - (2) Client's goals in each system
  - (3) Client's strengths
  - (4) Client's needs
  - (5) Client's risk factors
  - (6) Client's protective factors
  - (7) Designation of tasks and who is responsible

In cases where the Court has proceeded with a finding before this information can be considered, all efforts should be made to gather reports prior to a disposition being entered. At times, information may not be available until after finding, adjudication, and disposition; however, this should be a rare exception.

While Disposition is pending, Probation Officers shall maintain a minimum of monthly contact with each system partner to ensure partnership and future collaboration.

As part of ongoing evaluation and disposition recommendations, officers are to consider what additional supports are necessary for the juvenile and family. Using the risk and need principle, combined with professional evaluations, and cross system collaboration, appropriate community-based programs shall be implemented timely. This evaluation of appropriate programs shall include consideration for hi-fidelity wrap around services. Hi fidelity wrap around services are proven beneficial for juveniles with mental health needs and promotes increased self-sufficiency, therefore, decreasing reliance on system resources.

- i) The Juvenile Probation Officer will document all contacts with CYS and collaborative partners in the Juvenile Probation record consistent with existing documentation protocols.
- j) **DETENTION HEARINGS** – Due to the accelerated time periods associated with cases in which youth are detained, complete and thorough collaborative case management and multi-system input is not possible prior to all detention hearings. In these circumstances, intake officers are to contact Children and Youth Services, behavioral health providers, and school personnel prior to the detention hearing and gather whatever relevant information is permissible pursuant to the Coordination of Services Memorandum of Understanding. In addition, intake personnel shall gather all relevant information from the juvenile and family prior to the detention hearing. Other relevant system partners should be invited to attend the detention hearing but are not required to do so. Further, if the detention decision is to be readdressed at a subsequent detention hearing, the intake probation officer shall be prepared with cross system information prior to that hearing.

## **2) Intake Protocol – Children and Youth Services**

- a) For all cases accepted for investigation/assessment by the Children and Youth Services Intake Department, the Intake Caseworker will also ask the families with youth age 10 and over if there is current involvement with the Office of Juvenile Probation and if so, obtain the name of the current Probation Officer. To further ensure this information is explored, it is part of the staffing questions.
- b) If CYS receives a Childline referral from the Juvenile Probation Department after they have screened for dependency concerns, and the case is not already open with CYS, the CYS Intake Screener will discuss information regarding any dependency concerns mentioned in the referral with the Probation Officer. The referrals will be forwarded to the CYS Intake Screening Supervisor and Manager. CYS will respond to the Juvenile Probation Officer within one business day after receiving the referral to gather follow up information and/or to inform the Probation Officer of the decision by CYS to open or screen out the referral.
- c) If the case is open with Juvenile Probation, the CYS Caseworker will request that the parent(s) sign a release of information form, if not already obtained by the Juvenile Probation Officer, so relevant information can be obtained from Juvenile Probation, and shared with Juvenile Probation, including but not limited to a case summary, safety assessment, risk assessment, Family Service Plan (FSP), and Court Order(s). Also, any relevant information regarding the involved youth (school records, evaluations, etc.) should be shared between CYS and Juvenile Probation. The CYS worker will contact (by email) the current Juvenile Probation Officer, within 5 business days, with a copy to their own Supervisor and the Probation Supervisor, to determine the status of the delinquency case and advise the Probation Officer of the pending dependency case.

- d) The assigned CYS Intake Caseworker will conduct an assessment to determine if there are youth maltreatment and/or dependency concerns that necessitate ongoing services.
- e) When CYS intake receives a new case where the allegations involve untreated behavioral health concerns, they will contact the designee from the Department of Human Services to determine the youth's behavioral health treatment history as reflected in the medical assistance system.
- f) During the Intake Assessment, the CYS caseworker will ask the family about past and present involvement with the behavioral health system. Parent/Juvenile will be asked to sign releases so relevant information can be obtained by CYS, and shared with CYS, including but not limited to, case summary, diagnostic evaluations, and treatment plan. CYS will contact the provider within 5 business days to confirm services, obtain information, share pending case information, and confirm contact information. Duplicate assessments and services should be avoided.
- g) When CYS intake receives a new case where allegations involve truancy, school concerns, or needs information that would be pertinent to the assessment, they will contact the designee from the youth's home school district within 5 business days to determine if the youth is enrolled in the district and if attendance issues exist.
- h) During the Intake process, the CYS caseworker will ask the family about the current educational status of the youth. Parent/Juvenile will be asked to sign releases so relevant information can be obtained by CYS, and shared with CYS, including, but not limited to behavioral reports, attendance reports, academic reports, and IEP. CYS caseworkers shall contact the educational partners within 3 days of the completed releases. Duplicate assessments and services should be avoided.
- i) Following the completion of the CYS intake assessment, a determination will be made regarding whether the case will be accepted for ongoing services.

If the case is accepted for services by CYS, the Juvenile Probation Officer and other system partners will be notified and provided with the name of the ongoing CYS Caseworker.

If the case is not accepted for ongoing services, the Juvenile Probation Officer will be notified. CYS will provide a summary and recommendations to the Delinquency Court. If there are concerns from the Probation Officer as to why a case was not opened for services, the Probation Officer should follow the chain of command to discuss and resolve the disagreement.

- j) CYS will document all contacts with Juvenile Probation and system partners in the CYS record.

### **3) Ongoing Assessment of System Involvement**

Effective planning across systems is not a static "once and done" activity: rather it is an ongoing process from the moment a youth and family enter a service door and ends when they no longer need services or when the youth transitions out of child serving systems.

- a) If cross system collaboration was not necessary at the intake stage, the Juvenile Probation Department shall continually assess for any child welfare concerns and document dependency screening every six months until case closure. This ongoing dependency screening aims to determine whether potential dependency issues exist for the youth and/or minor siblings who live in

the home. If child welfare issues are identified, the Juvenile Probation Officer will make an immediate Childline referral for assessment and potential investigation by CYS. It is preferred that Childline referrals be made online however, if that is not possible and the referral is submitted by telephone, form CY-47 shall be completed by the Probation Officer and forwarded to the Children and Youth Services Screening unit within 24 hours.

Upon receipt of the referral, the CYS Intake Screener will contact the Juvenile Probation Officer to gather additional information and/or provide an update on the planned response by CYS. The Probation Officer will forward a copy of all relevant information to CYS within 48 hours of CYS making the request for the information.

If CYS accepts the case for investigation, cross system collaboration protocols shall commence immediately.

- b) The CYS Caseworker will continue to review each youth using the below safety and risk assessments following established CYS procedures to determine if dependency issues still exist. CYS personnel shall consult with the Juvenile Probation Officer in conducting this assessment. Any changes or determinations made by CYS will be shared with the Juvenile Probation Department.
  - Safety Assessments
    - Safety should be assessed at every contact and documented in case notes
    - Within three business days of receiving evidence that suggests a change in safety
    - Within thirty days prior to any planned return home from an informal or formal placement
    - Within three business days following any unplanned return home from an informal or formal placement.
    - Within thirty days prior to case closure.
  - Risk Assessments
    - Every six months
    - Within thirty days prior to any planned return home from placement
    - Within thirty days after any planned return home from placement
    - Within two weeks of any unplanned return home from placement
    - At the agency's discretion
    - Within thirty days prior to case closure
  - Family Services Plans
    - Within sixty days of accepting the family for ongoing services
    - At least every six months
- c) When juveniles meeting the definition of crossover youth or shared case responsibility are not involved in behavioral health services or experiencing school difficulty, CYS and Juvenile Probation Officers should continually assess the need to refer to behavioral health services and assess the need to include school personnel, where appropriate, in support of a comprehensive supervision and treatment plan.

#### **4) Contact Expectations and Teaming for All Crossover (including SCR) and Multi-Systems Cases**

- a) Each agency will follow their respective face-to-face client contact guidelines. Assigned Juvenile Probation Officer and CYS workers should see youth a minimum of monthly. When juveniles are placed in residential settings or permanent living arrangements that make routine face-to-face meetings a challenge due to distance, each agency shall follow their established protocols to ensure consistent communication and health and welfare checks are completed.
- b) There will be a minimum of one monthly meeting (virtual or in-person) between the Children and Youth Services caseworker and Juvenile Probation Officer. Active behavioral health provider(s) will be invited. If the juvenile is enrolled in school, education system partners will also be invited. Topics to be discussed and documented shall include, but not be limited to:
  - a. Client's progress toward goals with each system
  - b. Client's strengths
  - c. Client's needs
  - d. Client's risk factors
  - e. Client's protective factors
  - f. Designation of tasks and who is responsible

If behavioral health and school personnel are unable to attend or participate by phone in this meeting, Probation Officers and CYS Caseworkers shall request a written summary of the above information from the education and behavioral health partners to ensure their perspective is known and considered in the planning process.<sup>1</sup>

It is the mutual responsibility of each agency caseworker to ensure this meeting is scheduled timely, however, Juvenile Probation Officers shall schedule this meeting at least monthly. Parents/caregivers and the youth are to be invited to the meeting. Attendance by the youth and family is voluntary and the juvenile may choose to include an additional advocate(s) in the meeting. The juvenile's defense attorney, CASA representative, and guardian ad litem shall also receive invitations to the meeting.

Efforts to schedule the team meeting shall be documented in the case records. If 30 days have elapsed with no successful collaborative meeting, CYS caseworkers and Juvenile Probation Officers shall immediately report this to their supervisor.

