

Erie County, Pennsylvania Multi System Integration Pilot Program  
Final Report- November 2025

Submitted by Shay Bilchik and Dr. Meg Ogle

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 Erie County. The final report for Delaware County was released at an earlier date.

---

<sup>1</sup> Shay Bilchik, earned his J.D. from the Holland Law Center at the University of Florida in 1977, served as an Assistant State Attorney in Miami-Dade County, Florida from 1977-1993, as the Administrator of the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice from 1994-2000, the CEO of the Child Welfare League of America from 2000-2007 and as the Founder and Director of the Center of Juvenile Justice Reform (now the Center for Youth Justice) from 2007-2020, where he now serves as Director Emeritus and an Affiliate Researcher. In the fall of 2020 he was awarded a Visiting Fellowship at the Stoneleigh Foundation, which focused on the development and implementation of the Multi System Integration Pilot Program in Pennsylvania.

<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

---

<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

---

<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.

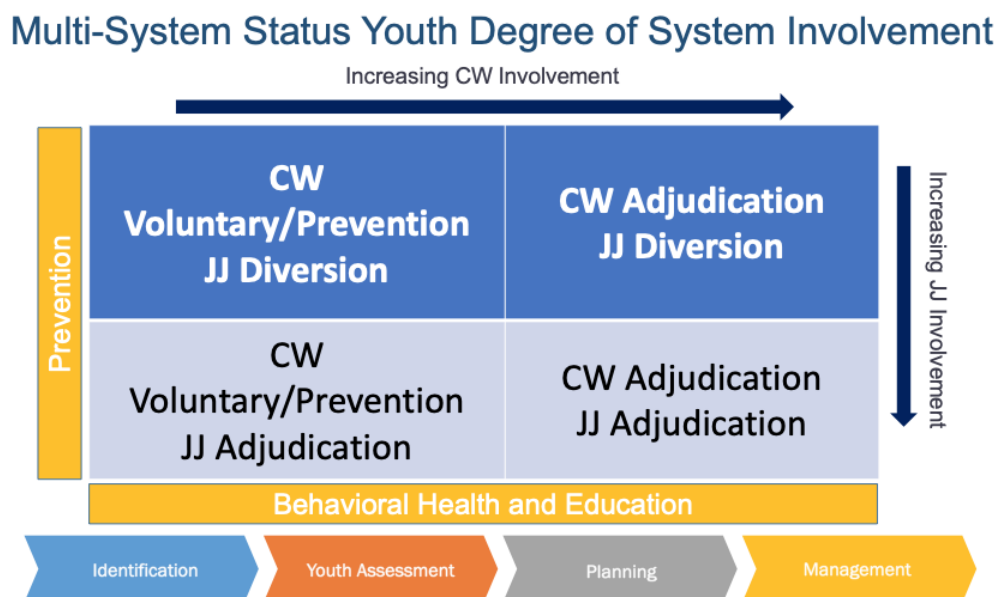
<sup>14</sup> Center for Youth Justice. (n.d.). Participating Jurisdictions in Crossover Youth Practice Model. Georgetown University. Retrieved July 11, 2025 from <https://cyj.georgetown.edu/our-work/crossover-youth-practice-model/participating-jurisdictions>

<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.

Erie 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 Erie County 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. This included a notation that in comparison to national statistics, the City of Erie has a higher poverty and disparity rate – with the poverty rate for Erie County at 17.4% and 26.2% for the City of Erie; and the population of Black or African Americans living at or below the poverty level in the City of Erie at 47%.
- 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). Beyond providing the requested description, data provided in the application indicated the

disproportionate representation of Black children in the child welfare system and Black and Hispanic children in the juvenile justice system.

- 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). Defining these youth as a child, youth or family who is being served by 2 or more of these systems, Erie County estimated that at the time of submitting their application, there were 400 children and youth who met the definition of multi-system/crossover youth.
- 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 Erie noted a previous effort pursuant to the implementation of a Robert Wood Johnson grant to integrate behavioral health with juvenile justice and the National Governors Award to safely reduce the number of youth in placement by creating multi-disciplinary team meetings, the integration of behavioral health and juvenile justice through meetings between the 2 systems on a weekly basis to review youth in need of appropriate services and monthly multi-disciplinary team meetings to brainstorm strategies and services to serve children in the child welfare system and youth in the juvenile justice system. In addition, in response to the opioid crisis and the increase of children placed in foster care, the child welfare system has implemented mandatory reviews of placement cases on a weekly basis, with the participation of representatives from the behavioral health and juvenile justice systems. At the time of the application, there were 406 youths in placement through the child welfare system.

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 this area, Erie County noted that approximately 10 years ago, the County Department of Human Services initiated System of Care that included all 3 of the discussed systems, as well as the education, addiction use disorder, intellectual disability and housing systems and youth and families as its partners to plan integrated services and to break the barriers between systems in order to provide more seamless services to children, youth and families. There was no information provided, however, indicating that Erie had maintained involvement in the PA Care Partnership.
  - In addition, about the same time, the Office of Children and Youth created the Youth Advisory Board (YAB), where children and youth from both the child welfare and the juvenile justice systems, many of



whom are also involved with the behavioral health system, provide input on new policies and procedures and recommend systemic changes for the County to consider.

- Another example cited, was the Erie County Independent Living Program (ILP), which serves both child welfare and juvenile justice system clients.
  - Also, the County noted that it provides evidence-based High Fidelity Wraparound Services (“High Fi Wrap”) to child welfare and juvenile justice clients with serious behavioral health issues.
- 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.
  - In this regard, the application noted the information cited earlier in the application and added the Cross-System Integration Meeting (the 3 systems and the education, vocational, early intervention and housing systems), the JPO/OCY Triage (weekly opportunity for multiple systems to troubleshoot resources for challenging and complex cases) and the DHS Directors’ Meeting (routine forum for administrators of all human services agencies and juvenile justice to meet and discuss current and future endeavors).
  - In addition, the Quality Assurance Meeting (monthly meeting to approach cross-system quality improvement), was cited, as was the creation and implementation of the Complex Case meeting (where any system can bring a case of a child in a congregate setting that requires a more appropriate setting but one system alone does not have the ability to provide such setting; meeting of all systems involving children and youth to work together to come up with a shared-responsibility solution).
- 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.
  - The application noted that Erie County Department of Human Services has been a leader in including the voice of the youth and the families in shaping system policies and procedures, with family and youth representatives included in all of their advisory boards (e.g. Child Welfare Advisory Board, Mental Health Advisory Board, etc.). In addition, the System of Care was successful in engaging and including Youth and Families as equal members of agency representatives.
  - In addition, the mission of the Youth Advisory Board (YAB) is to make suggested policy and procedure recommendations, with strong results being demonstrated.
- 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 in all of the enterprises that Erie County has initiated, it has viewed the State as a partner in such enterprises and welcomes the partnership. The County's attitude is that there must be collaboration with the State; otherwise, there is wasted time in conflict and disagreement.
- It also noted that this approach was demonstrated in the recently created Complex Case process where the County and State representatives were working together in a collaborative manner to solve what is agreed upon by the partners are some of the most difficult and complicated examples of complex cases.
- 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?
  - Erie County highlighted two main reasons for wanting to be part of the MSI Pilot Program. The first was implementing a crossover youth shared case management process for children too young to become involved with the juvenile justice system; children and families who need immediate intervention from child welfare and possibly the behavioral health system to identify the root causes and provide appropriate services. The second reason was to implement that shared case management process for youth who are in the juvenile justice system where there are challenges in the family that require intervention so that the youth can return home to a different environment and hopefully the youth will be able to build on positive things they learned in placement.

A conference call was conducted with key leaders in Erie 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 Erie 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 Erie 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 Human Services, Director of the Office of Children and Youth Services, Behavioral Health Administrator, education representatives from the Erie City School District and the Intermediate Unit 5, an outside consultant providing support for the Erie County LT and a liaison designated to be the main point of contact with Bilchik and Ogle. The IT consisted of the LT and senior 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 Erie County on April 22, 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 15 months it would require to launch the MSI in Erie 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 workgroup'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 Erie 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 (Data 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 April 22, 2022, completed the Rubric for Erie 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 and come to consensus on the current status of practice as the MSI was being launched. It was the original intent to have Erie County's LT and IT update the Rubric at the end of the Pilot, but the LT declined the opportunity. This updated Rubric would have provided an opportunity to highlight the county's progress during the course of the MSI.

#### Initial<sup>16</sup> Rubric: Infrastructure to Support Cross-Systems Work

- **Interagency Collaboration: Developed Practice** (initially rated as Highly Developed by the applicant team)
  - **Strengths**: "Multi-Disciplinary Team Meetings (an opportunity for reps. across systems to come together in an effort to troubleshoot individual challenging situations/cases); Cross-System Integration Meeting (both a routine meeting and an extremely large mailing list of resources/training opportunities across educational, vocational, EI, Housing, MH, SUD, OCY, and JJ systems); JPO & OCY Triage (an opportunity for multiple systems to come together weekly, in an effort to troubleshoot resources for challenging/complex cases); DHS Directors Meeting (routine forum for administrators of all human services offices and juvenile probation to gather); DHS providers meetings (a routine meeting for all contracted providers to collaborate with DHS); Joint Planning Team Meetings (a cross-system process to ensure all needs/aspects are addressed for families served through High Fidelity Wraparound); Truancy Taskforce (a local Judge gathers all relevant systems to the table, in an effort to address truancy – education, Juvenile Probation, OCY, MH, SUD and managed care systems are present); Superintendents' Meetings (our Intermediate Unit's Director facilitates a routine meeting with Superintendents – this serves as a forum to routinely attempt to address barriers/build on opportunities for improvement); Community Care Behavioral Health's

---

<sup>16</sup> The Rubric responses in this section include the updates from the first site visit in addition to the initial responses submitted with the Erie County team's application.

- Family and Member Advisory Committees (opportunities for consumers and families to share their experiences and feedback); DHS Boards (consumer/family representatives and professionals with multi-system expertise); ID System's Rights Review Committee (requires cross-system representation to collaborate & review); QACerJacks (routinely meet to approach cross-system quality improvement – an example of their important work includes detailing practical implementation protocols/processes for Complex Case Bulletin implementation)."
- Challenges: "Systems leaders are all at the table, but don't always work together and there is hesitancy to take ownership and start making actionable steps; sometimes the highest-level decision-makers are not present and their representatives sometimes have a difficult time translating the urgency of the message back to them; and at the client-level, providers are sometimes not present at the table." In addition, the following challenges were noted: "Consistent and engaged family/consumer representation across all systems, with a current/fresh perspective; at times, with so many efforts around which to collaborate, agendas and efforts are duplicated. Also, exact missions of various groups can become unclear; with many meetings/opportunities for OCY/JPO family/youth voice to participate, representatives may get burned out."
  - Judicial Leadership: Between Emerging and Developed Practice (remained the same as rated initially by the applicant team)
    - Strengths: "Erie County has a partnership with Mercyhurst University Civic Institute to conduct any criminal justice data and research collections that have helped with the Policy and planning committees. We have established several committees and coalitions that have support from the judicial system, such as: Erie Coalition for trauma-informed communities. We have a well-established Criminal Justice Advisory Board (CJAB) that includes many cross system members, along with law enforcement and judicial members. Erie County Treatment court has been established since 2000, which includes specialty courts: Drug Court, Mental Health Court, Family Dependency Court and Veterans Courts. The judges currently involved in those specialty courts are very involved with the weekly treatment status report meetings. There is an established truancy task force that is facilitated by a Court of Common Plea Judge and several other District Justice Magistrates are also active participants of the task force. Several District Justice Magistrates have established Juvenile Diversion courts. There is a domestic violence task force that is also facilitated and by a Court of Commons Plea Judge."
    - Challenges: "Currently the number of Erie County judges on the bench is not at full capacity which limits the ability to for them to participate in other cross system efforts, committees or initiatives. Presently judges don't tend to do committee work for MH, as much as they do in OCY, JPO, SUD/D/A and for Veteran Affairs. Perhaps as a result, Judges don't always understand how the mental health system works in Erie County."

- Culturally Competent and Responsive Services: Emerging Practice (initially rated as Developed by applicant team)
  - Strengths: “Erie County is rich in cultural diversity largely due to relatively high numbers of refugee resettlements. With this demographic detail, along with valuing the importance of this topic area, Erie County has put forth extra effort in culturally competent and responsive services. In particular, the following resources support these developed practices: MultiCultural Resource Center, International Institute, Logistics Plus (a sophisticated, world-wide company offering contracted translation options to our system partners), call-in strategy for violence reduction strategy (this is an example of using data analysis in program implementation), a cross-system project to regulate and uniform a decision making tool with regards to detention and cultural competency, have an informed racial equity representative staff, for LGBTQI population – we have PERSAD contracted for routine training, Critical Conversations initiative, County has declared racism a state of emergency, and we have developed a diversity and inclusion committee.”
  - Challenges: “The provider network is not very well represented in terms of the clients they serve. Cultural competency of providers is not strongly considered because services are in such short supply. Language and cultural barriers exist due to Erie being a resettlement community. There are not enough guardian ad litem of color and significant trust issues between youth, families and the system exist. Data analysis is not as robust as it could be at times. Also, data could be utilized more frequently to create practice change.”
- Youth and Family Voice: Emerging Practice (initially rated as Developed by applicant team)
  - Strengths: “As a County, we and our partners continue to invite youth and family voice, however, it is challenging to engage active involvement. That being said we do have several areas where youth and family voice is obtained:
    1. Youth Advisory Board (lead by OCY – children from across systems); Member Advisory Committee & Family Advisory Committee (Community Care Behavioral Health committees); High Fidelity Wraparound youth/family advisors; Youth-run food truck through two local Independent Living Programs; Foster Parent Association; National Alliance on Mental Illness of Erie County (Peer to Peer/Family to Family programs); Mental Health Association of Erie County (Consumer/Family Satisfaction Team, Drop-in Center & Peer Specialist Program) ; Certified Peer Specialists throughout system; Certified Recovery Specialists throughout system ; Youth Drop-in Center (r/o inactive due to COVID at this time); Youth Leadership Institute of Erie (Edison Nicholson); Leadership Academy; Serve Erie (homeless population); Hidden in Plain Sight mobile SUD prevention van (Lake Erie Youth Reaching out against Destruction Crew a.k.a. Erie Road Crew); Summer JAMS program (for jobs – through GECAC); Blue Coats (prevention/intervention with family

