

## **PROGRAM INFORMATION:**

***Our Mission:*** *Using Sanctuary practices and principles, we help youth and families overcome adversity and build positive futures within a Christian environment that respects and promotes individuality and strengthens community.*

Harborcreek Youth Services has a 100-year history of providing residential services to adolescent males from Erie County and other counties throughout the Commonwealth of Pennsylvania. For the past few years, we have been redesigning our residential services in response to changes in funding requirements and treatment focus. The traditional juvenile justice base was expanded to include dependent children. In 2005, Harborcreek Youth Services implemented changes in its residential programs to become a Psychiatric Residential Treatment Facility. In 2006, our agency achieved accreditation from the international Council on Accreditation (COA) and attained re-accreditation in the fall of 2010.

In 2007, Harborcreek Youth Services began a study of trauma-informed care. Agency staff attended lectures and reviewed the literature of Dr. Sandra Bloom. In early 2008, we were selected to become a Sanctuary Model pilot agency by the Pennsylvania Department of Public Welfare. We began formal implementation of the Sanctuary Model after participating in the five-day Sanctuary Leadership Development training in State College, Pennsylvania. We developed an Implementation Timeline to track our progress and challenges over the 2-year period, and created a Parent Brochure entitled “Our Sanctuary Commitment.” A multi-disciplinary CORE team was created for the purpose of implementation of the Sanctuary Model. We satisfied the requirements for Sanctuary Certification by the Andrus Center Sanctuary Leadership Institute which reflects an agency wide commitment to a therapeutic culture.

Harborcreek Youth Services has an Intake Team to review referrals. The Intake Team consists of two Intake Coordinators, a Psychological Consultant and the Directors of Residential Services, Clinical Services, and Education. The Team reviews every referral and decides on the acceptance and placement of each client. Harborcreek Youth Services does not accept crisis admissions.

Harborcreek Youth Services has a well-established Youth Advisory Board (YAB) that provides input and relevant feedback on a wide array of issues ranging from food to recreation and other aspects of the residential life experience. In addition, we have a well-established Board of Directors that provides leadership to the Executive Administration. We have also added several Quality Assurance Teams.

Harborcreek Youth Services is a Type O1 Psychiatric Residential Treatment Facility (PRTF). The agency is licensed by the Pennsylvania Department of Public Welfare and the Office of Mental Health and Substance Abuse Services. PRTF candidates must meet the medical necessity criteria as determined by a licensed psychiatrist. HYS provides treatment to male youths entering the program between the ages of ten and eighteen who are diagnosed with a mental health disorder and who usually have delinquency and/or dependency issues.

Funding sources at all Residential Facilities include Managed Care Organizations such as Community Care Behavioral Health Organization (CCBHO), Community Behavioral Health-care Network of Pennsylvania (CBHNP), Value Behavioral Health (VBH), Magellan Behavioral Health, Community Behavioral Health (CBH) and the Pennsylvania Medical Assistance

Fee for Service Program.

## **TREATMENT PHILOSOPHY**

Harborcreek Youth Services' treatment philosophy promotes family participation in a client's treatment during his stay. Parent and family involvement in the assessment and treatment process is essential to the provision of quality treatment services. Harborcreek Youth Services recognizes that partnering with families enables the client to maintain and improve vital family relationships during his stay in residential treatment.

Treatment services at Harborcreek Youth Services are provided in a treatment team format. The client's Interagency Treatment Team includes Unit staff, resource manager, child psychiatrist, clinical director, referral agency, county mental health or managed care representative, probation officer and/or caseworker, the client's parents or family resource, and the client.

Teams determine the appropriate level of care; service planning and provision; delivery of family services to resolve concerns that would otherwise extend the client's stay; discharge and aftercare planning; and follow-up services.

The client's Unit Treatment Team meets at least weekly to discuss the client's current treatment issues. The initial meeting of the Unit Treatment Team is held within 24 hours of the client's placement at Harborcreek Youth Services to begin developing his Individual Treatment Plan (ITP). Weekly Unit meetings include but are not limited to the Unit manager or assistant manager, therapist, child care counselors, and child care workers.