- c) Juvenile Probation Officers will provide notice to the CYS caseworker for each Delinquency Court hearing, both during the intake process and post-disposition. The CYS caseworker should attend each delinquency hearing. In addition, Juvenile Probation Officers will invite behavioral health treatment providers and education system parties to attend each Delinquency Court hearing. If a juvenile has been assigned a guardian ad litem and/or court appointed special advocate, they shall also be invited to the hearing. At the end of each Delinquency hearing, the date for the next hearing is to be provided to all participants. All parties should make note of the date as no additional formal

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<sup>1</sup> If team meetings are needed outside of a standard once per month schedule, any member of the team can request a meeting. If school, behavioral health professionals, or the youth and/or family have a need to come together, CYS and Juvenile Probation Officers shall make all attempts to attend the meeting.

correspondence will be provided by the Court, but ongoing collaboration will offer reminders as planning continues to occur.

- d) CYS will invite the Juvenile Probation Officer, and system partners to each Dependency Court hearing, including shelter care, adjudicatory, and review hearings. The Probation Officer must attend the hearing. Before or during any Dependency proceeding, the presiding Judge or Hearing Officer will determine the level of involvement for each stakeholder in that hearing.
- e) The CYS Caseworker, Juvenile Probation Officer and system partners will work together to come to an agreement about court recommendations for cases involved with their respective agencies. The goal is to provide an individualized plan that reduces redundancy, reduces family burden, and collectively addresses the juvenile and family needs. This will support the CYS staff, Juvenile Probation Officers, and system partners in their case planning activities and when appropriate, help them develop recommendations to the Court.
- f) If the CYS caseworker and Probation Officer are unable to reach a resolution, the matter will be elevated to their direct supervisors.
- g) If there continues to be a disagreement between supervisors, CYS and Juvenile Probation administrators will review the case and clarify an agreed upon decision in coordination with system partners.
- h) Before either CYS or Juvenile Probation closes the case, a team meeting, in person or virtual, between the Probation Officer and CYS caseworker must be held to ensure each party has the opportunity to relay any new information and express concerns or agreement. Other system partners will also be invited to participate in this meeting. In practice, this specific issue of a system closing services will be discussed at the routine monthly meetings. If not addressed at the monthly meeting, an additional team meeting must occur prior to closure.
- i) There may be times when cases with complex issues need lengthy discussion and review. Administrators will refer these cases for Client Specific Consideration Meetings. These meetings will be held as needed and as expeditiously as possible depending on the circumstances. Client Specific Consideration Meetings are collaborative meetings held between CYS and the Juvenile Probation Department regarding high risk and/or complex cases. These meetings serve to address disagreements between the agencies in addition to monitoring the ongoing collaboration between CYS, Juvenile Probation and their system partners. Administrators/managers from either system can call the meeting and the agency director and deputy director should also receive an invitation.
- j) Quarterly meetings will be scheduled between designated administrators from CYS and Juvenile Probation to review compliance with established protocols and procedure. As needed, educational and behavioral health partners should be invited to join the administrator meetings. The CYS quality assurance unit will schedule the quarterly meeting. Appointed designees from each agency will attend the meeting.

**5) Additional CYS and Juvenile Probation Officer responsibilities for cases deemed Shared Case Responsibility**

The CYS Caseworker will:

- a) When the juvenile is in residential placement through dependency order, ensure and/or arrange medical and dental care are provided and confirm needed evaluations, treatment, and behavioral health services.
- b) Assume primary responsibility for the development of the Family Service Plan (FSP). The CYS Caseworker will prepare the CPP (Child Permanency Plan) only for youth who reside in CYS placements. The FSP and CPP should include language indicating the case is considered Shared Case Responsibility.
- c) Youth with an SCR order are eligible for Independent Living Services in the following circumstances:

	Cross-over Youth who are Adjudicated Dependent and are in placement at age 14 or older	Cross-over Youth who are Adjudicated Delinquent and are in placement at age 14 or older	Dually Adjudicated Youth who are in a IVE eligible placement, age 14 or older	Adjudicated Delinquent Youth with a Shared Case Responsibility Order
Eligible for Chafee Independent Living Services	X		X	X

- d) Make a recommendation in the FSP and CPP to refer the youth for Independent Living and for a Youth Transition Conference for youth age 14 years and older.
- e) Complete all safety assessments, risk assessments, and FSPs within established designated timeframes.
- f) Ensure there is a quality visit made to each youth in placement at least monthly, whether performed by the CYS Caseworker, Juvenile Probation Officer, or an approved vendor caseworker.
  - i. CYS and JPO will collaborate to plan monthly quality visits, attempting whenever possible to conduct them jointly. All documentation needs to be put in as a contact through the CYS Case management System with the designated "FC" button for the purposes of federal submission.
  - ii. If the youth is seen by CYS alone, CYS will provide an update and documentation of the visit to JPO.
  - iii. If the youth is seen by JPO alone, JPO will provide an update and documentation of the visit to CYS.
  - iv. For youth placed out of the state, CYS and JPO will share the responsibility of at least, monthly visitation. For example, if the CYS Caseworker visits the youth in January, the Probation Officer will visit them in February.
- g) Ensure that family visitation is arranged for all youth in out of home placement.

- h) Attend all Court hearings for both CYS and Delinquency cases. The Adoption and Safe Families Act (ASFA) requirements apply for all dually adjudicated youth and for youth with an SCR Order, to include requirements to file petitions to terminate parental rights, when applicable, and to seek adoptive placements as a first goal of permanency, should a return home be ruled out.
- i) Assume responsibility for all court work specific to CYS and ensure required judicial determinations are stated in the Court removal order.
- j) Make referrals for Independent Living Services for SCR youth in placement as of their 14<sup>th</sup> birthday and develop comprehensive transition plans for all youth prior to their 18<sup>th</sup> birthday.

The Juvenile Probation Officer will:

- a) If placed by delinquency order, ensure and/or arrange that medical and dental care are provided and confirm needed evaluations, treatment, supervision, and behavioral health services.
- b) Attend all Court hearings for both delinquency and dependency cases.
- c) Assist in the development of comprehensive transition plans for all youth aging out of CYS custody at age 18 or older.
- d) Assume responsibility for all court work specific to delinquency proceedings and ensure required judicial determinations and required judicial language are incorporated in the Court removal order, specifically:  
  
[“Insert juvenile’s name”] be placed under the shared case responsibility of Children and Youth Services and Juvenile Probation for the youth’s care, placement, case management and services to the family. Shared case responsibility will be terminated on the juvenile’s 18th birthday unless CYS has approved [“Insert juvenile’s name”]’s request to remain in CYS custody.”
- e) Ensure there is a quality visit made to each youth in placement at least monthly, whether performed by the CYS Caseworker, Juvenile Probation Officer, or an approved vendor caseworker.

#### **6) SCR Order Termination**

Shared Case Responsibility will end when circumstances change, and the definition of SCR is no longer met. If an adjudication of dependency is rescinded or the delinquency placement episode ends, Shared Case Responsibility is no longer valid; however, crossover or multi-systems case protocols still need to be followed if both agencies remain open and active. See section 4- f for case closing procedures.

When circumstances change and SCR is no longer valid, two options are available to rescind the SCR order language if prior to the client’s 18<sup>th</sup> birthday. If a delinquency hearing is scheduled to occur within 30 days, the order language can be discussed and recommended at the hearing. If no hearing is scheduled to occur within 30 days, the Probation Officer will file a memo with the Delinquency Court seeking the appropriate order terminating the SCR status. If the SCR termination is due to a change in dependency status, the CYS caseworker will provide this in writing to the Probation Officer to be included in the court filing. The Juvenile Probation Officer will provide CYS with a copy of the Court Order.

Addendum C - MSI Memorandum of Understanding

**COORDINATION OF SERVICES MEMORANDUM OF UNDERSTANDING**

This Coordination of Services Memorandum of Understanding (**the “Agreement”**) by and between the Delaware County Department of Behavioral Health & Developmental Programs, Delaware County Children & Youth Services acting on behalf of (Delaware County), and the Delaware County Juvenile Probation Office, acting on behalf of the Delaware County Court of Common Pleas the undersigned Intermediate Unit(s), (collectively, the “Parties”) is effective **April 27, 2023** (“Effective Date”).

**WHEREAS**, the Parties individually and collectively, as a “Working Group”, have an interest in assuring quality of care and services, including prompt access to behavioral health care and other services needed by minors at risk of requiring behavioral, educational or treatment interventions and/or incarceration (“juveniles at-risk”); and

**WHEREAS**, the Parties are cognizant of established social indicators of health and social service outcomes and desire to reduce juvenile violence and juvenile incarceration in Delaware County, promote juvenile behavioral health and favorable social service outcomes; and

**WHEREAS**, to effectuate this agreement, the Parties have established and agreed to a set of operating Protocols which is attached as exhibit A; and

**WHEREAS**, the Parties agree that reduction of juvenile violence and/or juvenile incarceration requires significant cooperation and coordination by and among the Parties serving juveniles in Delaware County, and the Parties desire to formalize the understanding they have reached with respect to such cooperation and coordination; and

**WHEREAS**, the Parties recognize that their cooperation and coordination will require the exchange of minimally necessary individual information to assure timely access to and planning for treatment, services and payment for such treatment/services; and

**WHEREAS**, children covered by this Agreement include, in part, those children and youth known to Delaware County Children and Youth Services (“Agency”) who are being served while remaining in their own homes, and those who have been placed by the Agency or by order of the court in a licensed setting in a shelter home or facility, a foster family or group home, a residential child care institution or in a unlicensed setting with a relative or non-relative or any combination thereof; and

**WHEREAS**, the Parties agree that it is their desire to share information and that such information sharing between systems is essential to providing effective services to children known to the Agency; and

**WHEREAS**, Act 78 of 2016 provides that information-sharing agreements may be developed in each county among the county children and youth agency, juvenile probation department, local law enforcement agencies, mental health agencies, drug and alcohol agencies, local school districts and other agencies and entities as deemed appropriate to enhance the coordination of case management services and the supervision of children who have been accepted for service by a county children and youth agencies or who are being supervised by a juvenile probation department; and