- voice – a police effort with local families); ECRSSA – Re-entry program; Greater Erie Alliance for Equality (LGBTQI support for teens); PA Youth Survey completion and cross-system review, which directly applies to prevention & intervention planning; Independent Living (IL) for transitional aged youth (a program with Erie Housing Authority aging out of foster care to take priority for housing transitions). This initiative has an IL Board & Youth Advisory Board.”
- Challenges: “Youth and families do not trust school officials; Keeping key stakeholders with current/fresh/relevant perspectives, so as to not over-represent a single view point; We do not have a primary MH/JPO Youth Advisory Board; Our systems tend to stay in silos when it comes to obtaining youth/family voice/stakeholder feedback; Diversity could be increased amongst those that do provide youth/family voice.”
  - Information Sharing: Emerging Practice (initially rated as Highly Developed by applicant team)
    - Strengths: “Erie County DHS operates as one, single HIPAA covered entity – this in of itself is a huge strength and required tons of work to accomplish. We also have: iDashboards across MH/ID (to include Housing and Early Intervention), D/A & OCY; Universal ROI; Routinely meet with school districts and superintendents to share info/troubleshoot as needed/when possible; There are various truancy meetings/initiatives that are cross-system approaches to addressing truancy; Pharmacy data & some physical health data is now available and utilized at times in project development; Joint Planning Team Meetings and Red Flag meetings are examples of opportunities to share on individual situations/challenging cases; The collaborative spirit of the DHS, Community Care and Erie County Care Management encourages information sharing; Largely due to System of Care, providers have established MOUs to create positive sharing opportunities, in an effort to effectively & efficiently serve our community (i.e. provider to provider, across counties & with educational entities)”
    - Challenges: “Even with court ordered information release, data is often not shared; While some information is shared across systems through iDashboards and as one covered HIPAA entity, we lack a formal process to carry out comprehensive, system-wide analysis.”
  - Data Collection: Between Emerging and Developed Practice (Initially rated as Developed by applicant team)
    - Strengths: “Erie County Department of Human Services (DHS) has shared iDashboard access with an array of options for querying collected data. Home and Community Services Information System (HCSis) access offers organized systematic data collection sets across systems as well. Also, Mercyhurst Civic Institute manages various data sets and strategic data-driven projects; for example, the compilation of the PA Youth Surveys from participating school districts into the Needs Assessment tool. “

- Challenges: “Education information is not being entered by OCY when they meet with families; While DHS has multi-system data, we are still in the process of offering access to fully integrated data; some systems are integrated, but not all (i.e. JPO and OCY are not fully integrated with BH & Education). Also, education’s data is not within our iDashboards, unless it’s pertaining to a contracted program, like Student Assistance Program or Psychosocial Rehab. Programming.”
- Training: Practice Not in Place (initially rated as Developed Practice by applicant team)
  - Strengths: “Annual Suicide Prevention Conference, in partnership with universities, offer Understanding Suicide, Trauma-Informed Care, Recovery & Wellness related training opportunities; Strengths: “OCY’s Virtual Provider Fair led to Staff Training Library;; Erie Sprout (includes an array of training resources, including the Staff Training Library and Erie County DHS Resource Guide) ; Erie County DHS Resource Guide widely distributed and hospitals are trained on both resources and MH involuntary process annually; Numerous trainings communicated through Erie County’s Cross System Integration’s email blasts; Erie Coalition for a Trauma Informed Community (ECTIC) works to train the community on trauma informed care, especially through their annual conference; a long term goal of ECTIC is to go beyond systems and train communities through strategic planning and university collaborations; #Recoveryisbeautiful, a HRSA Grant initiative offers frequent SUD-related training forums across systems and our community.”
  - Challenges: “Cross-systems training doesn’t broadly and/or regularly take place. As a result, e.g., JPO has limited knowledge of OCY functions and vice versa (no formal training and no knowledge of education laws, policies, and practices.); Not all trainings are recorded and centrally archived; we’d like to improve in this area; Keeping trainings relevant and up to date/management of this on a routine basis; Ensuring new staff have ample training to understand systems and resources.”

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

- Identification of Multi-System Youth: Emerging Practice (remained the same as rated initially by applicant team)
  - Strengths: “Probation requires their officers to verify if clients are open across systems; MH/ID/OCY cross-system routine report displays those served across multiple systems; Admin, on-call and case workers have access to cross system data (used in routine and emergency situations); Triage forums identify youth in multi-systems, then multi-systems reps work together to meet individualized needs; If a required initial meeting for accessing certain services under managed care, then care managers of ECCM/Community Care Behavioral Health, providers and relevant other cross-system reps meet and plan for individualized care/needs to be met.”



- Challenges: “Reach out to JPO by OCY and vice versa is only a result of self-report by the youth or family, not a standardized process at intake; there is not a single, central intake, so at times, trying to get all key players of a team together is a challenge; silos of identifying multi-system youth at times, as each system’s set of laws has different rules/requirements/regulations related to screening, assessment, and service delivery.”
- Assessment Process: Initial Efforts in Place (remained the same as rated initially by the applicant team)
  - Strengths: “Much overlap with section above; the assessment process likely carries out identification of multi-systems; Same strengths as section above: Probation requires their officers to verify if clients are open across systems; MH/ID/OCY cross-system routine report displays those served across multiple systems; Admin, on-call and case workers have access to cross system data (used in routine and emergency situations); Triage forums identify youth in multi-systems, then multi-systems reps work together to meet individualized needs; If a required initial meeting for accessing certain services under managed care, then care managers of ECCM/Community Care Behavioral Health, providers and relevant other cross-system reps meet and plan for individualized care/needs to be met. If a required initial meeting for accessing certain services under managed care, then care managers of ECCM/Community Care Behavioral Health, providers and relevant other cross-system reps meet and plan for individualized care/needs to be met.”
  - Challenges: “Again, similar challenges as section above. There is not a single, central intake, so at times, trying to get all key players of a team together is a challenge; silos of identifying multi-system youth at times, as each system’s set of laws has different rules/requirements /regulations related to screening, assessment, and service delivery.”
- Case Planning and Management: Initial Efforts in Place (remained the same as rated initially by the applicant team)

- Strengths: “Much overlap with sections above; the assessment, care planning & management processes likely carry out identification of multi-systems; similar strengths as sections above: Probation requires their officers to verify if clients are open across systems; MH/ID/OCY cross-system routine report displays those served across multiple systems; Admin, on-call and case workers have access to cross system data (used in routine and emergency situations); Triage forums identify youth in multi-systems, then multi-systems reps work together to meet individualized needs. If a required initial meeting for accessing certain services under managed care, then care managers of ECCM/Community Care Behavioral Health, providers and relevant other cross-system reps meet and plan for individualized care/needs to be met; Complex Case formalized process (only for children with the highest need, although it’s in addition to other plans).”
- Challenges: “Systems do not typically share case plans with one another. There is a lack of knowledge of what plans each other system produces; Similar challenges as section above: There is not a single, central intake, so at times, trying to get all key players of a team together is a challenge; Silos of identifying multi-system youth at times, as each system’s set of laws has different rules/requirements/regulations related to screening, assessment, and service delivery.”
- Permanency and Transition Planning: Initial Efforts in Place (remained the same as rated initially by the applicant team)
  - Strengths: “Complex Cases’ cross-systems plans force considerations related to permanency and d/c planning. Triage and placement team meetings drive permanency and transition planning efforts (Individualized Education Plans are incorporated in planning). Please see above section efforts as well.”
  - Challenges: “Similar challenges as section above: There is not a single, central intake, so at times trying to get all key players of a team together is a challenge; Silos of identifying multi-system youth at times, as each system’s set of laws has different rules/requirements/regulations related to screening, assessment and service delivery.”
- Placement Planning: Initial Efforts in Place (had been rated as between Emerging and Developed Practice by the applicant team)
  - Strengths: “In this section, the team believes for the highest acuity situations, we are in a developed process, largely due to our Complex Case review process. For situations and planning for those with less acute needs, we rank ourselves as emerging, acknowledging there are forums (same as those listed in previous sections), but knowing there is room to grow.”
  - Challenges: “The focus is more on where can we put the child/who will take the child than where they will do best. There is very little cross-systems communication when youth are moved so other systems are not aware when it’s happened. Including youth, families, and other systems in

planning could really be improved. This is another time when differing system-to-system rules/regulations, can drive siloed activities.”

- Service Provision and Tracking: Developed Practice (initially rated Highly Developed by the applicant team)
  - Strengths: “Our systems have evidence-based directory and are evidence-based ‘rich.’ Our systems have a handle/know if children are connected through collaborative meetings. Our community has Erie Coalition for a Trauma Informed Community (ECTIC), which is working to develop trauma-informed care/approaches throughout our systems. We track through varying direct roles, managed care and routine meeting forums, such as triage, Screening Assessment, High-Fidelity Wraparound, Community Care Behavioral Health and Erie County Care Management. Tracking is for individuals and system-wide initiatives. For example: IBHS requires certain tracking per and to meet Value Based Purchasing approaches, various indicators related to IP/Ambulatory activities are tracked.”
  - Challenges: “Often decision makers have favorite programs they like to refer youth to – and in some instances those programs may not be the most appropriate for the youth’s needs. OCY only tracks service connection using paper records. While we are a service rich community, we are experiencing a staffing shortage crisis. Also, with existing staff being “spread thin” and many new staff, it is challenging to keep up with newer staff knowing available community resources and understanding how the systems can work together.”

Once the workgroups were formed and Rubric completed, the work of developing, implementing and measuring the impact of their Protocols and Memorandum of Understanding (MOU) around information sharing and collaborative case practice began. This process extended over the next 2.5 years, which included Zoom meetings of the LT and IT 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 Erie County application and their completion of the Rubric, the Erie County Protocols, MOU and universal consent form were created and officially adopted by the county. These three documents are attached as Addenda B, C and D. The adoption of the protocols, MOU and universal consent form was followed by a cross-system training that targeted staff from Juvenile Probation, Children & Youth Services, Behavioral Health and Education. The training was offered virtually through pre recorded video segments featuring the various systems involved in the MSI in Erie. The hope was to train staff from all four systems and other key stakeholders through this approach. Addenda E, F and G provide the power point slides that were used in the training and the link<sup>17</sup> provides an

---

<sup>17</sup><https://www.dropbox.com/scl/fo/yo0qirnte6oa43z3dqegi/h?dl=0&rlkey=aa30yqzhx6t2ioeb4wjhai9iw>

opportunity to view the training videos that were created as part of the MSI training in Erie County.

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

- Agreeing on the process for the identification of Multi-System Youth at any level of system involvement, establishing specific steps for JPO and OCY to notify one another of a youth involved in multiple systems.
- Agreeing to collaborate on the care management for any Multi-System Youth throughout their involvement with JPO and OCY, including in discharge planning.
- Conducting monthly meetings for all multi-system youth that include representatives from JPO, OCY, MH and/or D&A, and education, designed to ensure agreement about recommendations for cases involved with integrated agencies.
- Sharing of information, pursuant to the agreed upon protocols, that is relevant to assessment, case planning and ongoing care management.
- Developing a universal consent form.
- 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.
- Collecting and analyzing data around the implementation of the MSI.
- Developing and maintaining a quality assurance plan, including monthly meetings for the first year of the implementation of the MSI Pilot Project between designated administrators from each of the multi-system integration agencies to review compliance with established protocols and procedures to ensure the Protocol is firmly in place. After the first year, these meetings were to be scheduled on at least a quarterly basis.

The development phase of the implementation process began with the April 22, 2022 site visit and continued through the launch of the protocols on August 1, 2023. Between those two dates the LT and IT met monthly (for the first several months in 90 minute Zoom meetings, which were then reduced to 60 minute Zoom meetings and then quarterly), the workgroups met as needed to fulfill their respective tasks, and one additional site visit was conducted on March 3, 2023, which was used as a working session with key members of the LT to review and refine the Erie County Protocols and MOU. The revisions identified at that site visit were made and both the Protocols and MOU were adopted shortly thereafter.

From August 1, 2023 through March 31, 2024 every youth identified as multi-system was to be identified as part of the MSI and have their assessment, case planning and care management handled pursuant to the adopted protocols. The youth identified as multi-system were then tracked for 9 months from the date of their identification (ending on December 31, 2024). During this period of time the implementation of the protocols and MOU was to be monitored by members of the LT and IT, and discussed during LT meetings. While there were changes in the implementation of the MSI established

through a letter sent to Shay Bilchik on May 13, 2024, by John DiMattio, Director of Human Services for Erie County, these changes did not diminish the commitment to track the identified Pilot Youth. The changes did, however, establish new parameters for Erie County's ongoing participation in the MSI, including carrying out multi-system communication/collaboration/integration through existing meeting forums, with the child/youth's individualized needs driving which system/meeting forum would lead the team's planning. Director DiMattio further noted that the MSI MOU and Protocols would continue to serve as a formalized document driving multi-system communication and collaboration.

As the MSI pilot phase was concluding, it was suggested that the Erie LT conduct focus groups with a cross system representation of staff that had experience with the MSI and to update their Rubric, both of which would be part of a Continuous Quality Improvement plan. While they declined both, the Data Workgroup continued their efforts throughout the MSI. As discussed and agreed upon during multiple meetings with the LT and Data Workgroup, it was the expectation that those efforts would provide objective evidence as to how case practice changed under the MSI and how those changes impacted the outcomes for MSI Youth. After the pilot period concluded, subsequent email correspondence with the Data Workgroup revealed that no monthly case planning data (i.e., documentation of meeting occurrences, discussions, invitations, or attendance) was centrally maintained during the pilot period. Additionally, beyond the idea of conducting focus groups, Visiting Fellow Shay Bilchik and research analyst Dr. Meg Ogle developed questions for discussion with various stakeholders to better understand how system partners, court representatives, community partners, and parents were experiencing or observing case practice under the new MSI protocols. These questions were emailed to the Erie County LT for review and consideration in December of 2024 at which time the LT decided not to support these discussions. Thus, there is no documented evidence that case practice changed under the adoption of the newly developed MSI protocols. Each system partner provided both individual and population level data to assist with an analysis of how outcomes have changed for MSI Youth in Erie County, however, only one behavioral health data point was collected (at both identification and 9 months later) and education data was limited in that only one school district participated in the pilot program and no other education data was retrieved by the data workgroup from the other school districts attended by the MSI youth. Where possible, comparisons are made between 9-month outcomes for pre-pilot and pilot MSI youth, however, readers are cautioned that without any information provided by the Erie County LT or IT that case practice changed in accordance with the protocols they adopted as part of the MSI Pilot Program, any observed differences may not be attributed to changes made under the MSI protocols.