The Interagency Treatment Team meets on a monthly basis, or more often as required by the contracting agency. The initial meeting of the Interagency Treatment Team is held within thirty days of the client's placement at Harborcreek Youth Services to develop his comprehensive Individual Treatment Plan (ITP). Input is received from the Education and Medical Departments at these meetings through Education Summaries and Medical Updates.

Following admission to Harborcreek Youth Services, clients are evaluated using a variety of assessment tools specific to the client's needs. Assessment tools include the Brief Symptom Inventory (BSI); the Behavioral Assessment Scale for Children (BASC-2); a Trauma Assessment that includes domestic violence: the Trauma Symptom Checklist for Children (TSCC); and the How I Think Questionnaire. The Event Drawing Series may be used to supplement the assessment process. All assessments are administered at admission and then prior to discharge. Upon admission, each client is referred to a psychiatrist for initial evaluation and medication management, if needed. These are followed by psychiatric consults, which occur approximately every four to six weeks. Assessment results are used to develop the ITP and to create the clients' goals and objectives. Permanency and discharge planning are also addressed in the ITP.

As an agency, Harborcreek Youth Services does not permit the use of unconventional treatment modalities. Our treatment philosophy includes the belief that clients have a right to daily interaction with others that reflects mutual dignity and respect; a right to self-determination; a right to responsible participation in decisions that affect their lives; and a right to participate in Balanced and Restorative Justice programming (as required by Juve-

nile Probation). In addition, Harborcreek Youth Services strives:

- To help clients build on their strengths and resources to cope with the issues that led to their placement
- To manage clients' current issues
- To encourage clients to develop adequate life skills within the natural routine and setting of the unit
- To empower clients to make good decisions for themselves, both now and in the future, and
- To safely and productively reconnect clients with their families and communities.

### **TREATMENT EXPECTATIONS**

Recovery is the ultimate goal at Harborcreek Youth Services, whether recovery takes place within our treatment regimen or because the foundation was laid for the process of recovery to continue after discharge from the agency. Our treatment plans and services, as well as our emphasis on positive aftercare resources, reflect our dedication to our clients' physical and mental health.

1. Treatment plans and services are focused on recovery and the Sanctuary Model. This includes the use of outside resources and is not limited only to resources available through Harborcreek Youth Services.
2. Treatment provides symptom awareness, adequate coping skills, and resources to allow our clients to function in the school, home, and community settings. Written, carefully considered relapse prevention plans are developed within the individual and group therapy modalities.
3. Treatment plans are specific in addressing mental health, drug and alcohol, and sexual counseling needs, in addition to the needs of the family. These plans are tailored to the individual and his particular circumstances.
4. Client needs are assessed during treatment and at discharge, providing counties with appropriate recommendations and advocating for additional resources following discharge.
5. Individual therapy is based on level of treatment need, determined by assessment prior to admission and during treatment. Clients in the PRTF units meet with a Masters Level therapist regularly, with sessions conducted anywhere from two to three times per week to one session per week.
6. Group therapy is conducted weekly by three disciplines: Mental Health, Drug and Alcohol, and Sexual Counseling Services. Each discipline uses a formal curriculum to assist in achieving treatment goals.
7. Staff shows positive regard to clients, sets up a social climate of mutual respect, and firmly asserts a leadership role as a helping authority figure in an organized and consistent structure. There is close supervision and support at all times.
8. Each housing unit is part of the residential community in which staff and clients

work, play, and learn together. In this “family” atmosphere, staff and clients form caring relationships which are the basis of positive change. Staff teaches and models positive discipline and problem-solving.

9. Therapy, recreation, and supervision are geared to the clients’ developmental needs. Enjoyable and meaningful activities and instruction are provided to ensure success and improve self-esteem.
10. Success in family interactions, peer involvement, and the community is based on an emphasis on interpersonal communication and the client’s ability to form positive relationships.