**WHEREAS**, Act 78 codifies the public interest and interests of the Parties to be served by this Agreement, including maintaining core services for its most vulnerable children and families; achieving integrated service delivery to achieve greater well-being, self-sufficiency, independence; and restorative justice and

**WHEREAS**, the Pennsylvania legislature has clarified exceptions to the Pennsylvania Mental Health Procedures Act in Act 32 of July 7, 2022 to include the sharing of personal health information for treatment, payment and healthcare operations including quality improvement by covered entities and their business associates as such purposes are defined in 45 CFR 160.103;

**NOW, THEREFORE**, in consideration of the foregoing and the mutual covenants contained herein, the Parties agree as follows:

**A. Coordination of Care**

In order to ensure availability to and access by Delaware County youth to behavioral health and other services provided by the Parties and Intermediate Units, the Parties shall adhere to the following policies and procedures:

**1. Exchange of Individual Information**

- a) All collaborative activities hereafter referenced in this agreement shall adhere to state and federal confidentiality laws and regulations.
- b) The Parties and Intermediate Units shall share among each other minimally necessary individual health and social information, such as periodic treatment and planning updates, subject to all state and federal confidentiality laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act ("HIPAA") and regulation promulgated thereunder. The Parties hereto acknowledge their individual obligations, as covered entities or business associates, to comply with the privacy regulations promulgated to implement HIPAA. Each party shall employ commercially reasonable efforts to implement HIPAA privacy requirements in a manner that allows for the effective exchange of clinical information for treatment, payment and healthcare operations purposes, as described in 45 CFR § 164.506(c), while complying with applicable confidentiality requirements. Each Intermediate Unit agrees that, upon request, its notices of privacy practices shall be provided to the Parties to facilitate such treatment, payment and healthcare operations purposes. The Parties acknowledge that certain federal or state laws may take precedence over HIPAA. In the event language found elsewhere in this Agreement conflicts with the intention stated herein, this clause takes precedence to direct the compliance of exchange of individual information.
- c) Alcohol and Substance Abuse Records. Each party acknowledges and agrees that if it receives, stores, processes, has access to, maintains, or otherwise deals with "patient identifying information" or "records" as defined in 42 C.F.R. § 2.11 from an alcohol/drug abuse "program," as defined in 42 C.F.R. § 2.11, that is federally assisted in a manner described in 42 C.F.R. § 2.12(b), then it is fully bound by the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, with respect to such information and records, including but not limited to the duty to resist in judicial proceedings any efforts to obtain access to such information or records, other than as permitted by law.
- d) The Parties further acknowledge and agree to safeguard the confidentiality of data in accordance with the Pennsylvania Drug and Alcohol Abuse Control Act, 71 P.S. § 1690.108 and the applicable implementing regulations at 4 Pa. § 255.5 (b) and 257.4; and the Pennsylvania Mental Health Procedures Act, 50 P.S. § 7111, and the applicable implementing regulations at 55 Pa. Code § 5100.31-5100.39.
- e) The Parties shall share among each other minimally necessary clinically relevant information,

*Mutual Cooperation and Coordination Agreement*  
*Page 3 of 7*

such as medical and behavioral health diagnoses, admissions and discharges, medications, and at least annual treatment updates.

- f) The Parties shall work together, where appropriate and in the best interests of the juvenile, to obtain a fully informed Consent to Share Information Form

**2. General**

- a) The Parties, and their liaisons where applicable, agree to communicate with the juvenile's care and/or service coordinators to coordinate services, exchange relevant enrollment and individual health-related information and services needs of juveniles, including the institution of a process to monitor such activity, and a process to monitor the quality management and utilization management responsibilities of each party.

To assure the effectiveness of this Agreement, all Parties agree to adopt a regular meeting schedule and will identify a contact individual within each organization to facilitate communication throughout the term of the Agreement. Additionally, the Parties agree to set up a forum to discuss opportunities to assess training needs, consultation, and sharing of information between the Parties to facilitate the cost-effective use of resources. The Parties also agree to meet regularly, or as requested by a party, to resolve any outstanding issues existing between them.

- The liaison for the Delaware County Department of Behavioral Health is:  
Name: **Angelique Hiers**

Address:

Phone:

- The liaison for the Delaware County Children & Youth Services is:

Name: **Vanessa Pierre**

Address:

Phone:

- The liaison for the Delaware County Juvenile Probation Office is:  
Name: **Danielle A. DiMatteo**

Address:

Phone:

- The liaison for Intermediate Unit 25 is:

Name: **Maria Edelberg, Ed.D.**

*Mutual Cooperation and Coordination Agreement*  
*Page 4 of 7*

Address: 200 Yale Avenue, Morton, PA 19070

Phone: (610) 938-9000

- b) Coordination of care by the Parties will include interaction, problem identification, and problem resolution in order to reduce barriers or boundaries that impede appropriate health care and service delivery and quality to juveniles at-risk.
- c) The Parties agree to work cooperatively to establish programmatic responsibility for each juvenile at-risk.
- d) The Parties shall comply with applicable non-discrimination laws, including without limitation, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, and the Rehabilitation Act of 1973 and Section 1557 of the Affordable Care Act of 2010, as well as their implementing regulations
- e) The Parties will use reasonable efforts to ensure continuity of care for children and adolescents with serious emotional disturbances who receive or are in need of mental health and/or drug and alcohol services.

**B. Data Collection/Reporting/Sharing**

- 1. The Parties agree to develop procedures on the collection of information on the services delivered to juveniles at-risk, which information shall be shared among the Parties.
- 2. The Parties agree to develop provisions for the notification of reportable conditions experienced by juveniles at-risk to the appropriate regulatory agency as required by law.
- 3. The Parties agree to share necessary data to ensure delivery of appropriate health-related services to juveniles at-risk.
- 4. The Parties agree to identify and collect data to assess the effectiveness of the cross-system coordination, including but not limited to adherence to established protocols with fidelity, evaluating system outcomes and population outcomes.

**C. Confidentiality**

- 1. The Parties recognize and acknowledge that performance of this Agreement may result in the disclosure to the other Party of trade secrets, proprietary information, and confidential information (collectively referred to as "Confidential Information"). The non-disclosing party agrees that it and its employees, representatives, and agents shall treat Confidential Information as strictly confidential and shall: (i) protect the Confidential Information from unauthorized use or disclosure either directly or indirectly, and keep it confidential; (ii) use the Confidential Information only for purposes related to this Agreement; (iii) not disclose or otherwise permit any third person or party access to the Confidential Information without prior written authorization by the disclosing party; and (iv) limit disclosure to necessary individuals and ensure that individuals exposed to Confidential Information are advised of its confidential nature and their obligations hereunder.
- 2. This Section, (C. Confidentiality), shall survive termination of this Agreement. The Parties agree that the breach or prospective breach of this provision will cause irreparable harm of which money damages may not be adequate. The Parties agree that in addition to any other remedies, the non-breaching party shall be entitled to injunctive or other equitable relief to restrain the breach hereof.

**D. Medical Records**

1. The Parties shall agree that only necessary information will be sought and shall be for the purpose of advancing services for the child (juvenile) and/or family.
2. The Parties agree to obtain the appropriate releases necessary to share clinical information and provide health records to each other as requested, consistent with all applicable laws.
3. The Parties agree to maintain the confidentiality of medical records of the juveniles served or to be served by them in accordance with all applicable state and federal laws.

**E. Other**

**1. Term and Termination**

- a) This Agreement shall become effective as of the Effective Date first written above and shall continue in effect for an initial period of one (1) year. Thereafter this Agreement shall automatically renew for successive one (1) year terms unless terminated as provided herein.
- b) This Agreement shall continue in effect during the term of the Parties' participation in the current Working Group of the Parties or successor group to promote juvenile behavioral health and favorable social service outcomes and reduce juvenile violence and incarceration. The Agreement will be reviewed annually and amended as appropriate.
- c) This Agreement may be terminated by mutual agreement of all Parties.

**2. General Provisions**

- a) Amendment

This Agreement may be amended only in writing and approved in writing by all Parties.

- b) Entire Agreement

This Agreement, exhibit A which has been incorporated herein and amendments thereto constitute the entire understanding and agreement of the Parties hereto and supersedes any prior written or oral agreement pertaining to the subject matter hereof.

- c) Waiver/Compliance with Terms

Waiver of any part of this Agreement shall not be considered a waiver of any other part of this Agreement. Failure to insist upon strict compliance with any of the terms of this Agreement (by way of waiver or breach) by either party hereto shall not be deemed to be a continuous waiver in the event of any future breach or waiver of any condition hereunder.

- d) Severability/Invalid Provisions

If any portions of this Agreement shall, for any reason, be invalid or unenforceable, such portions shall be ineffective only to the extent of any such invalidity or unenforceability, and the remaining portion or portions shall nevertheless be valid, enforceable and of full force and effect; provided however, that if the invalid provision is material to the overall purpose and operation of this Agreement, then this Agreement shall terminate upon the severance of such provision.

e) Independent Contractors

None of the provisions of this Agreement is intended to create, nor shall it be deemed or construed to create, any relationship between the Parties other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement.

f) Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania and all applicable federal laws.

g) Counterparts and Facsimile Signatures

This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The Parties agree that transmission to each other of this Agreement with the transmitting party's facsimile signature shall suffice to bind the party signing and transmitting same to this Agreement the same manner as if the Agreement with an original signature had been delivered. Without limitation to the foregoing, the Parties agree that the party who transmits this Agreement with its facsimile signature covenants to deliver the original thereof to the other party with reasonable promptness thereafter.

h) Section Headings

The headings and captions of the Sections of this Agreement are for the convenience of reference only and do not in any way modify, interpret or construe the intention of the Parties or affect the provisions of the Agreement.

i) Compliance with Federal and State Laws

Throughout the term of this Agreement, it shall be each party's responsibility to maintain compliance with all state and federal laws and regulations that affect its respective operations and the furnishing of covered services under this Agreement.

j) No Third Party Beneficiaries

This Agreement shall be construed to give rights and place obligations solely upon the Parties to this Agreement.