#### Description of the data

Three 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 Erie County during calendar year 2019 or school<sup>19</sup> year 2018-19.
2. **Pre-pilot** quantitative de-identified data was collected for 15 youth who were simultaneously served by four systems of care (“MSI Youth”) during 2017-2018. 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 “MSI identification date”) and nine months after this date.
3. **Pilot** quantitative de-identified data was collected for 20 youth who were simultaneously served by four systems of care between August 1, 2023 and March 31, 2024. These youth were also followed for nine months from the date that they entered the final system.

#### Data Analysis and Related Recommendations

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

1. What do we know about MSI Youth in Erie County?
2. Have 9-month outcomes improved for pilot youth compared to the pre-pilot MSI Youth?

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

#### *What do we know about MSI Youth in Erie County?*

In general, we have learned that most MSI Youth in Erie County are 14 or 15 years old at the time of identification. The vast majority of MSI Youth have at least one prior referral to child welfare and have spent an average of 28 months and a median of 10 months involved in child welfare prior to their identification as MSI. Black and Hispanic youth are under-represented in the MSI population. MSI girls are over-represented in the juvenile justice population, but under-represented in the child welfare population. MSI Youth tend to be concentrated in zip codes within the county that have relatively high proportions of residents without health care coverage, households that speak a language other than English at home, poverty, and disabled residents. Although MSI Youth cases are complex, the majority of these youth are not referred to juvenile probation for a serious or violent offense. Most MSI youth had at least one behavioral health emergency visit prior to being identified as MSI. Unfortunately, we were unable to draw any

---

<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> One partnering school district, accounting for approximately 16.1% of all youth ages 10-17 in Erie County, submitted baseline data.

conclusions about the educational status of MSI youth in Erie County because education data was missing for more than three-quarters of the MSI youth identified.

1. Fourteen- (23%) and fifteen-year-old (34%) youth are over-represented in the MSI population relative to their proportion of youth involved in each of the three individual systems of care:
  - 14-year-old youth comprise:
    - 14% of youth referred to JPO
    - 11% of youth referred to OCY
    - 14% of youth receiving behavioral health services
  - 15-year-old youth comprise:
    - 19% of youth referred to JPO
    - 10% of youth referred to OCY
    - 14% of youth receiving behavioral health services
  - This is a distinction that warrants further investigation by the Erie County LT.
2. Girls are over-represented in the MSI (29%) population, relative to their proportion of all youth referred to juvenile probation (20%), but under-represented relative to their proportion of youth referred to child welfare (45%).
  - A significantly larger proportion of MSI girls are Black, Non-Hispanic (60%) than MSI boys (22%).
  - None of the 10 MSI girls were referred to juvenile probation for a delinquent offense that occurred where the youth was living, however, a significantly greater proportion of MSI girls (70%) than MSI boys (24%) were referred to juvenile probation for a school-related offense.
  - Since the MSI population size was so small, implications around gendered findings warrant further investigation by the Erie County LT.
3. Hispanic youth are under-represented in the MSI population (3%) relative to their proportion of youth in each individual system of care and the Erie County youth population (8%)
  - Hispanic youth compose 12% of referrals to juvenile probation, 6% of referrals to the Office of Children and Youth, and 5% of youth receiving behavioral health services.
  - This is a distinction that warrants further explanation from the Erie County LT.
4. Black, Non-Hispanic youth are over-represented in the MSI population (31%) relative to their proportion of youth receiving behavioral health services (15%).

Black, Non-Hispanic youth are also over-represented in each system of care relative to their proportion of youth population in Erie County (8%). This over-representation is typical of prior studies of Crossover Youth.<sup>20,6</sup>

- Black, Non-Hispanic youth compose 15% of youth receiving behavioral health services, 40% of youth referred to the Office of Children and Youth, and 40% of youth referred to juvenile probation.
  - Given that Black, Non-Hispanic youth compose 40% of both referrals to juvenile probation and referrals to child welfare and that nationally, research has found elevated behavioral health needs in youth referred to those systems,<sup>21,22</sup> Black, Non-Hispanic youth appear to be under-represented in the population of youth receiving behavioral health services (15%) which may account for the relatively low percentage of Black, Non-Hispanic youth in the MSI population (31%).
  - The baseline data indicate that Black, Non-Hispanic youth are over-represented in behavioral incidents at school (60%) relative to their proportion of the youth population enrolled in the participating school district (36%).
    - Erie 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.
5. After reviewing Census data<sup>23</sup> for Erie County, the two most common zip codes that MSI Youth reside in share the following qualities: higher proportion of residents without health care coverage, higher proportion of households with a language other than English spoken at home, higher rates of poverty, and higher proportions of disabled residents relative to the county averages for these measures.
- Especially given that Erie County rated its culturally competent and responsive services as an emerging practice, it will be imperative going forward that services designed to assist the most vulnerable communities in the county attend to the translation and accessibility concerns of this population. Given the under-representation of Hispanic youth in the MSI population and relatively large proportion of “Other” racial and ethnic

---

<sup>20</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>21</sup> Golzari, M., Hunt, S., & Anoshiravani, A. (2006). The health status of youth in juvenile detention facilities. *Journal of Adolescent Health*, 38(6), 776-782.

<sup>22</sup> Baidawi, S. & Piquero, A. (2021). Neurodisability among children at the nexus of the child welfare and youth justice system. *Journal of Youth and Adolescence*, 50(4), 803-819.

<sup>23</sup> [Erie County, Pennsylvania - Census Bureau Profile](#)



youth (12%) in Erie County, it is likely that translational services for languages other than Spanish will be needed.

6. In the totality of the pre-pilot and pilot samples, there was no distinct difference in prevalence between MSI youth who transitioned from juvenile justice into child welfare (51%) or from child welfare into juvenile justice (46%).
  - Going forward, the Erie County LT should continue to identify opportunities for MSI involvement prevention from both the child welfare and juvenile justice systems' perspectives. Each system should aim to reduce the flow of youth into the other system and ensure such dual involvement only occurs when absolutely necessary.
7. Most MSI Youth (82%) have at least one prior referral to the Office of Children and Youth before being identified as MSI in either the pre-pilot or pilot time period and have spent an average of 28 months, median of 10 months involved with child welfare prior to their identification.
  - Pre-pilot MSI youth spent, on average, (average months = 57) significantly more months open in child welfare prior to being identified as MSI than pilot MSI youth (average months = 9).
  - MSI youth who transitioned from juvenile justice into child welfare spent, on average, (average months = 46) significantly more months open in child welfare prior to being identified as MSI than youth who followed a different pathway (average months = 10).
    - Given that transitioning from juvenile justice into child welfare was more prevalent among pre-pilot MSI youth (87%) than pilot MSI youth (25%), the two preceding findings are likely inter-related.
8. Approximately 14% of MSI Youth were referred to juvenile probation for a serious violent offense<sup>24</sup> at the referral closest to their MSI identification date.
  - While 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 MSI Youth cases needs to be dealt with through greater coordination and case assessment planning, rather than deeper penetration into the justice system.

---

<sup>24</sup> The following offenses were considered serious violent offenses: Aggravated Assault, , Agg. Ind. Assault – Comp. Less than 13 Years Old, Indecent Assault, Rape of Child, and Aggravated Assault, Bodily Injury to Police.

9. Most MSI Youth (89%) have stable contact with their parents or prosocial adults at the time of identification.<sup>25</sup> The majority of MSI Youth (70%) are also involved in any prosocial programming or positive youth development activities at the time of identification.<sup>26</sup>
10. While this measure was only reported for 8 MSI Youth, the vast majority of these youth (88%) have an individualized education plan (IEP).
  - While a very tentative estimate for the entire MSI population, this IEP prevalence rate is illuminating for the participating school district. An estimated 88% prevalence of IEPs is higher than previous research has reported for both the general youth population as well as in the crossover population,<sup>23,27</sup> and thus, highlights the need to ensure that the IEPs for MSI Youth are being followed.
11. Most MSI Youth (57%) had at least one behavioral health emergency visit prior to being identified as MSI.
  - It is worthy of note that much of the behavioral health information we would need to better understand the behavioral health needs and experience of the MSI population, a population that in national research demonstrates very high levels of mental health needs, substance use, and co-occurring disorders<sup>20, 21</sup> was not collected during the pilot program.

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

During the pilot period, more MSI Youth were closed with juvenile probation<sup>28</sup> nine months after identification than during the pre-pilot period. Education data from the one participating school district was only available for 13 youth (5 pre-pilot and 8 pilot) and thus the sample size was too small to draw any conclusions about the educational functioning of MSI Youth in Erie County.

1. A significantly smaller proportion of pilot MSI Youth (37%) were open with juvenile justice 9 months after identification than pre-pilot MSI Youth (73%).

---

<sup>25</sup> This measure was collected by both juvenile justice and child welfare, however, only juvenile justice's estimate is included. This child welfare data point was missing for 40% (n = 14) MSI youth and was only available for 2 of the pre-pilot MSI youth.

<sup>26</sup> Similar to the measure of stable contact with prosocial adults, this measure was collected by both juvenile justice and child welfare. Among the data submitted by child welfare, this measure was missing for 37% (n = 13) MSI youth and only available for 2 pre-pilot MSI youth. Therefore, only the data provided by juvenile justice was included.

<sup>27</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.

<sup>28</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 MSI status. This therefore speaks to potential delinquency recidivism within the 9-months following the youth's identification as MSI.

2. Although not statistically significant, a smaller proportion of MSI youth were adjudicated delinquent for the referral closest to their MSI identification date in the pilot period (50%) than in the pre-pilot period (73%).
  - Although not statistically significant, a larger proportion of pilot MSI Youth (15%) than pre-pilot MSI Youth (7%) had new juvenile justice system involvement during the 9 months following their identification as MSI.
  - Taken together, the Erie County LT should explore whether the diversion plan was strong enough to bring together the various systems to give the child the services they needed without being adjudicated.
3. Although not statistically significant, Juvenile Probation reported that a larger proportion of pilot (86%) than pre-pilot (73%) MSI Youth had stable contact with their parents or positive adults 9 months after identification.<sup>29</sup>
4. Although not statistically significant, Juvenile Probation reported that a greater proportion of pilot MSI Youth (86%) than pre-pilot youth (54%) were involved in prosocial programming and positive youth development activities 9 months after identification as MSI.<sup>30</sup>
5. Although not statistically significant, the proportion of MSI Youth who had their dependency case closed within 9 months of identification increased from the pre-pilot (13%) to the pilot period (22%).
  - 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 (7%) and pilot (10%) periods.
6. A significantly smaller proportion of pilot (10%) than pre-pilot (73%) MSI youth were living in their home 9 months after being identified as MSI.<sup>31</sup>
  - Most MSI youth (56%) were living out of home 9 months after identification as MSI.<sup>32</sup>

---

<sup>29</sup> This measure was missing for 43% of youth as reported by OCY. Given that only 2 pre-pilot youth had this data, OCY's reporting of stable contact with a parent or prosocial adult was not included in the analysis.

<sup>30</sup> Similar to the measure of stable contact with prosocial adults, this measure, as reported by OCY was missing for 43% of youth with only 2 pre-pilot youth having this information. Therefore, OCY's reporting of youth's involvement in prosocial programming and positive youth development activities was not included in the analysis.

<sup>31</sup> Youth with the following reported living situations were considered to be living in their home: with parents, mother's home, father's home.

7. Approximately 23% 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 smaller proportion of pilot MSI youth (20%) than pre-pilot MSI youth (27%) had at least one “emergency” visit during the 9-month follow-up period.

### Conclusion

Erie County entered into the Multi System Integration Pilot Program with two overarching goals. The first was implementing a shared case management process for children too young to become involved with the juvenile justice system; children and families who need immediate intervention from child welfare and possibly the behavioral health system to identify the root causes and provide appropriate services. The second goal was to implement that shared case management process for youth who are in the juvenile justice system where there are challenges in the family that require intervention so that the youth can return home to a different environment and hopefully the youth will be able to build on what positive things they learned in placement. Related to these goals, and as was expressed in the initial interview in the application process and through the initial completion of the Rubric, was the need to strengthen cross system case assessment, planning and ongoing care management for children across the entire continuum of multi-system involvement, not limited to the most complex, “deep-end” cases.

As noted earlier in this report, the Erie County MSI Leadership Team did work to satisfy these goals through the creation of both their MSI Protocols and Memorandum of Understanding. This was done by establishing a process for identifying as early as possible every youth involved in multiple systems of care, conducting regularly scheduled meetings with agency representatives to review multi-system cases and align case assessment, planning and ongoing care management, and coordinating face to face client contacts with the other agencies whenever possible. As reflected in the data section of this report, however, we are not able to document the implementation of these protocols and the enhanced sharing of information.

That said, there are successes to be highlighted, including the commitment to the Pilot Program by the representatives of the four core systems of care, as well as their open willingness to engage in the system change process. While there was not a strong judicial role in the MSI implementation, system leaders maintained their involvement.