### **FAMILY INVOLVEMENT**

Harborcreek Youth Services’ treatment philosophy promotes family participation in a client’s treatment during their stay. Parent and family involvement in the assessment and treatment process is essential to providing quality treatment services. Harborcreek Youth Services recognizes that partnering with families enables the client to maintain and improve vital family relationships.

Harborcreek Youth Services makes reasonable efforts to meet with the client and family prior to admission to our treatment facility to discuss the following:

- Reason for admission
- Preparation for admission
- What the client and family can expect during the client’s treatment
- Initial psychosocial assessment of treatment needs
- Possible barriers to successful treatment.

When possible, families are encouraged to visit the agency prior to the client’s placement.

Harborcreek Youth Services recognizes parents as full partners in their son’s interagency treatment team. It is expected that they will participate in monthly treatment team meetings intended to plan, implement, and evaluate his treatment. In addition,

1. Harborcreek Youth Services promotes regular communication between the client and his family, most frequently by letters, telephone calls, visits, and participation in family therapy and family groups.
2. Harborcreek Youth Services provides regularly scheduled parent support groups to parents of clients and promotes regular communication between the family and Harborcreek Youth Services staff.
3. Harborcreek Youth Services assists the client and family in discussing the kinds of family relationships they would like to have, resolving family conflicts, coping with being separated from family, and planning visitation both on and off campus.
4. Harborcreek Youth Services provides regular family visitation time on Sundays from 1 PM to 4 PM. Other visiting arrangements can be made by request.

5. Harborcreek Youth Services provides twice-monthly bus transportation from Allegheny County to Harborcreek Youth Services on Sundays, at no cost, for parents to visit their sons and participate in family therapy.
6. Harborcreek Youth Services provides family therapy in the family home whenever possible. Some limitations to this include distance from Harborcreek Youth Services to the family and the ability of the client to safely participate in family therapy in his own home without jeopardizing his treatment process.
7. Harborcreek Youth Services coordinates linkages for families to receive services from their own local resources as appropriate.

## **LEVELS OF SERVICE**

### ***Admissions Criteria for Level I (Acute)***

Admissions to Level I of this program must meet the following medical necessity criteria:

1. The individual must have a primary DSM IV diagnosis of a mental disorder which is the cause of the significant functional and psychosocial impairment. The individual's clinical condition can be expected to be stabilized through the provision of intensive supports within the residential setting.
2. The individual with an acute disorder or persistent/recurring disorders cannot be supported with less intensive services based on clinical evidence. Less intensive services are deemed to be insufficient to prevent clinical deterioration, stabilize behaviors, support effective rehabilitation, or avert the need to initiate admission to a higher level of care.
3. The individual requires active support to ensure the adequate, effective coping skills necessary to live safely, participate in self-care and treatment, and manage the effects of his illness. As a result of the individual's clinical condition, there is a significant risk of one of the following:
  - Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of illnesses; or
  - Harm to self or others as a result of the mental illness as evidenced by current behavior or past history; or
  - Deterioration in functioning in the absence of supported community-based services that would lead to hospitalization.
4. The individual's resources and social support system are not adequate to provide the level of support and supervision currently needed as evidenced by the following:
  - The individual has no residence with social support;
  - The individual has a residence but has insufficient supervision to ensure safety and ability to participate in treatment; or
  - The individual has a current residential placement, but the individual is

unable to use the relationships to ensure safety and ability to participate in treatment, or the relationships are so dysfunctional that there is a risk of instability in treatment.

5. The individual is able to adjust to the provision of supports that are initiated within the respective residential placement.

### ***Admissions Criteria for Level II (Intermediate or Sub-Acute)***

Level II placements provide structured support with a reduction from the most intensive level of service for those individuals who have achieved a limited capacity for task and goal completion, conflict resolution, positive coping skills, anger management, problem solving, and positive relationship skills, but who still require supervision, support, and assistance.