*Signature Page*

**IN WITNESS WHEREOF, the forgoing Coordination of Services Memorandum of Understanding has been duly executed by the Parties hereto as of the Effective Date defined herein.**

**DELAWARE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL PROGRAMS**

DocuSigned by:  
By: *Angelique Hiers*

8F72533E79CD40E...  
Print Name Angelique Hiers

Title Director, Department of Human Services

Date: 9/25/2023

**DELAWARE COUNTY OFFICE OF CHILDREN & YOUTH**

DocuSigned by:  
By: *Vanessa Pierre*

10B27DBF44B...  
Print Name Vanessa Pierre

Title: Children and Youth Services Administrator

Date: 9/25/2023

**DELAWARE COUNTY JUVENILE PROBATION OFFICE**

DocuSigned by:  
By: *Danielle A. DiMatteo*

C2C1CCD807484C81  
Print Name Danielle A. DiMatteo

Title Director (Chief)

Date: 9/25/2023

**INTERMEDIATE SERVICE UNIT NO. 25**

By: *Maria Edelberg*

Print Name Maria Edelberg, Ed. D.

Title Executive Director

Date: 9/25/23

**Agenda- MSI Pilot Training**

**I. Welcome/ Opening Remarks 2-3 minutes**

Melanie will “call to order” and Review Housekeeping issues

March 9, 9AM: **TBD (MELANIE GOVAN WILL BE THE DEFAULT IF NO LEADERSHIP TEAM VOLUNTEER)**

March 13, 1PM: **KIM MECCA**

March 16, 1PM: **JUDGE LOWE**

March 20, 9AM: **JANET DREITLEIN**

**II. Overview video from Shay Bilicik- 4 minutes**

Melanie will bridge to CYS with a few sentences

**II. CYS Overview- 10 minutes**

March 9, 9AM: **BETH PRODOEHL**

March 13, 1PM: **GRETCHEN SIDLER**

March 16, 1PM: **GRETCHEN SIDLER**

March 20, 9AM: **BETH PRODOEHL**

Beth/Gretchen turn it over to Jeremy

**III. JPO Overview- 10 minutes**

March 9, 9AM: **JEREMY DAMIA**

March 13, 1PM: **JEREMY DAMIA**

March 16, 1PM: **JEREMY DAMIA**

March 20, 9AM: **JEREMY DAMIA**

Jeremy turn it over to Laura

**IV. DHS MH/BH Overview - 10 minutes**

March 9, 9AM: **LAURA KUEBLER**

March 13, 1PM: **LAURA KUEBLER**

March 16, 1PM: **LAURA KUEBLER**

March 20, 9AM: **LAURA KUEBLER**

Laura turn it over to Education

**V. Education Overview - 10 minutes**

March 9, 9AM: **JEREMY CURTIS**

March 13, 1PM: **ED MARSHALECK**

March 16, 1PM: **MELANIE GOVAN**

March 20, 9AM: **KIM MECCA**

Melanie will transition from Education to Protocol

**VI. Protocol Overview- 50 minutes**

All four dates as follows:

1. JPO Intake protocol: **MELANIE GOVAN**

## Addendum D – MSI Pilot Training Agenda

2. CYS Intake Protocol: **GRETCHEN SIDLER**
3. Ongoing Assessment of System Involvement: **GRETCHEN SIDLER**
4. Contact Expectations and Teaming for all Crossover, SCR, and Multi-Systems Cases: **MELANIE GOVAN**
5. SCR Responsibilities: **MELANIE GOVAN (JPO); GRETCHEN SIDLER (CYS)**
6. SCR Order Termination: **MELANIE GOVAN**

### **15-minute BREAK**

Melanie will bring back to order and turn over to Laura

**VII.** Summary of Benefits of the Protocol- 10 minutes (Ask the audience what they believe the benefits are)

All four dates as follows:

1. For the child and family (less repetition, less confusion, etc...): **LAURA KUEBLER**
2. For the 4 systems involved (allocating resources, role clarification, etc...): **MELANIE GOVAN**

**VIII.** Case Scenarios – 15 minutes; Breakout Rooms

**IX.** Case Scenario Report Out/Discussion: **MARY GRANT** – 30 minutes

**X.** Wrap Up: **MELANIE GOVAN**– 5 minutes

# Multi Systems Integration Pilot Program Training

MARCH 2023

# Leadership Team

- ▶ Danielle DiMatteo, Juvenile Court and Probation Services
- ▶ Janet Dreitlein, Department of Human Services
- ▶ Laura Kuebler, Department of Human Services
- ▶ The Honorable Richard H. Lowe
- ▶ The Honorable Nusrat Love
- ▶ Kathleen Magee, District Attorney's Office
- ▶ Kim Mecca, Delaware County Intermediate Unit
- ▶ Vanessa Pierre, Children and Youth Services
- ▶ Alyssa Poole, Office of the Public Defender
- ▶ Olivia Rosenberger, Office of the Public Defender
- ▶ Jack Stollsteimer, District Attorney

# Agenda

- ▶ I. Welcome and MSI Project Overview
- ▶ II. CYS Overview
- ▶ III. JPO Overview
- ▶ IV. DHS MH/BH Overview
- ▶ V. Education Overview/Discussion
- ▶ VI. New Protocols Overview
- ▶ **15-minute BREAK**
- ▶ VII. Benefits of the Protocol
- ▶ VIII. Case Scenarios in Breakout Rooms
- ▶ IX. Case Scenario “Report Out”/Discussion
- ▶ X. Closing

# Children & Youth Services Overview

- ↩ Mission Statement
- ↩ Guiding Principles
- ↩ Direct Services
- ↩ CYS Flow Chart
- ↩ Locations

# CYS Mission Statement

- ↳ Families and Communities are best suited to promote the healthy development and care of parents and children. When families are vulnerable and agency assistance is required, services are most effective when inherent talents, skills and abilities of the family and community are mobilized. The agency will strive to respect the values and the range of human diversity - ethnic, racial, cultural, religious, lifestyles as well as the physical and mental challenges of the people served.

# CYS Mission Statement (cont.)

- ↴ The protection of vulnerable children is the fundamental reason for agency involvement. When intervention is needed, the agency will respond in a family-centered and strengths-supportive manner. The primary aim will be to assist the family in providing safe care for the child. However, when the family is unable to meet the child's needs, the agency will collaborate with the family to develop the most community-sensitive, culturally-aware permanent plan.

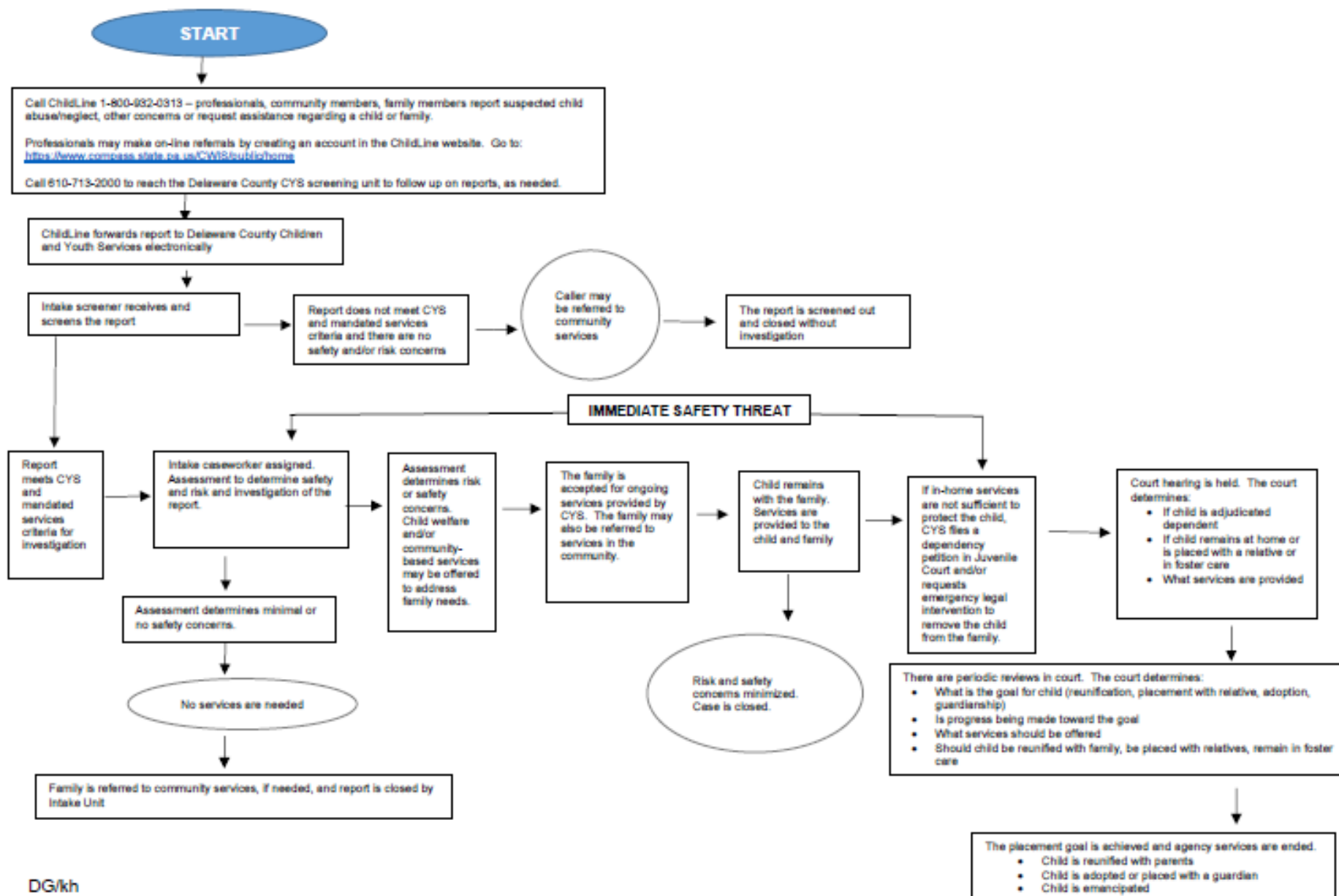
# Guiding Principles

- ↳ Safety
- ↳ Permanency
- ↳ Well-Being

# Direct Services

- ↳ Intake
- ↳ In-Home Protective Services/Services to Children in their Own Home (SCOHO)
- ↳ Placement
- ↳ Resources