The initial identification of areas for targeted system improvement and the development of new policy and practice protocols, a universal consent form, and the memorandum of understanding on information sharing were also significant accomplishments. Another success was the agency/staff involvement in workgroup activity, making this an inclusive process with greater staff ownership of the work. This inclusion was also reflected in the

---

<sup>32</sup> Youth with the following reported living situations were considered to be living out of home: residential facility, secure residential/detention, group home, independent living housing, kinship home, SPLC with aunt, Andromeda RTF, AWOL from Adelphoi Secure, shelter, kinship home-SPLC, and Perseus House ITU/RTF.

development of the cross-systems and partner training of staff. Developing this training package for a cross-systems group of staff and partners was a huge commitment of staff time. In addition, a significant area of the work undertaken by Erie County that also deserves recognition is the commitment to and engagement around data collection. As noted above, the data workgroup facilitated the data collection for the baseline, pre-pilot and pilot phases of the project and it was those efforts that allowed us to make the recommendations we included in the data analysis section. We are hopeful these recommendations will help guide future work around the issues identified

In closing, we wish the Erie County MSI Leadership and Implementation teams the best as they continue their efforts to better support the children in their care. While we are not able to document the level of fidelity to the policy and practice changes that were adopted through the MSI Pilot in Erie County, we are hopeful that county leadership will use the protocols, universal consent form, and MOU as drivers in supporting multi-system communication and collaboration in the future. The needs identified in Erie County's MSI application and completion of the initial Erie Rubric are compelling evidence of the need to do so.

Addendum A – Modified Rubric Domains and Descriptions of Elements

**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.

**ATTACHMENT C**

**ERIE COUNTY MULTI-SYSTEM INTEGRATION PILOT PROGRAM PROTOCOL**

**1. Who are Multi-System Integration Youth (Involved with CYS, JPO & BH)**<sup>1</sup>

- a) Youth is adjudicated both delinquent **AND** dependent (both OCY and JPO cases shall remain open), **AND** enrolled in school, **AND** receiving MH and/or D&A services
- b) Family is open in intake with OCY, (no decision made yet whether to open and/or accept for services), **AND** youth is involved with JPO under any status (other than open investigation) (both OCY and JPO cases shall remain open), **AND** enrolled in school, **AND** youth is receiving MH and/or D&A services
- c) Family is accepted for ongoing services by OCY, whether or not a youth is adjudicated dependent, **AND** youth is open with JPO, whether or not a youth is adjudicated delinquent (both OCY and JPO cases shall remain open), **AND** enrolled in school, **AND** youth is receiving MH and/or D&A services
- d) Family is accepted for ongoing services by OCY, whether or not a youth is adjudicated dependent, **AND** youth is adjudicated delinquent and placed in out-of-home care by JPO (both OCY and JPO cases shall remain open), **AND** enrolled in school, **AND** youth is receiving MH and/or D&A services
- e) Family is accepted for ongoing services by OCY, but is not court involved, **AND** youth is adjudicated delinquent but remains home (not placed in out-of-home care) (both OCY and JPO cases shall remain open), **AND** enrolled in school, **AND** youth is receiving MH and/or D&A services
- f) Youth is adjudicated dependent and placed in out-of-home care, **AND** youth is involved with JPO under any status (other than open investigation) (both OCY and JPO cases shall remain open), **AND** youth is enrolled in school, **AND** youth is receiving MH and/or D&A services
- g) Youth is adjudicated delinquent and placed in out-of-home care, **AND** family is involved with OCY under any status (other than open investigation) (both OCY and JPO cases shall remain open), **AND** youth is enrolled in school, **AND** youth is receiving MH and/or D&A services

**2. Types of Cases**

---

<sup>1</sup> All children between the ages of 6-18 (or upon graduation) are subject to the compulsory education law. If child is subject to the compulsory education law and is not enrolled, such child is included in the pilot project.

a) **OCY Cases**

1) Intake

- a. Open investigation, not yet accepted for ongoing services
- b. Placement – open investigation, child has been accepted for services

2) Ongoing

- a. Non-placement – open for ongoing services, may or may not be court-involved (e.g., youth may or may not be adjudicated dependent)
- b. Placement – open for ongoing services, youth is adjudicated dependent

b) **JPO Cases**

1) Intake

- a. Open investigation, no decision yet as to resolution
- b. Diversion
- c. Informal Adjustment
- d. Consent decree

2) Court and Adjudication

- a. Non-placement – open for ongoing services, including but not limited to services in the home, community services, costs and fees, restitution, electronic monitoring, and consent decree with court approval
- b. Placement out of the home

c) **Type of MH and D&A Cases**

- 1) Community-Based (MH: including but not limited to outpatient, partial hospitalization, case management, and IBH services); D&A: including but not limited to outpatient, intensive outpatient, case management)

- 2) Inpatient (MH: meaning admitted to a psychiatric inpatient unit; D&A: meaning admitted to an acute hospital)
- 3) Residential Treatment (MH: including accredited PRTF, non-accredited RTF, CRR/Host Home placements; D&A: including inpatient, non-hospital detoxification and/or treatment)

## 2. **Multi-Systemic Integration Project Partners**

- a) The partners include Child Welfare, Juvenile Probation, Behavioral Health (including Mental Health and Drug and Alcohol Services), and the Education systems.
- b) The Multi-System Integration Pilot Program Partners agree to establish a weekly meeting so that the systems can meet to discuss children, youth and families that would benefit from a multidisciplinary approach. The MH system will include the County, ECCM (for screening and assessment services) and CCBHO (for MH/D&A treatment services) representatives; the D&A system will include a county representative. The appropriate Educational partner will be invited to participate for children and youth which it serves. This newly-created weekly meeting will replace some of the existing meetings (e.g., the Joint Planning Team (JPT) at ECCM if the case is open in OCY) to avoid duplication but will not replace certain meetings (e.g., the Complex Case process, the weekly triage meeting(s), ). Children who can be reviewed include but are not limited to children in an MH residential placement or a JPO placement who require a discharge resource, children and youth aging out of a system requiring a specialized service upon discharge, and children who are not subject to the juvenile probation system due to their age (under 10 years of age).

## 3. **Intake Protocol – Office of Juvenile Probation**

- a) When JPO intake receives a new case, they will access the CAPS system and/or Dashboard to determine if the family is involved with OCY and will contact \_\_\_\_\_ to determine if the youth is involved with the MH system. (If the youth is arrested and detained in detention, the Detention Center Intake personnel will access the CAPS system and/or Dashboard to determine if the family is involved with OCY and advise the JPO.) If the family is involved with OCY, the JPO representative will provide notice (by email) to the assigned OCY Caseworker, with a copy of the email to the assigned OCY Supervisor and Administrator, of JPO's involvement, the delinquency status, and to find out the status of the OCY case. If the youth is involved with the MH/D&A system, the JPO representative will provide notice of JPO's involvement to the assigned case manager and/or therapist.
- b) If a case has been accepted for ongoing services with OCY and if the youth is receiving MH/D&A services, and JPO anticipates the youth may be Adjudicated Delinquent or a diversion case, the Probation Officer will schedule a meeting (in person or virtual) within \_\_\_\_ days with the OCY Caseworker and Supervisor the MH/D&A case manager/therapist, the appropriate school

representative, and any other providers/systems working with the youth/family, regarding ongoing collaboration and determining responsibilities and the proposed outcome of the case. If the youth is not adjudicated dependent but is receiving OCY services and/or if the youth is receiving MH/D&A services, the JPO will request the parent/legal custodian(s) to sign a mutual consent to share information between OCY, MH/D&A, Education and JPO, including but not limited to a case summary, Family Service Plan (FSP), safety assessment, evaluations, treatment plans and Court Order(s).

- c) If the youth is open in OCY, the JPO Officer will include the OCY Caseworker in the decision as to whether to detain the youth. If that is not possible (e.g., after hours; weekend), the JPO Officer or the Detention Center (if the youth is detained) will advise the OCY Caseworker during the next business day. If open in OCY and detained by JPO, OCY will advise the School Liaison of this fact within 1 working day.
- d) If there is not an open case with OCY, and the Juvenile Probation Intake Officer believes that there are potential dependency issues for the youth and/or his/her minor siblings who live at home (either abuse or neglect), the JPO will discuss with the OCY Intake Supervisor and, if deemed appropriate, the Probation Office will contact ChildLine and file a report. Upon receipt of the report, the OCY Intake Screener will contact the JPO to gather additional information and/or provide an update on the planned response by OCY.
- e) If there is an open OCY cases, JPO will provide notice to the OCY Caseworker and invite them to each Delinquency Court hearing; notice and invitations will also be provided to the MH/D&A and Education systems.
- f) JPO will document all contacts with OCY/MH/D&A/School in the JPO record.
- g) The parties shall determine a lead person in the planning process. This leading person will be responsible for calling all of the joint meetings.

#### 4. **Intake Protocol – Office of Children and Youth**

- a) For all cases accepted for investigation by OCY Intake, the Intake Caseworker will ask the families with youth ages 10 and over if there is current involvement with JPO and obtain the name of the current Probation Officer. The Intake Caseworker will also contact JPO to see if a youth is currently being supervised by the JPO. The Intake Caseworker will also find out the name of the school that the children attend and whether any of the children are receiving MH/D&A services. If the children are receiving MH/D&A services, the Intake Caseworker will obtain the names and contact information for the case manager and/or therapist.
- b) If OCY receives a ChildLine referral from JPO, and the case is not already open in OCY, the OCY Intake Screener will discuss information regarding any concerns mentioned in the referral with

the Probation Officer. The referrals will be forwarded to the OCY Intake Screening Supervisor and Manager. OCY will respond to JPO within one (1) business day after receiving the referral to gather follow up information and/or to inform JPO of the decision by OCY to open or screen out the referral.

- c) If the case is assigned, and the child is not adjudicated dependent or delinquent, the OCY Caseworker will request the parent/legal custodian(s) to sign a mutual consent to share information between JPO, MH/D&A, Education and OCY, including but not limited to a case summary, safety assessment, risk assessment, Family Service Plan (FSP), Court Order(s), school records, evaluations, treatment plans, etc.
- d) An OCY Intake Administer will review all accepted for services decisions where there is JPO involvement.
- e) Following the completion of the OCY intake process (and contingent on there being open cases in the other systems), OCY shall make a determination regarding whether the case will be accepted for ongoing services.
  - i) If the case is accepted for services, OCY will notify the Juvenile Probation Officer, MH/D&A case manager/therapist, and school, and provide the name of the Ongoing OCY Caseworker and OCY Supervisor.
  - ii) If the case is not accepted for ongoing services, OCY will notify the Juvenile Probation Officer and provide a summary to the JPO.
- f) If the youth is open in JPO, the OCY Caseworker will include the JPO Officer in the decision as to whether to seek placement of the youth. If not possible (e.g., emergency; after hours; weekend; result of police activity), the OCY Caseworker will advise the JPO Officer during the next business day.
- g) If the case is open in both OCY and JPO and the child is in out-of-home placement by OCY, and the child is not involved with MH/D&A services and there are no unmet needs for such services, both systems will jointly request an MH trauma/D&A assessment and, if appropriate, an MH/D&A evaluation of the youth at the regularly-scheduled triage weekly meeting with MH/D&A representatives.
- h) If there is an open JPO case, OCY will provide notice to the JPO and invite them to each Dependency Court hearing, including shelter case, adjudicatory, and review hearings; notice and invitations will also be provided to the MH/D&A and Education systems.



- i) If there is an open OCY case, and the youth is Adjudicated Delinquent and placed out of home, or is a Diversion case, or there is an Informal Adjustment or Consent Decree, OCY will proceed in its normal course of business and will not close the OCY case due to the actions of the JPO.
- j) OCY will document all contacts with JPO/MH/D&A/School in the OCY record.
- k) The parties shall determine a lead person in the planning process. This leading person will be responsible for calling all of the joint meetings.

## 5. **Ongoing Services**

- a) If JPO does not identify any child welfare concerns at Intake, they should continue to observe for any child welfare concerns until case closure. If child welfare concerns develop, JPO shall make an appropriate referral to ChildLine.
- b) Following that referral, OCY will follow the procedures outlined above in the Intake Protocol Section (Section #4).
- c) If a child is Adjudicated Delinquent and the Court Order incorporates language creating Shared Case Responsibility, OCY and JPO have active participation for the youth's care, placement, case management, safety and services to the family. Decisions regarding the youth's education and behavioral health services will be discussed between the partners for each case.
- d) The JPO Court Order will include language to terminate the Share Case Responsibility on the youth's 18<sup>th</sup> birthday, unless the child is in the custody of OCY or Shared Case Responsibility was terminated in a prior Court Order.
- e) If the youth is Adjudicated Delinquent and placed out of home, or is a Diversion case, or there is an Informal Adjustment or Consent Decree, and the case is Accepted for Services by OCY, OCY will not close the case due to the delinquency involvement but will continue to provide services to the family in coordination with JPO pursuant to this Protocol, regardless of the consensus of the two systems.
- f) The OCY Caseworker will continue to review each youth using safety and risk assessments following established OCY procedures to determine if dependency issues still exist. Any changes or determinations made by OCY will be informed through continuing discussions with JPO.
- g) OCY will ensure there is a quality visit made to each youth in placement, at least monthly, whether performed by the OCY Caseworker, the JPO Officer, or an approved vendor caseworker. Joint visits are encouraged whenever possible.
  - i) OCY and JPO will collaborate to plan monthly quality visits.

- ii) If the youth is seen by OCY, OCY will provide an update and documentation of the visit to JPO.
- iii) If the youth is seen by JPO, JPO will provide an update and documentation of the visit to OCY.
- iv) For youth placed out of the state, OCY and JPO will share the responsibility of visiting the youth every other month. For example, if the OCY Caseworker visits the youth in January, the Juvenile Probation Officer will visit the youth in February.
- h) OCY and JPO will provide notice of, and an invitation to, each Dependency and Delinquency Court hearing, regardless of the type of hearing, to all persons and advocates involved in each of the proceedings.
- i) If a child or youth is placed out-of-home, upon the determination of a planned return home, the OCY and JPO will provide notice to the appropriate school and Behavioral Health provider (if applicable) of the child or youth's return.