Admission to this level of intensity is for individuals who are ready to be stepped down from Level I or are directly admitted based upon the following:

1. The individual's symptoms have been reduced to the point where intensity of therapy services can be reduced.
2. The individual has exhibited a decrease in symptoms that require continuation of the most intensive level of support, but requires continued supervision because he is still developing processing/coping skills and is actively participating in therapy.
3. There is clinical evidence that the individual is able to:
  - Initiate and participate in social interaction with staff supervision
  - Perform assigned household chores with staff supervision
  - Maintain personal hygiene and grooming with staff supervision.

### **BRIEF DESCRIPTION OF EACH PROGRAM:**

#### ***ST. JOSEPH HOUSE***

5712 Iroquois Avenue  
Harborcreek, PA 16421

Level 1 PRTF, 10-Bed Unit

St. Joseph House is a Campus Unit serving clients with acute mental health Axis I diagnosis who have a history of treatment for mental health disorders in a lesser restrictive setting. These clients may be under court supervision due to delinquency or dependency.

#### ***CONWAY HOUSE***

5712 Iroquois Avenue  
Harborcreek, PA 16421

Level 1 PRTF, 16-Bed Unit

Conway House is a Campus Unit serving clients who have intellectual functioning deficits, have an Axis I mental health diagnosis, and may have a history of sexual acting out behavior. These clients are frequently under the supervision of the court due to delin-

quency or dependency.

**WAGNER HOUSE**

5712 Iroquois Avenue  
Harborcreek, PA 16421

Level 2 PRTF, 16-Bed Unit

Wagner House is a Campus Unit serving clients who have an Axis I diagnosis and who demonstrate related symptom behaviors, which may include sexual acting out. These clients are frequently under court supervision due to delinquency or dependency.

**COLUMBUS HOUSE**

5712 Iroquois Avenue  
Harborcreek, PA 16421

Level 2 PRTF, 16-Bed Unit

Columbus House is a Campus Unit serving clients who have an Axis I diagnosis, related symptom behavior, and sexual acting out behavior. These clients are frequently under court supervision due to delinquency or dependency.

**LIBERTY HOUSE**

138-140 West 25th Street  
Erie, PA 16502

Non-MA RTF, 10-Bed Unit

Liberty House is a Community-based Unit serving clients who could benefit from a highly structured, strength-based group living environment. An individualized skill development plan includes needs-based assessment and incorporates skills that enhance the potential for success in a less restricted environment after completing this program. The program includes educational and vocational skill development aspects that will improve the future potential of the client.

**26<sup>TH</sup> STREET HOUSE**

1052 West 26th Street  
Erie, PA 16508

Level 2 PRTF, 10-Bed Unit

The 26th Street House is a Community-based Unit serving clients with an Axis I diagnosis and sexual acting out behavior. This Unit is often used as a step-down facility for Wagner and the older Columbus clients. The main focus of this Unit is continuing sexual counseling services, i.e., Relapse Prevention Plans, and to focusing on Independent Living Skills. The Unit has a full kitchen where clients learn culinary skills and a laundry room with washer and dryer where they learn to do their own laundry. The clients in this Unit go off-grounds on a regular basis, may possibly enroll in a community school, or may have a job. These clients are frequently under court supervision due to delinquency or dependency.

## **SEXUAL COUNSELING SERVICES (SCS)**

Sexual Counseling Services at Harborcreek Youth Services provides treatment to male sexual offenders and sexually reactive males between the ages of 10 and 18. A support group is offered for parents of clients who are sexual offenders.

The Offender Program consists of five phases of sexual offender treatment.

*Phase I* consists of six sessions of Sex Education. This is a psycho-educational phase in which boys learn about sexual development, correct sexual terminology, conception, menstruation, and pregnancy. A Phase I test is given at the end of the sixth session. Clients who are not able to pass the test receive special tutoring from their therapist until they are able to comprehend the material.