# DELAWARE COUNTY CHILDREN AND YOUTH SERVICES (CYS) SERVICES FLOW CHART



# CYS Locations

Eddystone Office  
1510 Chester Pike  
Eddystone, PA 19022  
(610) 447-1000


Upper Darby Office  
20 S. 69<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Upper Darby, PA 19082  
(610) 713-2000

Legal Services  
Government Services Building  
201 W. Front Street, Room G-  
20  
Media, PA 19063

# Juvenile Probation Overview

- ▶ Mission Statement
- ▶ Client Population
- ▶ Probation Officers
- ▶ Disposition Types
- ▶ System Enhancement Strategy
- ▶ Youth Level of Service
- ▶ Flowchart
- ▶ Locations

# Juvenile Court Mission Statement



►To address juvenile crime, promote victim restoration, and strive for the positive development of the youth, families, and communities served and protected by the Court. Utilizing a trauma-informed approach, we are committed to achieving balanced and restorative justice by employing evidence-based practices with fidelity, collecting and analyzing data, measuring the results and outcomes, and always striving to continuously improve the quality of our decisions, services, and programs.

# Who Does JPO Serve?

Juveniles who are charged with violating the PA Crimes Code in Delaware County and are between the ages of 10-17.

Juveniles who reside in Delaware County, but have been found to have committed a delinquent act in another jurisdiction.

# Juvenile Probation Officers

- ↳ A Juvenile Probation Officer is a person who has been appointed by the Court or employed by a County's Juvenile Probation Office, and who has been properly commissioned by being sworn in as an officer of the Court to exercise the powers and duties set forth by the PA Supreme Court rule of Juvenile Court Procedure Rule 195, the Juvenile Act, and the Child Protective Services Law.

# Juvenile Probation Officers (cont.)

- ↵ Intake
- ↵ General
- ↵ School-Based
- ↵ Problematic Sexual Behaviors
- ↵ Community Service
- ↵ Victim Services

# Juvenile Probation Officers (cont.)

Carry out orders of the Court

Ensure a Balanced Approach to Restorative Justice using Evidence Based Practices (BARJ)

- Community Protection
- Accountability
- Competency Development

# Types of Dispositions

- ↵ Pre-Court Diversion
- ↵ Consent Decree
- ↵ Probation
- ↵ Placement

- ↵ All Dispositions are tailored to meet the risk level and needs of the juvenile.

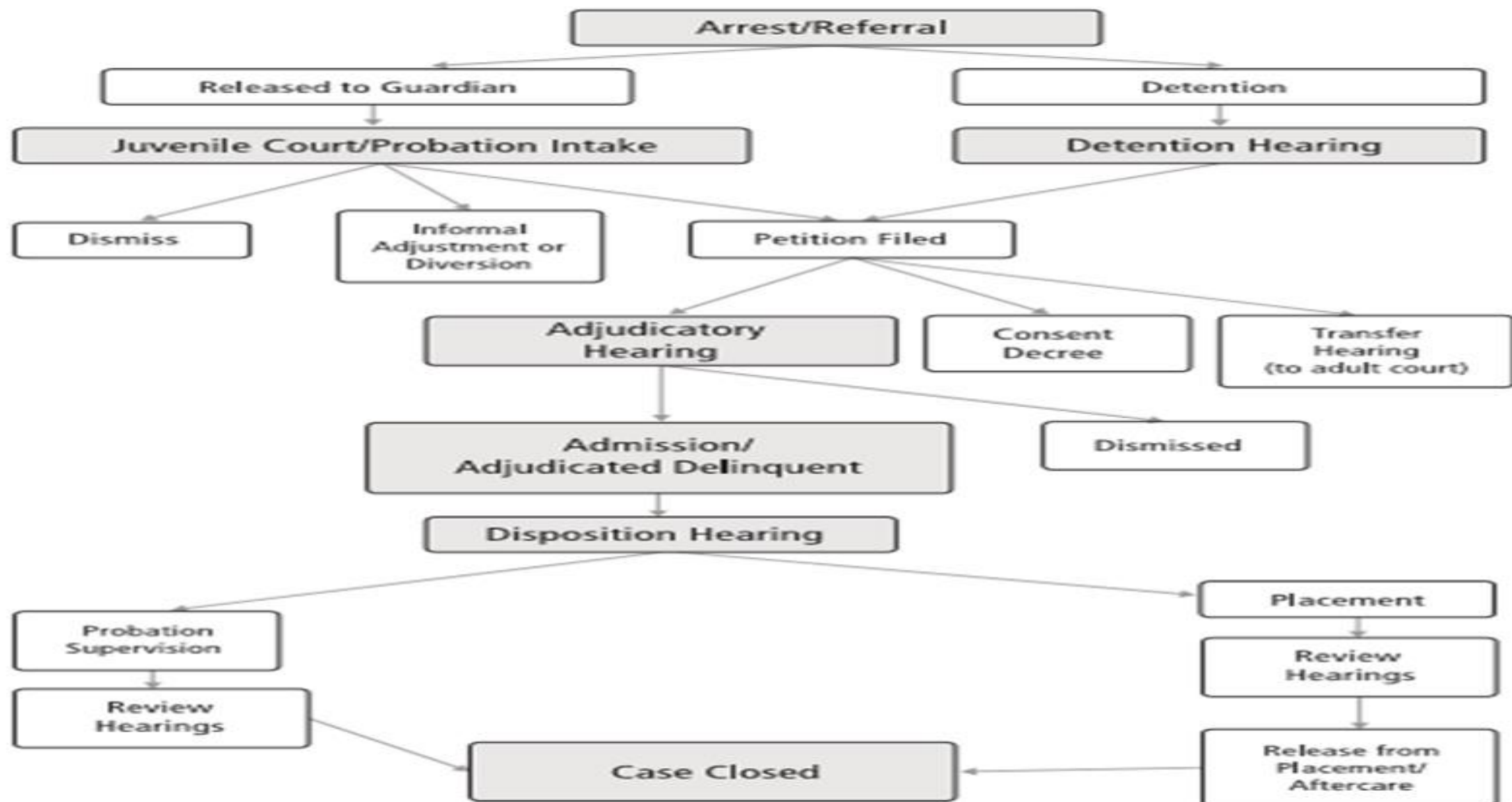
# Juvenile Justice System Enhancement Strategy (JJSES)

- ↴ JJSES initiative was launched in 2011 to enhance the capacity of Pennsylvania's Juvenile Justice Systems to achieve balanced and restorative justice.
- ↴ JJSES framework relies on agencies to promote Evidence Based Practices at all stages of the Juvenile Justice process.
  - ↵ Better identification of the juvenile's risks, needs, and strengths (YLS)
  - ↵ Case Planning - collaborating with parents, schools, local agencies, community based programs, and treatment providers
  - ↵ Providing specific interventions and programs to address the juvenile's identified risk factors (ART, Carey Guides, MST, T4C)

# Youth Level of Service Assessment

- ↴ Youth Level of Service (YLS) is a valid assessment tool used to measure both a youth's risks and needs.
- ↴ YLS assesses the risk for recidivism by measuring 42 risk/need factors over the following eight domains:
  - Prior and current offenses
  - Family circumstances/parenting
  - Education/Employment
  - Peer relations
  - Substance abuse
  - Leisure/recreation
  - Personality/behavior
  - Attitudes & orientation

## PENNSYLVANIA'S JUVENILE JUSTICE FLOWCHART



# Delaware County Juvenile Court

## Regional Offices:

Juvenile Probation Department  
Main Office: Fronefield Building  
201 W. Front Street, Media, PA  
19063

Upper Darby: 6909 Ludlow Street, 6th  
Floor

Sharon Hill: 1600 Calcon Hook Road

Chester: 151 W. 5th Street

[www.co.delaware.pa.us/courts/juvenilecourt.html](http://www.co.delaware.pa.us/courts/juvenilecourt.html)



# Delaware County Department of Human Services

CHILDREN'S MENTAL HEALTH SERVICES

# Delaware County Children's Public Mental Health Services

## ▶ Entrance into Mental Health Services

▶ Immediate need due to safety issues – contact Mobile Crisis Team and/or go to closest Crisis Center/Emergency Department.

▶ Not immediate need but needed – contacting your health insurance provider for list of Mental health providers to schedule intake.

▶ *If you have private insurance and Medical Assistance (Community Care Behavioral Health for Delco residents), utilize private insurance first.*

▶ \*\*\* If no insurance – contact County Assistance Office and/or our Base Service Providers (Crozer & Merakey) for steps to apply for Medical Assistance for your child.

▶ **Mental Health Clinical Services – all services start with an intake appointment**

# MENTAL HEALTH CLINICAL LEVELS OF CARE

<b>Most Restrictive</b>	Inpatient hospitalization
	Residential Treatment/CRR-Host home
	First Episode Psychosis Program (On My Way)
	Partial Hospitalization
	Family Based Services
	Intensive Behavioral Health Services
	Multi-Systemic Therapy
	Adolescent Dialectical Behavioral Therapy
	Parent-Child Interaction Therapy
	Pivotal Response Therapy
	Summer Therapeutic Activities
	Therapeutic After-School Programs
<b>Least Restrictive</b>	Outpatient Services

- ▶ Mental Health Supportive Services – all services start with a referral form and/or intake appointment

High Support

High Fidelity Wrap Around  
Mental Health Respite

Transitional to Independence Program

Transitional Age Youth Certified Peer Specialist

Blended Case Management

Less Support

Family Peer Navigator – Delco Contact

- ▶ Educational Mental Health Supportive Services – follow educational laws, school district policies, and IEP recommendations.