#### 6. **Discharge Planning**

- a) Before either OCY or JPO makes a recommendation to the Court to terminate the Adjudication of Dependency and/or Delinquency, to rescind a Shared Case Responsibility (SCR) order, or to close the case, a team meeting must be held (either in person or virtually) between the Juvenile Probation Officer, the OCY Caseworker, both Supervisors, a home school representative, and the MH and/or D&A providers and case managers (if applicable), and both OCY and JPO should attend the Court hearing.
- b) Neither OCY nor JPO should seek to have the Court discharge jurisdiction of the youth solely based on the type of placement where the youth is residing. If either or both agencies seek to change the status of a case by petitioning the Court to terminate the Adjudication of Dependency and/or Delinquency or rescind the SCR language in the Order, there must be detailed information in the case file to justify why shared legal responsibility is no longer needed.
- c) If the case is open in both OCY and JPO and the child is in out-of-home placement by JPO, and the youth is not receiving MH (and/or D&A if appropriate) services, and the youth is approaching discharge from the placement, whether or not the youth is currently receiving MH, D&A, or Education services, the JPO will discuss the youth at the regularly scheduled weekly meeting with MH, D&A, or Education representatives and invite the OCY caseworker and supervisor to attend the meeting.

- d) SCR can only be terminated by the Delinquency Court and, if such an Order is entered, OCY will be provided with a copy of the Court Order by the Juvenile Probation Officer.

## **7. Teaming for All Cases**

- a) The OCY Caseworker, JPO Officer, and staff from education, MH and/or D&A will work together to come to an agreement about recommendations for cases involved with the integrated agencies, regardless of whether or not there is an SCR order. This includes, whenever appropriate, aligning the assessment process of each agency, having a meeting to draft any plans and/or revisions of plans to ensure that each system's plan reflects and is consistent with the other multi-system integration partners. Such plans include but are not limited to the Family Service Plan, Placement Plan, Individual Education Plan, Treatment Plan, and the Diversion Plan.
  - i. Each agency will follow their respective mandatory face-to-face client contact guidelines, and will coordinate those face-to-face client contacts with the other involved agencies whenever possible and appropriate.
  - ii. There will be a minimum of monthly contact between OCY, JPO, education, MH and/or D&A staff to review the status of cases and, as necessary, revise the case plan. While these meetings preferably will be face-to-face meetings, they may be conducted virtually. At a minimum, the representatives from the applicable systems should meet face-to-face (may be virtual if necessary) every 3 months.
- b) Specifically, if the OCY Caseworker and JPO Probation Officer are unable to reach a resolution, as to any needed revisions to the case plan, both the OCY and JPO Supervisors will become involved. If there continues to be a concern, or no agreement is able to be reached, OCY and JPO administrators will become involved.
- c) Monthly meetings (either in person or virtually) will be scheduled for the first year of the implementation of the MSI Pilot Project between designated administrators from each of the multi-system integration agencies to review compliance with established protocols and procedures. The purpose of the meetings is to ensure that the Protocol is firmly in place. After the first year, such meetings will be scheduled on at least a quarterly basis.
- d) Administrators will refer cases for "Client Specific Consideration Meetings". These meetings will be held as needed and the multi-systemic integration agencies will allot time each month for scheduling.
- e) "Client Specific Consideration Meetings" are collaborative meetings regarding high-risk and/or complicated cases. These meetings serve to address disagreements between the agencies in addition to monitoring the ongoing collaboration between the partner agencies.

**EXHIBIT 1**

**Education Data**

If child is <b>adjudicated dependent</b> and in the custody of the county and in out-of-home placement	<p>Is child currently enrolled? If yes, what school? Contact name and contact information. Current grade level. Any truancy? Does school have Truancy monitor? Any chronic absenteeism? Any recent suspensions? Any recent expulsion? Are there current behavioral issues? Does child have IEP? Does child have a 504 plan? Is youth an ESL student? Is youth currently under McKinney Vento? Does school have on-site: Mental health services? SAP? Mental health specialist? Social worker?</p>
If child is <b>adjudicated dependent</b> , in the custody of the county & living at home with parent(s)	<p>Is child currently enrolled? If yes, what school? Contact name and contact information. Current grade level. Any truancy? Does school have Truancy monitor? Any chronic absenteeism? Any recent suspensions? Any recent expulsion?</p>

	<p>Are there current behavioral issues? Does child have IEP? Does child have a 504 plan? Is youth an ESL student? Is youth currently under McKinney Vento? Does school have on-site: Mental health services? SAP? Mental health specialist? Social worker?</p>
--	--

<b>If child is subject of a current child protective services investigation?</b>	<b>Is child currently enrolled?</b> If yes, what school? Contact name and contact information. Current grade level. Any truancy? Any chronic absenteeism? Any recent suspensions? Any recent expulsion? Are there recent behavior issues?
<b>If child is not adjudicated dependent, living at home with</b>	<b>Is child currently enrolled?</b>

parent(s), accepted for services & receiving services from the county	If yes, what school? Contact name and contact information. Current grade level. Any truancy? Any chronic absenteeism? Any recent suspensions? Any recent expulsion? Are there current behavioral issues?
If child's parent has signed the <b>consent</b> presented by the child welfare system	Is child currently enrolled? If yes, what school? Contact name and contact information. Current grade level. Any truancy? Does school have Truancy monitor? Any chronic absenteeism? Any recent suspensions? Any recent expulsion? Are there current behavioral issues? Does child have IEP? Does child have a 504 plan? Is youth an ESL student? Is youth currently under McKinney Vento? Does school have on-site: Mental health services? SAP? Mental health specialist? Social worker?

<p>If youth is <b>adjudicated delinquent</b> and in out-of-home placement</p>	<p>Is child currently enrolled? If yes, what school? Contact name and contact information. Current grade level. Any truancy? Does school have a truancy monitor? Any chronic absenteeism? Any recent suspensions? Any recent expulsion? Are there current behavioral issues? Does child have IEP?</p>



	<p>Does child have a 504 plan?</p> <p>Is youth an ESL student?</p> <p>Is youth currently under McKinney Vento?</p> <p>Does school have on-site: Mental health services? SAP?</p> <p>Mental health specialist?</p> <p>Social worker?</p>
<p>If youth is <b>adjudicated delinquent</b>, not placed in out-of-home, and under continuing court jurisdiction</p>	<p>Is child currently enrolled?</p> <p>If yes, what school?</p> <p>Contact name and contact information.</p> <p>Current grade level.</p> <p>Any truancy?</p> <p>Does school have truancy monitor?</p> <p>Any chronic absenteeism?</p> <p>Any recent suspensions?</p> <p>Any recent expulsion?</p> <p>Are there current behavioral issues?</p> <p>Does child have IEP?</p> <p>Does child have a 504 plan?</p> <p>Is youth an ESL student?</p> <p>Is youth currently under McKinney Vento?</p> <p>Does school have on-site: Mental health services? SAP?</p> <p>Mental health specialist?</p> <p>Social worker?</p>
<p>If youth is <b>adjudicated delinquent</b>, placed on <b>juvenile probation</b>, with <b>continuing court supervision</b>, and living at home with parent(s)</p>	<p>Is child currently enrolled?</p> <p>If yes, what school?</p> <p>Contact name and contact information.</p> <p>Current grade level.</p> <p>Any truancy?</p> <p>Does school have truancy monitor?</p> <p>Any chronic absenteeism?</p>

	<p>Any recent suspensions?</p> <p>Any recent expulsion?</p> <p>Are there current behavioral issues?</p> <p>Does child have IEP?</p> <p>Does child have a 504 plan?</p> <p>Is youth an ESL student?</p> <p>Is youth currently under McKinney Vento?</p> <p>Does school have on-site: Mental health services?</p> <p>SAP?</p> <p>Mental health specialist?</p> <p>Social worker?</p>
<p>If youth has been arrested, is being <b>investigated</b> by the juvenile probation office, &amp; no decision has been made as to proceeding</p>	<p>Is child currently enrolled?</p> <p>If yes, what school?</p> <p>Contact name and contact information.</p> <p>Current grade level.</p> <p>Any truancy?</p> <p>Any chronic absenteeism?</p> <p>Any recent suspensions?</p> <p>Any recent expulsion?</p> <p>Are there recent behavior issues?</p>
<p>If child's parent has signed the <b>consent</b> presented by the juvenile probation officer</p>	<p>Is child currently enrolled?</p> <p>If yes, what school?</p> <p>Contact name and contact information.</p> <p>Current grade level.</p> <p>Any truancy?</p> <p>Does school have truancy monitor?</p> <p>Any chronic absenteeism?</p> <p>Any recent suspensions?</p> <p>Any recent expulsion?</p> <p>Are there current behavioral issues?</p> <p>Does child have IEP?</p>

	<p><i>Does child have a 504 plan?</i></p> <p>Is youth an ESL student?</p> <p>Is youth currently under McKinney Vento?</p> <p>Does school have on-site: Mental health services? SAP? Mental health specialist? Social worker?</p>
--	--

**MEMORANDUM OF UNDERSTANDING**  
**AMONG**  
**ERIE COUNTY OFFICE OF HUMAN SERVICES (COMPRISING OF OFFICE OF MENTAL HEALTH,**  
**OFFICE OF INTELLECTUAL DISABILITIES AND EARLY INTERVENTION SERVICES,**  
**OFFICE OF DRUG AND ALCOHOL SERVICES, ERIE COUNTY CHILDREN AND YOUTH AGENCY, AND**  
**EDMUND L. THOMAS DETENTION CENTER AND SHELTER), ERIE COUNTY JUVENILE PROBATION OFFICE,**  
**CITY OF ERIE SCHOOL DISTRICT, NORTHWEST TRI-COUNTY INTERMEDIATE UNIT 5,**  
**AND**  
**ERIE COUNTY COURT OF COMMON PLEAS**  
  
**REGARDING**  
  
**THE MULTI-SYSTEMS INTEGRATION PILOT PROGRAM**

**RECITALS**

**WHEREAS**, the Commonwealth of Pennsylvania passed Senate Bill 917 (1922) and the Governor signed the legislation into law as Act 78 of 2016, amending the Juvenile Act to create a process for court-approved interagency information-sharing agreements; and

**WHEREAS**, Act 78 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**, all information shared pursuant to this Memorandum of Understanding (hereinafter referred to as the "MOU") shall only be shared and used in furtherance of a disposition and/or case planning of a child who is subject to the Juvenile Act, as amended by Act 78 of 2016 or if no child-specific or other confidential information is disclosed, in furtherance of efforts to identify and provide services to children who are determined to be at risk of child abuse, parental neglect, or initial or additional delinquent behavior; and

**WHEREAS**, Act 78 and this MOU is committed to 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 bringing a data-driven perspective to the evaluation of programs and prioritizing those programs that demonstrate the greatest long-term effectiveness; and

**WHEREAS**, most of the current information technology systems used by the Partners are incompatible with each other and incapable presently of sharing information electronically and

efficiently and the Partners wish to develop the ability to share such information in a horizontally-integrated, client-focused manner by streamlining processes and employing technology that facilitates collaboration and data sharing across the Partners' programs and systems; and

**WHEREAS**, Erie County Department of Human Services (hereinafter referred to as "DHS") and the Erie County Juvenile Probation Office applied for and was awarded a grant by the Stoneleigh Foundation and the Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy to participate in the Erie County Children's Multi-Systems Integration Pilot Program (hereinafter referred to as "Pilot Program"); and

**WHEREAS**, the Pilot Program utilizes the Crossover Youth Practice Model (hereinafter referred to as "CYPM" and System of Care (hereinafter referred to as "SOC") to strengthen the way systems work together to provide support and services to child, youth, and families known to multiple systems of care, where CYPM moves research to practice and the SOC creates a strength-based, family- and youth-centered approach to addressing mental health issues; and

**WHEREAS**, the Pilot Program will work with the Erie County child-serving systems and agencies to improve system-level operation and population-level outcomes through enhanced multi-system policies and practices in child welfare, juvenile justice, behavioral health, and education; and

**WHEREAS**, to initiate this information sharing initiative, Erie County DHS, Erie County Juvenile Probation Office, City of Erie School District, and Northwest Tri-County Intermediate Unit 5 have agreed to enter this MOU to share data and information to facilitate the Erie County Children's Multi-Systems Integration Pilot Program; and

**WHEREAS**, Erie County DHS, Erie County Juvenile Probation Office, City of Erie School District, and Northwest Tri-County Intermediate Unit 5, are collectively referred to as the Pilot Program Partners (hereinafter referred to as the "Partners" or individually as a "Partner"); and

**WHEREAS**, in the future, the Partners intend that additional agencies and entities will join as Partners to the Pilot Program.

**NOW, THEREFORE**, the Pilot Program Partners agree as follows:

## **ARTICLE I**

### **Definitions**

The following terms used in this MOU are defined as follows:

1.1. **Accepted for services** means deciding based on the needs and problems of a family or an individual to admit or receive the individual as a client of a Children and Youth Agency or as required by a Court Order, including transferring custody of a child to the Children and Youth Agency.

1.2. **Child Protective Services** is defined as those services and activities provided by the Erie County Children and Youth Agency for child abuse cases.

1.3 **Compulsory School Age** means between the ages of 6 to 18 (or younger than 18 if the minor holds a certificate of graduation from a regularly accredited, licensed, registered or approved high school pursuant to 24 P.S. §13-1326)

1.4 **Consent Decree** means after the filing of a petition and before the entry of an adjudication order (with certain cases in which a Consent Decree is recommended at the time of disposition and approved by the Court), the Court may, on motion of the prosecutor or of counsel for the child, suspend the proceedings, and continue the child under supervision in his own home, under terms and conditions negotiated with the Juvenile Probation Office and agreed to by all parties affect, and continue the child under supervision. This will not extend beyond 6 months from the day it starts, unless extended by a Court Order for an additional period not to be more than 6 months. The terms and conditions may include probation supervision, payment by the child of costs, fees or restitution, including a supervision fee.

1.5. **Court** means the Court of Common Pleas of Erie County, Pennsylvania including the Juvenile Division of said Court.

1.6. **Delinquent** means a child 10 years of age or older whom the Court has found to have committed a crime under the law of this Commonwealth, or of another state if the act occurred in that state, or under Federal law, or under local ordinances or an act which constitutes indirect criminal contempt under the Protection From Abuse Act or Protection of Victims of Sexual Violence or Intimidation.

1.7. **Dependent** means a child who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals. A determination that there is a lack of proper parental care or control may be based upon evidence of conduct by the parent, guardian or other custodian that places the health, safety or welfare of the child at risk, including evidence of the parent's guardian's or other custodian's use of alcohol or a controlled substance that places the health, safety or welfare of the child, including but not limited to being abandoned, or orphaned, or being ungovernable, or habitually and without justification truant from school while subject to compulsory school attendance, or having committed a delinquent act while under the age of 10 years.