Most restrictive

Out of District Placement – Alternative School

IEP recommended Emotional Support Services

School Based Educational Services (select districts)

Student Assistance Program Liaison

Least restrictive

District Guidance Counselors/Social Workers


# PA Mental Health Procedures Act of 1976

- 201 PETITION - VOLUNTARY PRESENTATION TO PSYCHIATRIC SERVICES
- 302 PETITION - A REQUEST FOR AN INDIVIDUAL TO INVOLUNTARY PRESENT FOR PSYCHIATRIC SERVICES
- ANYONE FILING A 302 PETITION MUST HAVE DIRECTLY WITNESSED THE ACTUAL ACTS, STATEMENTS, BEHAVIORS.
- AN APPROVED 302 PETITION IS A CIVIL WARRANT AUTHORIZED BY A COUNTY DELEGATE, PHYSICIAN, OR POLICE OFFICER TO TAKE AN INDIVIDUAL TO THE NEAREST CRISIS CENTER FOR AN IMMEDIATE EVALUATION AGAINST THEIR WILL DUE TO CONCERNS OF IMMINENT DANGER.
- - 302 PETITION GUARANTEES THAT AN INDIVIDUAL WILL RECEIVE AN EVALUATION. IT DOES NOT GUARANTEE AN ADMISSION TO AN INPATIENT UNIT. THAT NEEDS TO BE DETERMINED BY EVALUATING DOCTOR.

# PA ACT 65 of 2020

(modification to Mental Health procedures act)

- PA ACT 65 OF 202 REPLACED ACT 147 IN STATING THAT A PARENT CAN SIGN A CHILD OVER 14 YEARS OLD INTO MENTAL HEALTH TREATMENT IF THE PSYCHIATRIST AGREES THAT THE YOUTH IS IN NEED OF TREATMENT. ONCE THE YOUTH IS ADMITTED TO THE TREATMENT FACILITY/PROGRAM, IF THE YOUTH OBJECTS TO TREATMENT THE MENTAL HEALTH PROVIDER IS REQUIRED TO DISCUSS THEIR OBJECTIONS. IF THE YOUTH CONTINUES TO OBJECT, THE MENTAL HEALTH FACILITY HAS TO PROVIDE THE YOUTH WITH A WITHDRAWAL FORM. IF THE PARENT AND FACILITY FEEL THAT THE YOUTH NEEDS TO REMAIN IN TREATMENT, THE YOUTH WILL BE AWARDED AN ATTORNEY AND A HEARING WILL BE SCHEDULE AT DELAWARE COUNTY MENTAL HEALTH COURT.
- THIS HAS NOT YET HAPPENED IN DELAWARE COUNTY.



# Community Care Behavioral Health

(Replaced Magellan Behavioral Health Medicaid Behavioral Health Insurance/Managed Care Organization 7/1/2022)

[WWW.CCBH.COM](http://WWW.CCBH.COM)

**DELAWARE COUNTY MEMBER SERVICES:** [1-833-577-2682](tel:1-833-577-2682)

**EN ESPAÑOL:** [1-866-229-3187](tel:1-866-229-3187)

**TTY/TDD:** (DIAL [711](tel:711)) REQUEST [1-833-545-9191](tel:1-833-545-9191)

# System of Care



“A philosophy emphasizing youth, caregivers & providers as equal partners in the planning process”

- DEVELOPS NEW PROGRAMS AND INITIATIVES WITH SYSTEM AND COUNTY PARTNERS
- ENGAGES IN PILOTS TO COLLECT DATA AND REVIEW CURRENT PRACTICES
- PROVIDES TRAININGS (TRAUMA, YOUTH MH FIRST AID, QPR, AND COUNTY TRAININGS)
- ATTENDS AND SPONSORS COMMUNITY EVENTS AND PROGRAMS (AS FUNDING ALLOWS)
- PROVIDES INFORMATION TO CHILDREN'S SERVICE SYSTEM IN DELAWARE COUNTY.



# Children's Mental Health Team

LAURA KUEBLER – CHILDREN'S MH SERVICES/SYSTEM OF CARE COORDINATOR  
EMAIL WITH ANY QUESTIONS AND/OR CONCERNS - [KUEBLERL@DELCOHSA.ORG](mailto:KUEBLERL@DELCOHSA.ORG)

CHRISTINA GORDON – SYSTEM OF CARE/TRAINING SPECIALIST

SERRITA BUIE – TRANSITIONAL AGE YOUTH/MULTI-SYSTEM YOUTH SPECIALIST

MICHELE JENKINS – EARLY CHILDHOOD AND RESOURCE CASEWORKER

Education



# Protocols Overview

# Overall goals of the Multi-System Integration Pilot Program

- ▶ Increase coordinated case management across multiple child-serving systems
- ▶ Sustain family connections and keep children living in safe family settings
- ▶ Increase Youth and Family Voice
- ▶ Increase information sharing and data collection
- ▶ Provide culturally competent services in all child serving systems
- ▶ Provide meaningful diversion opportunities to prevent further involvement with systems
- ▶ Address disproportionate minority representation in delinquency and dependency systems



# System Partners involved in the development of Protocols:

- ▶ Juvenile Probation
- ▶ Children and Youth Services
- ▶ Department of Human Services-Office of Mental Health
- ▶ Educational Partners (Public School Districts and Intermediate Unit
- ▶ Juvenile DA's Office
- ▶ Juvenile PD's Office

# Protocols' Target Population

- ▶ Crossover Youth
  - ▶ Active with both Juvenile Probation and Children and Youth Services at any stage in either system.
- ▶ Shared Case Responsibility Youth
  - ▶ Crossover case that requires a delinquency court order that designates the case as "SCR." Only applies when:
    - ▶ Youth is adjudicated both delinquent and dependent; OR
    - ▶ Family is accepted for ongoing services by CYS (not adjudicated dependent) AND youth is adjudicated delinquent and placed in out of home care by Juvenile Court
- ▶ Multi-Systems Youth
  - ▶ Receiving services through CYS AND JPO (at any stage), AND receiving or in need of behavioral health services while registered in a public or private school.

# Enhanced Intake Identification

- ▶ Youth can become involved in multiple systems at any time, but early identification of multi-system youth increases the likelihood of quality collaboration to prevent deeper involvement in delinquency and dependency systems.
- ▶ Therefore, the office of Juvenile Probation and Children and Youth Services will work to identify multi-system clients at the earliest possible points; specifically, at the intake stage within each respective system.



# Intake Protocol

JUVENILE PROBATION

# Upon Receipt of a New Client Case-

## Step 1

- ▶ Intake PO contacts CYS Screening Unit to determine if the family is known to CYS.
  - ▶ If yes, PO obtains the name and contact info of the Caseworker
    - ▶ Contacts the CYS worker within 5 business days to determine the status of the dependency case (Intake, SCOH, Placement, Adjudication of Dependency) and advise CYS of the pending allegation and future Intake/Court Dates
    - ▶ Emails Juvenile Court with the name of the CYS worker so Juvenile Court staff can enter the worker/solicitor as recipients of all Court notices.
  - ▶ If no, the Probation Department conducts screening for dependency issues

# Upon Receipt of a New Client Case- Step 2

- ▶ Intake PO contacts Department of Human Services (Office of Mental Health) to determine if the child has a history/current behavioral health treatment.

# Who is a Behavioral Health Provider?

## Some Examples:

- ▶ MST Worker
- ▶ FBS Team
- ▶ Hi Fi Wraparound Team
- ▶ Individual/Family Therapist
- ▶ Blended Case Manager
- ▶ Truancy and Delinquency Prevention Worker
- ▶ Drug and Alcohol Treatment Provider
- ▶ IBHS Team
- ▶ TIP Worker
- ▶ Certified Peer Specialist

# Upon Receipt of a New Client Case- Step 3

- ▶ If CYS involvement is confirmed, the Probation Officer will ask the CYS worker if the youth is enrolled in the school and whether attendance issues exist. If the CYS worker is unable to provide this basic information, the Probation Officer will contact the designee from the youth's home school district, or other educational setting, to confirm.

# During the Intake Conference

- ▶ If family is open with CYS, Intake PO will ask the juvenile and family to sign a release so Probation and CYS can share information
- ▶ If family is open with a Behavioral Health Provider, Intake PO will ask the juvenile and family to sign a release so Probation and the treatment provider can share information
- ▶ If family is open with CYS, Intake PO will ask the juvenile and family to sign a release so Probation and the child's school can share information

# After the Intake Conference

- ▶ Intake PO will contact CYS worker, behavioral health provider, and school within 5 business days\* to share and obtain information
  - ▶ Diagnostic evaluations
  - ▶ FSP
  - ▶ Treatment progress/discharge reports
  - ▶ Grades, attendance, and behavioral reports
  - ▶ IEP
  - ▶ Case summary
  - ▶ Court Hearing date(with invitation)

\*Exception- expedite if juvenile is detained

# Why?

- ▶ Increase understanding of juvenile and family needs
- ▶ Decrease duplication of services
- ▶ Ensure consistent message to the family
- ▶ Increase family's trust of involved professionals
- ▶ Increase understanding of available resources

# Intake Probation Officer's Recommendations for Disposition

- ▶ Client's status with each system
- ▶ Client's goals with each system
- ▶ Client's strengths
- ▶ Client's needs
- ▶ Client's risk factors
- ▶ Client's protective factors
- ▶ Designation of tasks and who is responsible

# JPO and Documentation

- ▶ The Juvenile Probation Officer will document all contacts with CYS and collaborative partners in the Juvenile Probation record consistent with existing documentation protocols.

# Intake Protocol

CHILDREN AND YOUTH SERVICES

# CYS Intake and JPO

- ▶ Upon acceptance for investigation/assessment, the CIS Intake caseworker will ask the family if there is current involvement with JPO. If so, the CIS worker will obtain the name of the current JPO.

# CYS Intake and JPO

- ▶ If CYS receives a Childline referral from JPO, and the case is not already open with CYS, the CYS Intake Screener will discuss information regarding any dependency concerns mentioned in the referral with the Probation Officer. The referrals will be forwarded to the CYS Intake Screening Supervisor and Manager.
- ▶ CYS will respond to the Juvenile Probation Officer within one business day after receiving the referral to gather follow up information and/or to inform the Probation Officer of the decision by CYS to open or screen out the referral.

# CYS Intake and JPO

- ▶ If the family reports JPO involvement to the CYS Intake caseworker, then the CYS worker will then ask the parent to sign a release of information form. The CYS worker will email JPO within 5 days to determine the status of the delinquency case and exchange information to include but not limited to:
  - ▶ Case summary
  - ▶ Safety Assessment
  - ▶ Family Service Plan
  - ▶ Court Order
  - ▶ School information
  - ▶ Evaluations

# CYS Intake and Behavioral Health

- ▶ When CYS intake receives a new case where the allegations involve untreated behavioral health concerns, they will contact the designee from the Department of Human Services to determine the youth's behavioral health treatment history as reflected in the medical assistance system.
- ▶ During the Intake Assessment, the CYS caseworker will ask the family about past and present involvement with the behavioral health system. Parent/Juvenile will be asked to sign releases so relevant information can be obtained by CYS, and shared with CYS, including but not limited to, case summary, diagnostic evaluations, and treatment plan. CYS will contact the provider within 5 business days to confirm services, obtain information, share pending case information, and confirm contact information. Duplicate assessments and services should be avoided.

# CYS Intake and Education

- ▶ When CYS intake receives a new case where allegations involve truancy, school concerns, or needs information that would be pertinent to the assessment, they will contact the designee from the youth's home school district within 5 business days to determine if the youth is enrolled in the district and if attendance issues exist.
- ▶ During the Intake process, the CYS caseworker will ask the family about the current educational status of the youth. Parent/Juvenile will be asked to sign releases so relevant information can be obtained by CYS, and shared with CYS, including, but not limited to behavioral reports, attendance reports, academic reports, and IEP. CYS caseworkers shall contact the educational partners within 3 days of the completed releases. Duplicate assessments and services should be avoided.

# CYS Intake Assessment

- ▶ The assigned CIS Intake Caseworker will conduct an assessment to determine if there are youth maltreatment and/or dependency concerns that necessitate ongoing services.
- ▶ Following the completion of the intake assessment completed by CIS, a determination will be made regarding whether the case will be accepted for ongoing services.
- ▶ If the case is accepted for services by CIS, active system partners (JPO, Behavioral Health providers, school staff) will be notified.
- ▶ If the case is not accepted for ongoing services and JPO is open, the Juvenile Probation Officer will be notified. CIS will provide a summary and recommendations to the Delinquency Court.
- ▶ If there are concerns from the Probation Officer as to why a case was not opened for services, the Probation Officer should follow the chain of command to discuss and resolve the disagreement.

# CYS Documentation

- ▶ CYS will document all contacts with Juvenile Probation and system partners in the CYS record.



# Ongoing Assessment of System Involvement

JPO AND CYS

# JPO

- ▶ Dependency Screen every six months
- ▶ Refer for mental health treatment/evaluation as needed
- ▶ Continually assess for the need to contact school personnel
- ▶ Maintain collaboration in support of a comprehensive and supervision and treatment plan

# CYS

- ▶ Safety Assessments
- ▶ Risk Assessments
- ▶ Family Service plan
- ▶ Refer for mental health treatment/evaluation as needed
- ▶ Continually assess for the need to include school personnel



# Teaming Expectations

ALL CROSSOVER AND MULTI-SYSTEMS CASES

# Client Contact Guidelines

- ▶ Each agency will follow their respective client contact guidelines

# Monthly Meetings

- ▶ One monthly meeting (virtual or in person) between CYS and JPO
- ▶ Scheduled by JPO. Also invite:
  - ▶ Active behavioral health provider(s)
  - ▶ School personnel
  - ▶ Client and parent/guardian
  - ▶ Juvenile's Defense Attorney
  - ▶ CASA
  - ▶ Guardian ad Litem



# Monthly Meeting Topics to be Discussed and Documented

- ▶ Client's goals and progress toward goals in each system
- ▶ Client's strengths
- ▶ Client's needs
- ▶ Client's risk factors
- ▶ Client's protective factors
- ▶ Designation of tasks and who is responsible



# Attendance at Monthly Meetings

- ▶ JPO and CYS worker must be present
- ▶ If behavioral health and education professionals are unable to attend, JPO will request a written summary
- ▶ Attendance by juvenile and family is voluntary
- ▶ Juvenile may invite additional advocate(s)

# Court Hearings

- ▶ Delinquency Court Hearings- JPO will invite:
  - ▶ CYS worker (will attend)
  - ▶ Behavioral Health provider
  - ▶ Education System partner
  - ▶ Guardian ad litem
  - ▶ CASA
- ▶ Dependency Court Hearings- CYS worker will invite:
  - ▶ JPO (will attend)
  - ▶ Behavioral Health provider
  - ▶ Education System partner



# Disagreements between JPO and CYS

- ▶ All parties will work together to achieve the best outcome for the child and family
  - ▶ Reduce redundancy
  - ▶ Reduce family burden
  - ▶ Collectively address the juvenile and family needs
- ▶ Elevate disagreements to direct supervisors
- ▶ Elevate disagreements to Administrators
- ▶ Elevate complex issues to a Client Specific Considerations meeting
  - ▶ Scheduled by Administrators of CYS or JPO
  - ▶ Director and Deputy Directors receive invitations

# Case Closing

- ▶ When JPO or CYS believes that their agency is approaching closure of the case, this should be discussed at regularly scheduled monthly meeting.
- ▶ If not discussed at the monthly meeting, JPO and CYS must meet to ensure each party has the opportunity to relay new information and express concern or agreement.

# Quality Assurance

- ▶ Quarterly Meetings between designated administrators from CYS and JPO to review compliance.
- ▶ Behavioral health and education partners will be invited to join these meetings as needed.
- ▶ CYS QA unit is responsible for scheduling the meeting.

# Shared Case Responsibility

- ▶ Youth is adjudicated both delinquent and dependent (All juveniles in a CYS placement are adjudicated dependent, but they can also be in their home).
- ▶ Family is accepted for ongoing services by CYS AND youth is adjudicated delinquent AND placed in out of home care by Juvenile Court (since children placed through CYS are captured in criteria #1).

# SCR- Additional CYS Responsibilities

- ▶ When in residential placement through dependency order, ensure and/or arrange medical and dental care are provided and confirm needed evaluations, treatment, and behavioral health services.
- ▶ Assume primary responsibility for the development of the Family Service Plan (FSP). The CYS Caseworker will prepare the CPP (Child Permanency Plan) only for youth who reside in CYS placements. The FSP and CPP should include language indicating the case is considered Shared Case Responsibility.

# SCR- Additional CYS Responsibilities

- ▶ Youth with an SCR order are eligible for Independent Living Services in the following circumstances:

	Cross-over Youth who are Adjudicated Dependent and are in placement at age 14 or older	Cross-over Youth who are Adjudicated Delinquent and are in placement at age 14 or older	Dually Adjudicated Youth who are in a IVE eligible placement, age 14 or older	Adjudicated Delinquent Youth with a Shared Case Responsibility Order
Eligible for Chafee Independent Living Services	X		X	X

# SCR- Additional CYS Responsibilities

- ▶ Make a recommendation in the FSP and CPP to refer the youth for Independent Living and for a Youth Transition Conference for youth age 14 years and older.
- ▶ Complete all safety assessments, risk assessments, and FSPs within established designated timeframes.

# SCR- Additional CYS Responsibilities

Ensure there is a quality visit made to each youth in placement at least monthly, whether performed by the CYS Caseworker, Juvenile Probation Officer, or an approved vendor caseworker.

- i. CYS and JPO will collaborate to plan monthly quality visits, attempting whenever possible to conduct them jointly. All documentation needs to be put in as a contact through the CYS Case management System with the designated “FC” button for the purposes of federal submission.
- ii. If the youth is seen by CYS alone, CYS will provide an update and documentation of the visit to JPO.
- iii. If the youth is seen by JPO alone, JPO will provide an update and documentation of the visit to CYS.
- iv. For youth placed out of the state, CYS and JPO will share the responsibility of at least, monthly visitation. For example, if the CYS Caseworker visits the youth in January, the Probation Officer will visit them in February.

# SCR- Additional CYS Responsibilities

- ▶ Ensure that family visitation is arranged for all youth in out of home placement.
- ▶ Attend all Court hearings for both CYS and Delinquency cases. The Adoption and Safe Families Act (ASFA) requirements apply for all dually adjudicated youth and for youth with an SCR Order, to include requirements to file petitions to terminate parental rights, when applicable, and to seek adoptive placements as a first goal of permanency, should a return home be ruled out.
- ▶ Assume responsibility for all court work specific to CYS and ensure required judicial determinations are stated in the Court removal order.
- ▶ Make referrals for Independent Living Services for SCR youth in placement as of their 14<sup>th</sup> birthday and develop comprehensive transition plans for all youth prior to their 18<sup>th</sup> birthday.