1.8. **Disposition** means that the Court has made a finding of dependency or delinquency and the Court then proceeds to decide what services the child will be court-ordered to complete, including placement outside of the home.

- 1.9. **General Protective Services** is defined as those services and activities provided by the Erie County Children and Youth Agency for cases requiring protective services.
- 1.10. **Informal adjustment** means the child can live at home and must follow the rules given by the Juvenile Probation Officer for up to 6 months, at which time the delinquency charges will be dismissed.
- 1.11. **Memorandum of Understanding** means that the Court accepts the terms reached by the Partners and in compliance with the Pennsylvania Juvenile Act.
- 1.12. **Partner** means the signed entities to this MOU (except for the Court) regarding the Erie County Children's Multi-System Integration Pilot Project.
- 1.13. **Parties** mean the litigation sides to either a dependency (the County Children and Youth Agency, the parent/guardian, and the child) or a delinquency (the prosecutor and the child's defense) Court proceeding.
- 1.14. **Publicly-funded Mental Health Services** mean behavioral health services contracted by the County Office of Mental Health and reimbursed with state and county funds, or Community Care Behavioral Health (CCBH) and reimbursed with Medicaid funds.
- 1.15. **Publicly-funded Substance Use Disorder Services** mean behavioral health services contracted by the County Office of Drug & Alcohol Services and reimbursed with state, county, and grant funds, or CCBH and reimbursed with Medicaid funds.
- 1.16. **Under the Supervision** means the Juvenile Court continues to hold court hearings to determine the progress of the parent(s) and/or the child in meeting the conditions ordered by the court.

## **ARTICLE II**

### **Interagency Information Sharing**

- 2.1. General Rule. Information from Partner records shall be provided, upon request, to a Partner or the Court, under and except as prohibited by law, regarding a child pursuant to any of the following circumstances:
- a) who is the subject of an open child protective services or general protective services investigation; or
  - b) who is alleged to be dependent; or
  - c) who has been accepted for service by the Erie County Office of Children and Youth; or

- d) who has been placed under supervision of the Erie County Probation Office by an informal adjustment or consent decree; or
- e) who has been found by the Court to have committed a delinquent act; or
- f) who has been found by the Court to be dependent or delinquent; or
- g) who is a minor (under the age of 18 years) who is receiving publicly-funded mental health services; or
- h) who is a minor (under the age of 18 years) who is receiving publicly-funded substance use disorder services; or
- i) who is a minor and subject to Pennsylvania's Compulsory School Age enrolled in school; with the information to be shared including but not limited to:
  - Actively involved in the School Attendance Review Board process or Truancy Court due to school truancy; or
  - Chronically absent (defined as missing over 10% of the school year for any reason); or
  - Expelled or suspended; or
  - Flagged for academic or attendance risk factors as defined by the Education System's Early Warning Indicator System, Student Care Team or Student Assistance Program; or
  - Identified as homeless or foster youth.

2.2. Exceptions. All information shared pursuant to this MOU shall be in compliance with all applicable federal and state laws and regulations (including but not limited to when permitted by court order or after consent has been provided by the holder of the privacy interest). Information shall not be shared if confidential and prohibited pursuant to the following applicable federal and state laws and regulations :

a) By federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996, 42 USC §1320d et seq. and the regulations promulgated thereto; the Family Educational Rights and Privacy Act of 1974, 20 USC §1232g et seq. and the regulations promulgated thereto; the Individuals with Disabilities Education Act, 20 USC §1400 et seq. and the regulations promulgated thereto; and the Child Abuse Prevention and Treatment and Adoption Reform, 42 USC §67 et seq. and the regulations promulgated thereto; Substance Use Disorder Patient Records Act, 42 USC §290dd-2 and the regulations promulgated thereto, Chapter 42 CFR Part 2.

b) By state laws, including but not limited to the Child Protective Services Act, 23 Pa CSA §63, et seq.; the Juvenile Act, 42 Pa. CSA §6301, et seq.; the Mental Health Procedures Act of 1976, 50 PS §7101.; and the Mental Health Minors Consent Act, 35 PS §§10101.1-10101.2; the Confidentiality of



HIV-Related Information Act, 35 PS §7601 et seq.; Pennsylvania Education Act, 23 PS §§1409; 5309; Pennsylvania Juvenile Act, 42 Pa. C.S. §§6307; 6308 (relating to court files and records in delinquency court and law enforcement records, respectfully).

2.3. Sharing of Information.

a) The Partner or the Court shall use child-specific, confidential shared information in furtherance of a disposition and/or case planning of a child who is the subject of that information and subject to the Juvenile Act. Such information may be shared among authorized representatives of the Partner or the Court in furtherance of a disposition of a child under the Juvenile Act.

b) If no child-specific or other confidential information is disclosed or identified, in furtherance of efforts to identify and provide services to children who are determined to be at risk of child abuse, parental neglect, or initial or additional delinquent behavior, such information may also be shared with other Partners or the Court if allowed by law, if there is a specific need to do so and under proper security assurances.

c) All information shared by Partners shall be maintained safely and maintained in a secure and confidential manner.

2.4. Purpose of Sharing of Information. Partners will share information pursuant to this MOU for the following purposes:

a) To enhance coordination of care management and the supervision of children who have been accepted for service by the Erie County Office of Children and Youth, who are being supervised by the Erie County Probation Office under an informal adjustment or consent decree, or who have been found to have committed a delinquent act or who have been found to be dependent or delinquent, who are receiving or in need of Behavioral Health Services, and who are subject to the Pennsylvania Compulsory School Age, and

b) To enhance the coordination of efforts to identify children who may be at risk of child abuse, parental neglect, or initial or additional delinquent behavior and to provide appropriate and effective services to these children and their families.

c) To ensure the quality assurance of the pilot project through data collection and analysis.

2.5. Data to be Shared. Each Partner shall identify minors who are described in Paragraph 2.1., above. Thereafter, when requested to be shared, a Partner will be able to access the following person-identifiable data elements regarding such minors:

a) The name, address, telephone number, email address, and date and place of birth of child; and parents/legal guardians/legal decision-makers living in the child's home (unless not available by the Party).

- b) The particular identifying number assigned to the case by the Partner.
- c) The name, telephone number, and email address of each employee assigned to the case, or a contact person, from each Partner.
  - 1) For the Office of Children and Youth, it would be the assigned caseworker and caseworker supervisor;
  - 2) For the Juvenile Probation Officer, it would be the assigned probation officer and the probation officer's supervisor;
  - 3) For the Office of Mental Health, it would be the case manager (if service is provided) or the care manager at ECCM; and
  - 4) For the Office of Drug and Alcohol Services, it would be the caseworker or caseworker's supervisor; and
  - 5) For the Erie School District, it would be the school liaison or the school agent.
- d) The most recent date or dates of contact between the Partner and the child and/or parent/guardian.
- e) Additional data and information if permitted by law and data elements agreed to in the future between the Partners and/or the Data Ad Hoc Workgroup.

The Partners acknowledge and agree that the data to be shared is the limited data set as defined above in this Article and the data grid attached to this MOU, incorporated herein as Attachment A, and, unless ordered by a Court, the Partners shall determine who in another Partner agency or entity shall have access to this limited data set. Furthermore, the Office of Children and Youth, the Juvenile Probation Officer, and other Partners as appropriate will work with the Court to determine language to be included in the Court's order stating that the Partners shall share this information to coordinate case planning and management, and to provide services to the child and/or the family. This Court Order will then be provided to all the relevant Partners to maintain in their records. Whether or not the Court is involved, the Partner Agency may also obtain an appropriately signed Consent to Share Information from the holder of the privacy interest (developed and approved by the Memorandum of Understanding Ad Hoc Workgroup, reviewed by the Leadership Team, and attached and incorporated herein as Attachment B).

### **ARTICLE III**

#### **Implementation Process**

3.1. Leadership Team. The Leadership Team shall determine the policies and procedures for the Multi-Systems Integration Pilot Program. The Leadership Team is comprised of John DiMattio, Director of DHS/Administrator of Office of Mental Health/Intellectual Disabilities, Mary Jo Battle, Chief Juvenile Probation Officer, Lana Rees, Executive Director, Office of Children and Youth, Corinne Thomas, Mental Health Team Leader, Scherry Prater, Erie School District's Director of Student Services, Jeanette

Redenius, Deputy Director of the Erie County Office of Drug & Alcohol Services, Honorable Judge John J. Trucilla, Administrative Judge, Erie County Court of Common Pleas, and Honorable Judge Erin C. Connelly Marucci, Administrative Judge, Erie County Court of Common Pleas. The Leadership Team will provide oversight to the Implementation Team and the numerous Workgroups created to implement this Pilot Program.

3.2. Implementation Team. The Implementation Team includes representatives from the Erie County DHS, the Erie County Probation Office, the Erie School District, the Intermediate Unit 5, the Erie City Police Department, the Sheriff's Office, the District Attorney's Office, the Public Defender's Office, the County Solicitor's Office, the Office of Mental Health/Intellectual Disabilities, the Office of Children & Youth, higher education, community-based organizations, youth voice and family voice.

3.3. Point of Contact. The Point of Contact for the Pilot Project is Gina Mannarelli-Agostine, Mental Health Program Specialist.

3.4. Ad Hoc Workgroups. The Leadership Team may form Ad Hoc Workgroups in the future. Presently, the Leadership Team has formed the following Ad Hoc Workgroups :

a) Mapping Workgroup. The Mapping Workgroup mapped decision points along the case processing and service continuum by developing multiple maps that identified where child welfare, juvenile justice, behavioral health and education should be intersecting to help determine the overlay of existing case sharing policies as a resource. The product of this Workgroup informed the development of the policy and practice protocols for the Multi-Systems Integration Pilot Program.

b) Memorandum of Understanding Workgroup. This Workgroup developed a written document formalizing the Partners agreement and approved by the Court as to what information can be legally shared. This Workgroup reached consensus upon what information can legally be shared between child welfare, juvenile justice, education and behavioral health. It is also developed a fully informed Consent when agreeing to share personal information which is Attachment B. This Workgroup will focus on understanding the legal implications of the Multi-Systems Integration Pilot Program and not the case practice.

c) Data Workgroup. In partnership with Georgetown University, this Workgroup is working to collect and analyze data related to the implementation of the Multi-Systems Integration Pilot Program. The Data Workgroup is responsible for managing this process in concert with the County's Leadership and Implementation Teams.

d) Protocol Workgroup. This Workgroup is focused on developing policy and practice protocols across child welfare, juvenile justice, behavioral health and education to implement the Multi-Systems Integration Pilot Program. This includes the process for identifying multi-system youth, informing the charging decision, developing the pre-adjudication/pre-disposition meeting structure, disposition planning, and other multi-system efforts to address care management concerns. The Protocol

Workgroup has developed a Protocol, which is attached and incorporated as a part of this MOU as Exhibit C, to guide how the Partners will work together to strengthen the way systems work together to provide support and services to child, youth, and families known to multiple systems of care, where Crossover Youth Practice Model moves research to practice and the System of Care creates a strength-based, family- and youth-centered approach to addressing mental health.

e) Prevention and Disproportionate Minority Contact/Disproportionate Minority Representation (DMC/DMR) Workgroup. This Workgroup is focusing on identifying 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, as well as a commitment to ensure alignment and, when appropriate, integration with the DMC/DMR efforts currently underway.

3.5. Training Implementation and Pre-Service Training. The Leadership Team has determined to develop a series of taped presentations for staff members from all of the Parties to be able to view in order to learn about the Multi-Systems Integration Pilot Program and how the Pilot Program will be implemented. The taped presentations will include, but may not be limited to an introductory presentation, a presentation regarding the MOU, a presentation regarding the Protocol changes, and interviews from the Partner principals regarding the Multi-Systems Integration Pilot Program. The Leadership Team expects that staff will review these taped presentations prior to the implementation of the Pilot Program.

#### **ARTICLE IV**

##### **Miscellaneous**

4.1. Term and Expiration. This MOU shall commence on the Effective Date and expire upon completion of the Pilot Program, which is currently projected as September 2024, unless extended in writing by the Partners and approved by the Court. The Parties hope that the results of the Pilot Program are positive so that the Parties can reach a decision to make the practices permanent.

4.2. Amendments. This MOU may be modified or amended at any time by consent of all Partners, expressed in writing and signed by all Partners, and approved by the Court.

4.3. Applicable Law and Severability. This MOU shall be governed in all respects by the laws of the Commonwealth of Pennsylvania. If any provision of this MOU is held, deemed to be, or in fact is inoperative or unenforceable for any reason, such circumstance shall not have the effect of rendering any other provision or provisions contained herein invalid, inoperative, or unenforceable to any extent whatsoever. The invalidity of any one or more phases, sentences, clauses, or sections contained in this MOU shall not affect the remaining portions of this MOU or any part thereof. If this MOU is determined to be invalid by a court of competent jurisdiction, it shall be terminated immediately.

4.4. Notices. All notices given under this MOU shall be in writing and shall be effective upon receipt. Whenever possible, notices shall be transmitted via electronic mail.

4.5. Entire MOU; Modification. This MOU and the Protocol referenced and incorporate herein as Exhibit A constitutes the entire MOU of the Partners with respect to the matter contained herein. No modification of, amendment or addendum to this MOU shall be effective unless such modification, amendment or addendum is in writing and signed by all of the Partners. Specific tasks performed by the Partners necessary to carry out their respective duties and obligations in connection with the Pilot Project may be modified by addendum or amendment to this MOU and approved by the designated representatives or the Partners and approved by the Court.

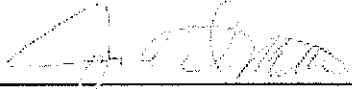
4.6. Assignment; Binding Effect. This MOU, or any portion thereof, shall not be assigned by any of the Partners without the prior written consent of the other Partner. This MOU shall inure to the benefit of and shall be binding upon the Partner and their respective successors and permitted assigns.

4.7. No Personal Liability. No member, official, director, employee or agent of the Partners or the Court shall be individually or personally liable with connection with this MOU.

4.8. Counterparts. This MOU may be executed in one or more counterparts, each of which shall be considered to be one and the same MOU, binding on all Partners hereto, notwithstanding that all Partners are not signatories to the same counterpart. Further, duplicated signatures, signatures transmitted via facsimile, or signatures contained in a Portable Document Format (PDF) document shall be deemed original for all purposes.

[THE REMAINDER OF PAGE IS INTENTIONALLY BLANK.]

**IN WITNESS WHEREOF**, the undersigned have caused this MOU to be executed by their authorized representatives and upon my signature, I agree to and am bound by this MOU.



\_\_\_\_\_  
John DiMattio  
Executive Director  
Erie County Office of Human Services  
Date: July 10, 2023

\_\_\_\_\_  
Mary Jo Battle  
Chief  
Erie County Juvenile Probation Office  
Date:

\_\_\_\_\_  
Scherry Prater for  
Brian J. Polito  
Superintendent  
City of Erie School District  
Date:

\_\_\_\_\_  
Heather Martin-Raddock for  
Bradley E. Whitman  
Executive Director  
Northwest Tri-County Intermediate Unit 5  
Date:

APPROVED:

\_\_\_\_\_  
J.

Dated:

**ATTACHMENT B**

**MULTI-SYSTEM INTEGRATION PROJECT**  
**AUTHORIZATION FOR ACCESS TO INFORMATION**

On behalf of my child, \_\_\_\_\_, Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_  
(Address)

I understand that child welfare, education (school district), juvenile probation, mental health, and/or drug and alcohol (called "systems") are working together to provide services to my child. To be successful for my child and my family, it is important that these agencies access data about my child from the other system(s) that is serving my child. I understand that if my child is receiving child welfare and/or juvenile probation services, the law may allow access to school information and between systems without my consent. Also, child welfare, mental health and drug and alcohol services may allow access to data in the other systems without my consent.

Unless I specifically refuse to authorize, I understand and provide my consent that the systems identified herein who may be or are working with my child and our family will share and have access to the categories of data contained in my child's records identified below. The information that the systems have access will be the least amount that is necessary to best serve my child in an effective way. In order to comply with the Family Education Rights and Privacy Act, which is applicable to public school districts, a more detailed description of the types of "education data" that may be disclosed by the school district in which my child is enrolled to the systems serving my child is included in the chart attached to this Authorization as Exhibit 1.

**ACCESS TO THIS DATA IS FOR THE SOLE PURPOSES OF PROVIDING COORDINATED CARE AND SERVICES TO MY CHILD WHO IS INVOLVED IN MORE THAN ONE SYSTEM, AND FOR PROGRAM EVALUATION AND RESEARCH PURPOSES. THE INFORMATION OBTAINED PURSUANT TO THIS CONSENT CAN ONLY BE USED TO HELP AND ASSIST MY CHILD TO SUCCEED BY IMPROVING THE OUTCOMES OF SERVICES AND FOR NO OTHER PURPOSES. DATA WILL NOT BE RE-DISCLOSED WITHOUT MY AUTHORIZATION.**

**NO**, I do not authorize the following specific agencies to access my confidential information and records to understand and coordinate the planning of services that best address my child's needs, to evaluate services, and to research how to improve the outcomes:

- \_\_\_\_\_ Erie County Office of Mental Health having access to drug & alcohol data
- \_\_\_\_\_ Erie County Office of Mental Health having access to education data
- \_\_\_\_\_ Erie County Office of Mental Health having access to child welfare data
- \_\_\_\_\_ Erie County Office of Mental health having access to juvenile probation data
- \_\_\_\_\_ Erie County Juvenile Probation having access to mental health data
- \_\_\_\_\_ Erie County Juvenile Probation having access to drug & alcohol data
- \_\_\_\_\_ Erie County Juvenile Probation having access to education data
- \_\_\_\_\_ Erie County Juvenile Probation having access to child welfare data
- \_\_\_\_\_ Erie County Office of Children & Youth having access to drug & alcohol data
- \_\_\_\_\_ Erie County Office of Children & Youth having access to mental health data
- \_\_\_\_\_ Erie County Office of Children & Youth having access to juvenile probation data
- \_\_\_\_\_ Erie County Office of Children & Youth having access to education data
- \_\_\_\_\_ My Child's School having access to mental health data
- \_\_\_\_\_ My Child's School having access to drug & alcohol data
- \_\_\_\_\_ My Child's School having access to child welfare data
- \_\_\_\_\_ My Child's School having access to juvenile probation data

The information and data that is accessed by the above-referenced agencies/entities is protected by limiting access to the information of each system and by limiting with whom the information may be shared, in compliance with the standards set forth by federal and state regulations governing confidentiality of client protected information and student education records. Every person and agency that is authorized to access information about your child has agreed to maintain the security and confidentiality of the information and the records/data will not be re-disclosed without your expressed authorization unless permitted by law.

**Protected Health Information (PHI)**, which includes information pertaining to your child's medical history, mental health or addiction condition and treatment received.

**Education Information**, which includes information pertaining to your child's situation at school, anytime from kindergarten through 12<sup>th</sup> grade. The categories of education information that may be disclosed are outlined in more detail in Exhibit 1.

**I HAVE READ OR HAD THIS FORM EXPLAINED TO ME AND I UNDERSTAND THAT:**

- I may refuse to sign this authorization. I may inspect or obtain a copy of the protected health or education information and the education information that is accessed and shared. I have a right to receive a copy of this authorization.
- I may revoke this authorization at any time. My revocation must be in writing and signed by me or someone on my behalf. My revocation will become effective upon receipt but will not be effective to the extent that the requestor or others have acted in reliance upon this authorization.
- This authorization expires per one of the following event, **whichever occurs first**:

Date \_\_\_\_\_  
Condition \_\_\_\_\_  
Event \_\_\_\_\_  
One year from date of Signature \_\_\_\_\_

Neither services nor treatment nor payment will be conditioned on my providing authorization in writing prior to that expiration date.

- Drug and Alcohol records for my child are protected under the federal and state laws governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Drug & Alcohol Abuse Control Act (71 P.S. § 1690.108(c) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

\_\_\_\_\_  
Client Name (Please print)

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please print)  
(if applicable)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



# Improving Outcomes for Youth in Multiple Systems of Care

Erie County Department  
of Human Services  
Multi Systems  
Integration Pilot  
Program



# Multi Systems Integration Goals

## **Increases In:**

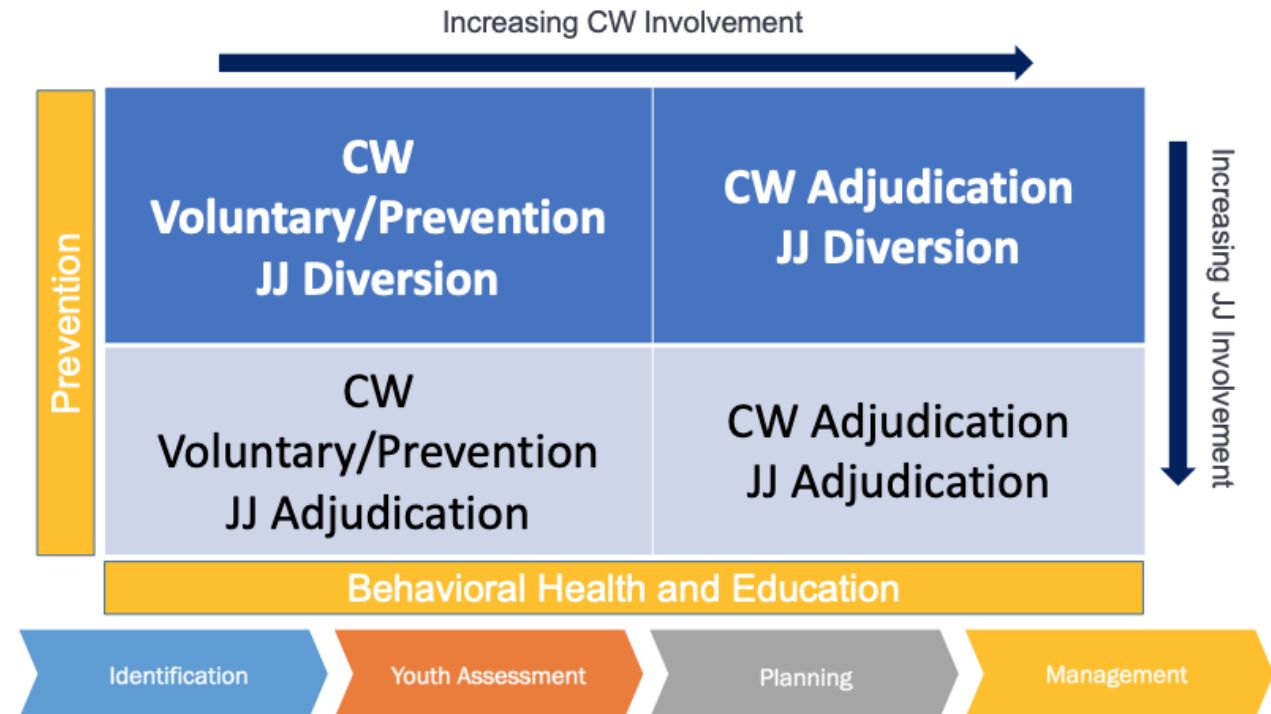
- Diversion/dismissal
- Home placement/reunification
- Improved educational outcomes
- Positive behavioral health outcomes
- Social supports
- Pro-social activities

## **Reductions In:**

- Recidivism in the justice system
- New sustained juvenile justice petitions
- Use of pre-adjudication detention
- Use of APPLA as a permanency goal

# Where Do We Find Youth With Multiple Systems Involvement?

## Multi-System Status Youth Degree of System Involvement



# Characteristics & Outcomes of Multi-System Youth

## Behavioral Health

- Higher levels of substance use
- More likely to have mental health challenges
- Increased likelihood of familial mental health and substance use histories

## Education

- School placement instability
- Higher rates of truancy, suspension, and expulsion
  - Behavioral problems
- Lower Academic Achievement

## Child Welfare Involvement

- Histories of neglect and/or abuse
- High rate of out-of-home and group placements
  - Frequent placement changes
- More likely to have longer CW stays

## Juvenile Justice

- Detained at higher rates
- Less likely to be considered for diversion
- More likely to receive out-of-home placement
- Typically, younger at age of first arrest

# Demographics of Multi-System Youth

## Demographics

- Increased likelihood of being female
- Increased likelihood of being Black
- High proportion of LGBTQ2S+
- Higher probability of crossing-over from child welfare to juvenile justice
  - Older age at first foster care placement creates greater risk for juvenile justice involvement

# Erie County Rubric Responses: Brief Analysis

## ► Strengths

- Interagency collaboration across multiple Rubric domains, including information sharing in complex cases
- Judicial partnership
- Appreciation and understanding of diverse population in Erie County
- Youth and family participation, while still recognizing areas for improvement
- Erie County has a single HIPAA-covered entity, allowing for data and information sharing among Office of Human Services agencies

## ► Challenges

- No central intake and different rules in individual systems leads to “siloing”
  - Placement Planning, Youth and Family Involvement, Identification of Multi-System Youth, Assessment, Case Management and Planning
- Staff shortages and related training issues: keeping everyone on the same page
- Keeping representatives and stakeholders engaged
- Lack of system-level data analysis

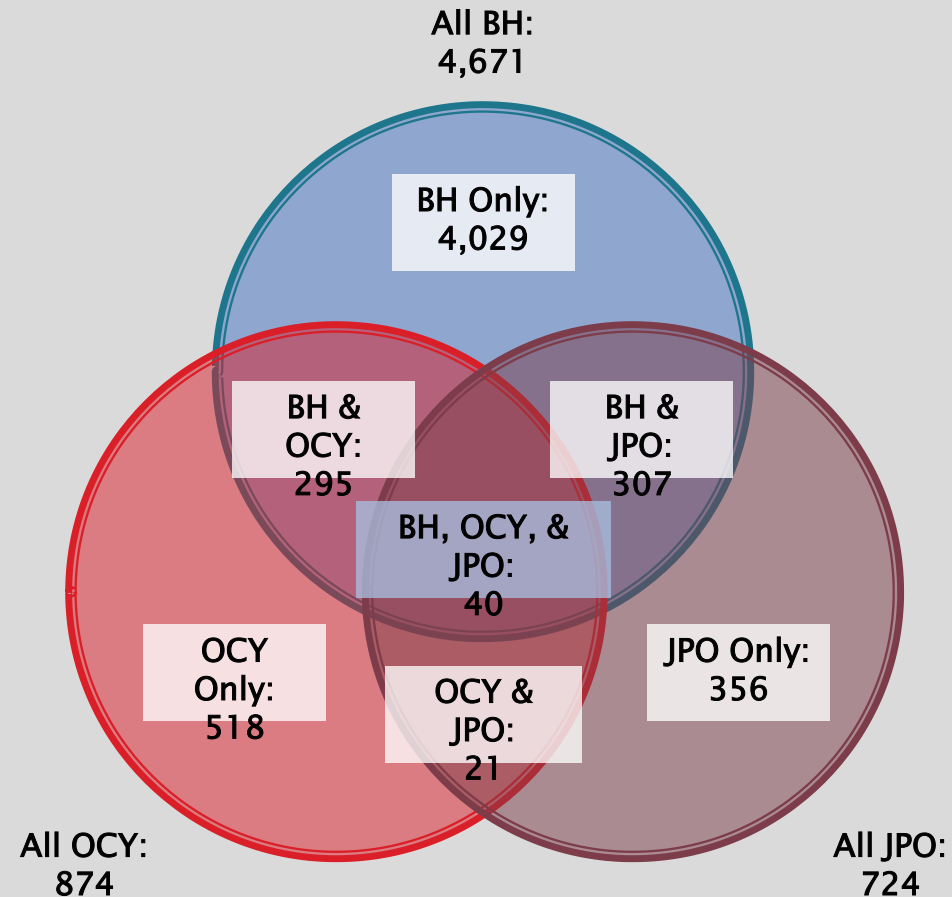
# Data Workgroup: Baseline Data

- As a first step, baseline data was gathered from each system for the period 1/1/2019 through 12/31/2019. This date range was chosen as it was before the start of COVID-19 and would represent a more “typical” year. All of the following data points were also broken down by the child’s age, gender, race, ethnicity, and zip code.