# SCR- Additional JPO Responsibilities

- ▶ Ensure medical/dental care are provided in placement
- ▶ Confirm needed evaluations, treatment, supervision and behavioral health services
- ▶ Attend all dependency court hearings
- ▶ Assist in the development of comprehensive transition plans for all youth aging out of CYS custody at age 18 or older
- ▶ Ensure a quality visit made to each youth in placement at least monthly
- ▶ Ensure require language is incorporated in the Court order:

# SCR Language

[“Insert juvenile’s name”] be placed under the shared case responsibility of Children and Youth Services and Juvenile Probation for the youth’s care, placement, case management and services to the family. Shared case responsibility will be terminated on the juvenile’s 18th birthday unless CYS has approved [“Insert juvenile’s name”]’s request to remain in CYS custody.”

# SCR Termination

- ▶ Shared Case Responsibility will end when circumstances change, and the definition of SCR is no longer met.
- ▶ Crossover or multi-systems case protocols still need to be followed if both agencies remain open and active.
- ▶ When circumstances change and SCR is no longer valid, two options are available to rescind the SCR order language if prior to the client's 18<sup>th</sup> birthday.
  - ▶ If a delinquency hearing is scheduled to occur within 30 days, the order language can be discussed and recommended at the hearing.
  - ▶ If no hearing is scheduled to occur within 30 days, the Probation Officer will file a memo with the Delinquency Court seeking the appropriate order terminating the SCR status.

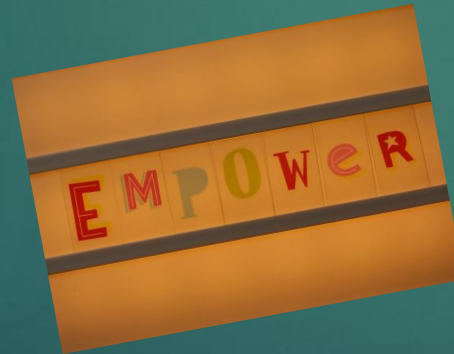


Break

# Benefits to the Child and Family



**THE SECRET TO  
LASTING CHANGE  
IS CONSISTENCY**



# Benefits to Workers



Resources



SUPPORT



Efficiency



# Case Scenarios



Breakout Group 1: Karl

Breakout Group 2: Josh

Breakout Group 3: George

Breakout Group 4: Douglas

Breakout Group 5: Casey

# Discussion from Breakout Groups

- ▶ Client's needs?
- ▶ Family's needs?
- ▶ How would you prioritize these needs?
- ▶ What steps could each system take to help the client and the family?
- ▶ Client's strengths?

# Information Forthcoming before April 1<sup>st</sup>!

- ▶ List of School District Contacts
- ▶ Office of Mental Health Contact
- ▶ Memo of Understanding
- ▶ Monthly meeting guidance form



## Addendum F – Summary of Updated Rubric

### Updated Rubric: Infrastructure to Support Cross-Systems Work

- Interagency Collaboration: Updated Status - Was Emerging, now Developed Practice
  - Gaps Identified in Policy and/or Practice: “Missing ongoing review of the work (still developing a Quality Assurance tool). Members are engaged, but not in a consistent manner.”
  - Progress as Documented During Calls and Site Visit: “The byproduct of the MSI has been the regular convening of cross-system teams, with members of each stakeholder group being engaged.”
- Judicial Leadership: Updated Status – Remains Developed Practice
  - Updated Strengths: “Judge Krull has stepped into the judicial Leadership role and is convening meetings outside of the MSI Pilot.”
  - Progress as Documented During Calls and Site Visit: “Judge Krull has assumed a strong leadership role in the MSI Pilot Program, helping it ensure sustainability over time.”
- Culturally Competent and Responsive Services: Updated Status – Remains Initial Efforts in Place
  - Updated Strengths: “Delco is offering cultural trainings now and translating System of Care (SOC) documents into different languages, but still has much work to do in this area.”
  - Gaps Identified in Policy and/or Practice: “Even though Delco is getting training, when the data is reviewed, it shows there is still room to grow. Data collection/analysis is not happening beyond the MSI Pilot Project.”
  - Progress as Documented During Calls and Site Visit: “Gather information to know what our population is and whether all direct care staff use translation services. Develop a tool to measure cultural competency.”
- Youth and Family Voice: Updated Status - Remains Emerging Practice
  - Updated Strengths: “Youth reach out to members of the team after their involvement and ask for advocacy contacts. Delco has contracted certified peer recovery specialists in Drug & Alcohol. Adult probation has a credible messenger, which could be adapted to JPO.”
  - Gaps Identified in Policy and/or Practice: “Delco has a local caregiver lead on a grant that comes to System of Care (SOC) meetings, but overall, Delco is not consistent and just starting in this area.”
- Information Sharing: Updated Status - Was Initial Efforts in Place, now Highly Developed Practice
  - Updated Strengths: “Delco has the MOU developed through the MSI Pilot in place and is consistently sharing information for MSI and Crossover cases. Sharing information is ongoing weekly/daily even beyond the monthly meetings. No issues have been identified in sharing information during the monthly team meetings.”
  - Gaps Identified in Policy and/or Practice: “Information still isn’t consistently being shared. Reaching out to system partners is only happening in complex cases.”
  - Plan to Enhance Policy/Practice: “Plan needs to be fully developed and adopted to ensure the ongoing sharing of information, such as through a Quality Assurance Tool.”

## Addendum F – Summary of Updated Rubric

- Data Collection: Updated Status - Remains Developed Practice
  - Plan to Enhance Policy/Practice: “A very active Data Workgroup was developed through the MSI Pilot Program.”
  - Progress as Documented During Calls and Site Visit: “The workgroup continues to meet regularly, both to ensure the data collection and analysis efforts required by the MSI, but also to support long term evaluation and data analysis related to the MSI. The only area not developed is the creation of a centralized multi-system database; something that may not be possible.”
- Training: Updated Status - Was Emerging Practice, Leaning Toward Developed Practice
  - Updated Strengths: “Delco has a lawyer training on the books for January. Delco has a Systems of Care (SOC) ‘Intro to Systems’ training conducted annually. All the systems attend and the training touches on the newly developed MSI Protocols, but participants are not explicitly trained on them.”
  - Gaps Identified in Policy and/or Practice: “Both JPO and CYS have conducted refresher trainings within their system, but no cross-system trainings on the developed MSI Protocols has occurred since the initial training session.”
  - Plan to Enhance Policy and Practice: “A training plan was put into place at the onset of the MSI Pilot, including cross-system training sessions.”
  - Progress as Documented During Calls and Site Visit: “The pre-launch training took place as planned, but in service and ongoing pre-service training across systems needs to be strengthened.”

### Updated Rubric: Identifying and Managing Dual-System Cases

- Identification of Multi-System Youth: Updated Status - Remains Highly Developed Practice
  - Gaps Identified in Policy and/or Practice: “Education and Behavioral Health don’t always know immediately when a new MSI youth has been identified, sometimes it takes a few days before these notifications occur.”
  - Plan to Enhance Policy/Practice: “The Protocols around identifying MSI Youth were launched effectively after training in that regard.”
  - Progress as Documented During Calls and Site Visits: “Youth are routinely identified as MSI or Crossover, thereby activating the coordinated assessment, planning and care management contemplated by the Protocols.”
- Assessment Process: Updated Status - Remains Initial Efforts in Place
  - Plan to Enhance Policy/Practice: “The MSI Protocols and the sharing of information they facilitated were designed to provide for enhanced coordination in assessment of youth needs.”
  - Progress as Documented During Calls and Site Visits: “The Protocols have not resulted in the desired outcome of a well coordinated assessment process, instead each system is doing its own assessment and sharing information. A plan for an aligned assessment process is not in place.”
- Case Planning and Management: Updated Status - Was Emerging Practice, now Highly Developed
  - Plan to Enhance Policy/Practice: “Georgetown will share with the Leadership Team an example of a jurisdiction that developed an integrated case plan. The goal is to create a document (aligned or integrated case plan) that incorporates the

## Addendum F – Summary of Updated Rubric

individual case plans across systems, thereby making it more clear to the youth and family their goals.”

- Progress as Documented During Calls and Site Visits: “The results of the monthly team meetings and communication that occurs in between, is the desired coordinated case planning contemplated in this Rubric element.”
- Permanency and Transition Planning: Updated Status - Remains Emerging Practice
  - Gaps Identified in Policy and/or Practice: “Clerks in dependency and delinquency court are thinking about/presenting different things.”
  - Plan to Enhance Policy/Practice: “Need to focus on the joint development of the Permanency and Transition Plans, with real time input from all four systems.”
- Placement Planning: Updated Status - Remains Emerging Practice
  - Gaps Identified in Policy and/or Practice: “Delco is lacking in JJ [juvenile justice] placements and does not have a detention center. CYS has struggled because they are getting youth with delinquency records for whom it is more difficult to find placements. Placement availability may not be the issue; the organizations need to get involved so planning for placement can occur. Delco still struggles with who is responsible for placement. It still takes several phone calls/reaching out before conversations become fruitful.”
  - Progress as Documented During Calls and Site Visits: “This remains an Emerging Practice, with the need for more collaborative placement planning and service provision, including the participation of behavioral health, education and family members.”
- Service Provision and Tracking: Updated Status - Was Developed Practice, Now Highly Developed
  - Gaps Identified in Policy and/or Practice: “Delco has a tracking mechanism in place, but it needs to be refined. Are youth effectively being connected to pro-social supports and programming?”
  - Plan to Enhance Policy/Practice: “The Protocols provided through the MSI facilitated a stronger approach to providing supports and services across systems.”
  - Progress as Documented During Calls and Site Visits: “While behavioral health, education and pro social service and supports are regularly provided to MSI and Crossover Youth – and referrals are made to evidence-based and/or trauma focused treatment when needed, there is not yet a process to track whether in each instance the youth connect to the agency/services to which they are referred.”