CHILD WELFARE		JUVENILE JUSTICE		BEHAVIORAL HEALTH (YOUTH)		EDUCATION (YOUTH)	
Receiving services	255	Receiving services	606	Receiving services	4,199	Total youth in the educational system	6,203
Diagnosed with a mental health disorder only	119	Diagnosed with a mental health disorder only	180	Diagnosed with a mental health disorder only	3,660	With IEPs	1,333
Diagnosed with a substance use disorder only	4	Diagnosed with a substance use disorder only	35	Diagnosed with a substance use disorder only	281	That are English as a Second Language (ESL)	622
Diagnosed with an intellectual disability only	1	Diagnosed with an intellectual disability only	6	Diagnosed with an intellectual disability only	7		
Diagnosed co-occurring (MH/SU)	10	Diagnosed co-occurring (MH/SU)	73	Diagnosed co-occurring (MH/SU)	231	<b>EDUCATION (INCIDENTS/DISCIPLINARY ACTIONS)</b>	
Diagnosed co-occurring (MH/ID)	1	Diagnosed co-occurring (MH/ID)	2	Diagnosed co-occurring (MH/ID)	20	Behavioral incidents	23,291
Diagnosed co-occurring (ID/SU)	0	Diagnosed co-occurring (ID/SU)	0	Diagnosed co-occurring (ID/SU)	0	Disciplinary actions	19,108
Diagnosed co-occurring (MH/SU/ID)	0	Diagnosed co-occurring (MH/SU/ID)	0	Diagnosed co-occurring (MH/SU/ID)	0	Suspension	3,670
Receiving voluntary/preventative care	176	In detention	163			Expulsion	82
Living at home	176	With diversion/informal supervision and not sent to delinquency court	179	<b>BEHAVIORAL HEALTH (PROVIDERS)</b>		Behavior Contract	36
Living in placement	0			Total providers	132	Certified Letter	21
With court involvement	79	Referred to delinquency court but received informal adjustment, conditional deferment, etc.	53	Accessible by public transportation <sup>3</sup>	128	Charges	4
Living at home	22	Adjudicated with disposition placed into:		Offer free transportation services	132	Children and Youth Referral	3
Living in placement	57			Offer telehealth options	132	Community Service	3
Permanency Goal: Adoption	15	Home on probation	128			Conference (Counselor, Administrator, Parent)	7,274
Permanency Goal: APPLA	8	CRR Host Home Services – Children Community Residential Service/Group Home	0			Conflict Resolution	401
Permanency Goal: Guardianship	9	Drug and Alcohol Program	30			Detention	7,300
Permanency Goal: Living with Relative	6	Foster Care	0			Home/School Visitor	2
Permanency Goal: Reunification	43	General residential services	138			Peer Mediation	20
Permanency Goal: SPLC	0	Inpatient Mental Health	0			Police Notification	37
		Residential Treatment Facility (RTF)	11			Probation Officer	24
		Secure Residential Services	20			SAP Referral	229
		Supervised Independent Living	0			Truancy Referral	2
		Transitional Living	8				
		YDC Secure	18				

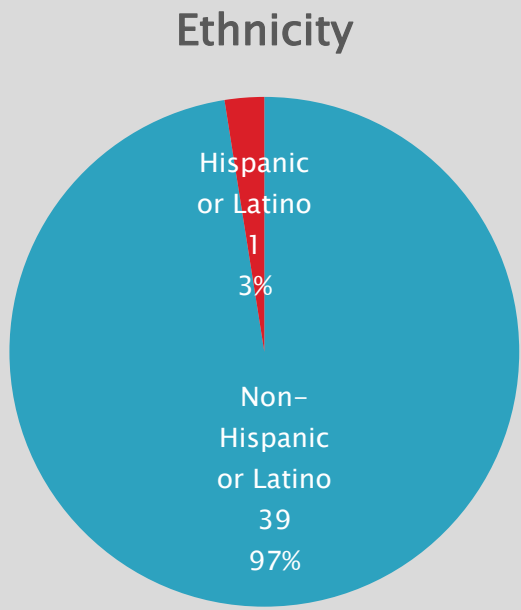
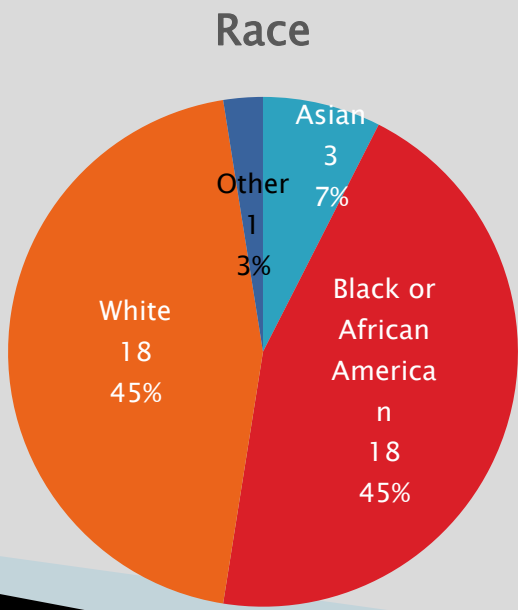
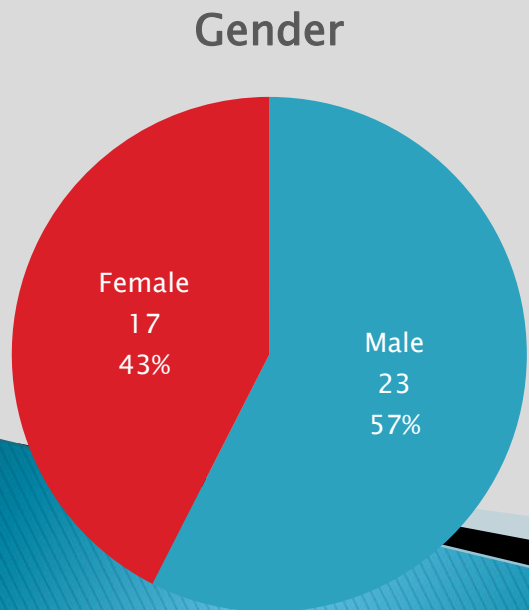
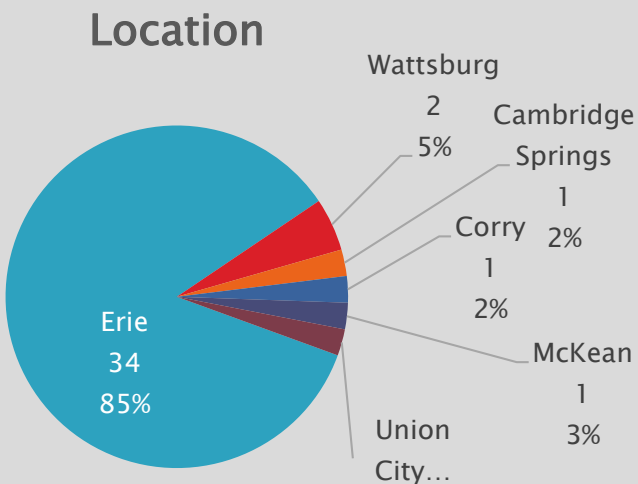
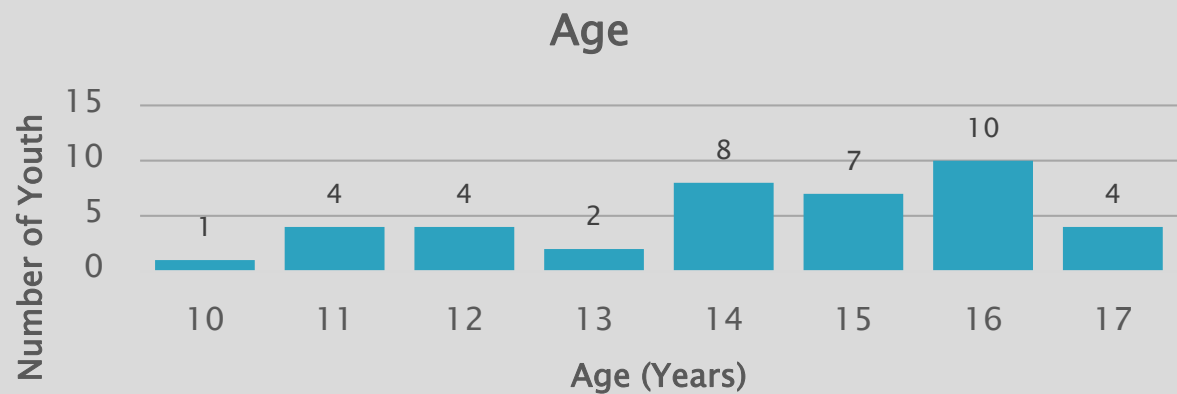
# Data Workgroup: Pre-Pilot Selection

- ▶ In order to identify those youth to be assigned to the “Pre-Pilot” group, we pulled all children ages 10 – 17 involved in Behavioral Health, Children Welfare, Juvenile Justice, and Education in the period 1/1/2018 through 9/30/2018. The Pre-Pilot youth are intended to be a comparison group.
- ▶ The Pre-Pilot group was defined as those 40 children that were involved in all four systems between 1/1/2018 and 9/30/2018.






# Data Workgroup: Pre-Pilot Demographics



# THANK YOU!!

- ▶ Participation
  - ▶ Partner systems
  - ▶ Improve services and outcomes
- 


# Improving Outcomes for Youth in Multiple Systems of Care

Erie County  
Department of Human  
Services

PROTOCOL



# PURPOSE

- Reinforces children & youth shared by different systems**
  - Process of partner agencies to work together**
  - Intake, Ongoing & Discharge**
- 

# WHO?

Defines “Multi-System  
Integration Children & Youth”

# TYPES OF CASES?


Office of Children & Youth

Juvenile Probation Office


Mental Health & Drug and Alcohol Services



# INTAKE PROTOCOL


- Office of Juvenile Probation
  - Office of Children & Youth
- 

# ONGOING PROTOCOL

- Office of Juvenile Probation
  - Office of Children & Youth
- 



# THANK YOU!!

- ▶ Participation
  - ▶ Partner systems
  - ▶ Improve services and outcomes
- 

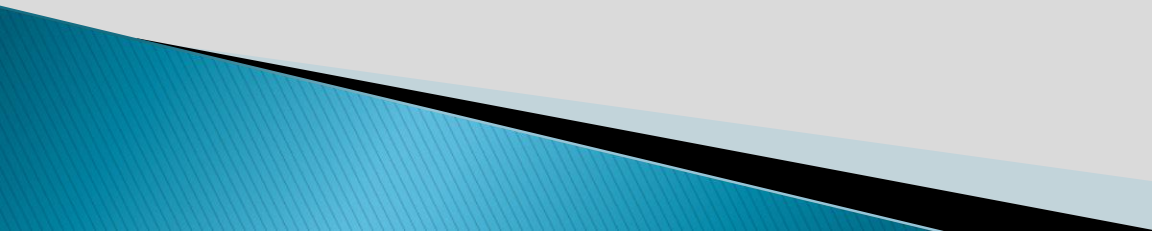
# Improving Outcomes for Youth in Multiple Systems of Care

Erie County Department  
of Human Services

Memorandum of  
Understanding



# PURPOSE

- Establishes the legal basis**
  - Rules of working together & data sharing**
  - To protect the privacy and confidentiality**
- 

# Sections of the Memorandum of Understanding

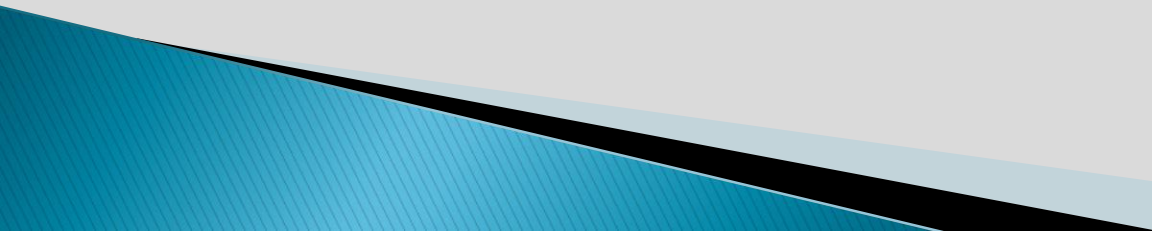
**DEFINITIONS**

**INTERAGENCY  
INFORMATION  
SHARING**

**PURPOSE**

**IMPLEMENTATION**

# DEFINITIONS

- Common understanding
  - Each system has its own terms
  - Understanding the language of each system
- 

# INTERAGENCY INFORMATION SHARING

*WHO ARE THE CHILDREN AND YOUTH?*

*WHAT ARE THE EXCEPTIONS?*

*WHAT ARE THE DATA SHARING  
PARAMETERS?*



# PURPOSE OF INFORMATION SHARING

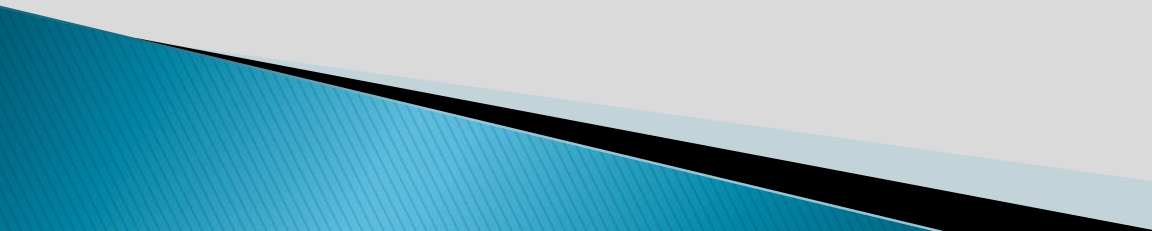
WHY SHARE INFORMATION?

WHAT INFORMATION SHOULD BE SHARED?

FOR WHAT PURPOSE?



# IMPLEMENTATION

- Different Teams
  - Different Workgroups
  - Training Process
- 



# THANK YOU!!

- ▶ Participation
  - ▶ Partner systems
  - ▶ Improve services and outcomes
- 