*Phase II* consists of six sessions. This is the phase in which clients begin to process their offenses. They learn the difference between consensual and non-consensual sexual relations, legal definitions of sexually offensive behavior, and fines and prison terms for sexual offenses. The group begins to consider the levels of denial and to confront any denial exhibited by members of the group. Empathy, Thinking Errors, and High Risk Situations are introduced during this phase. Disclosure to the clients' families and probation officers also begins during this phase.

*Phase III* consists of 18 sessions built on Victim Awareness and Empathy. Clients complete victim profiles, apology letters, and autobiographies ("Beginning to Tell My Story"). Each of these assignments is shared with the group. Clients must demonstrate comprehension of the material before moving on to the next phase. Disclosure is usually complete by the end of Phase III. Home visits may begin during Phase III if victims are not living in the home. Clients are expected to apply the information they learn during this stage to the daily living milieu and to home visits.

*Phase IV* consists of 17 sessions that focus on the clients' Offense Cycle. This Offense Cycle includes triggers, inappropriate fantasies, and planning and committing the offense. Discussions and presentations of the Offense Cycle are the main focus of this phase. Clients must pass an SCS post-test during the final session of this phase in order to move forward.

*Phase V* consists of six sessions of Relapse Prevention. Clients learn how to build healthy relationships and role play these relationships, as opposed to the Violence Wheel. Acquaintance rape is introduced during this phase. Practical ways to handle sexual temptation are stressed. Clients must develop a personal Relapse Prevention Plan.

SCS aftercare continues until the client is discharged. Relapse Prevention Groups are open-ended and process-oriented. Clients hold each other accountable for victimizing others, thinking errors, high risk situations, and inappropriate behavior. The boys in our transitional living programs act as mentors to the new graduates. Reintegration into the community begins during this aftercare period. Clients are also advised of the obstacles and temptations they may encounter as they are reintegrated back into their families and communities.

## **PSYCHO-EDUCATIONAL GROUP THERAPY**

Groups are organized around four core tasks: Maintaining Safety, Managing Emotions, Dealing with Loss, and Projecting a Better Future. These core tasks are summarized in the acronym, SELF.

The SELF psycho-educational group curriculum provides clients and staff with a cognitive framework designed to create change. The group curriculum has been in development for 20 years and has proved to be successful in residential programming.

## **REFERRALS**

- The referring agency provides HYS' Intake Coordinator with relevant information regarding potential clients.
- The Intake Coordinator reviews the information, screens for appropriateness, and disseminates relevant information to the Intake Team for review.
- The Intake Coordinator interviews the potential client, when possible, as part of the admissions process.
- The Intake Team discusses referrals and then makes admissions recommendations, if appropriate.
- Intake decisions can be delayed if the team requires additional information in order to make a decision. Such information will be sought by the Intake Coordinator and provided to the Intake Team.
- Intake Team members recommend or deny a potential client for admission based on the following admissions criteria:
  - Male
  - Ages 10 to 18 years
  - Legally placed out of the home by Juvenile Probation, Child Protective Services, or the mental health system
  - Medically necessary and/or legally necessary
  - Not appropriate for lesser restrictive treatment services
  - Would likely benefit from treatment at Harborcreek Youth Services as determined by the Harborcreek Youth Services Intake Team.
- Harborcreek Youth Services is unable to provide services to those youth who demonstrate any of the following:
  - Extreme aggressive behavior (i.e., numerous assaults on peers or staff at prior placements, behavior that puts self and others at risk of serious bodily injury or harm)
  - Running away behaviors
  - Extreme self-harming behaviors
  - Acute or unstable mental health status, such as exhibiting actively psychotic behaviors, refusal to take prescribed medications (i.e., antipsychotics, antidepressants, etc.)
  - Requiring any complex medical care that would supersede the client's treatment needs.
  - Harborcreek Youth Services cannot admit a client who is on any type of prescribed medication with less than a fifteen-day supply or valid prescription for re-fill of such medication.
- The Intake Coordinator recommends a specific Program Unit to the Intake Team for

- placement of the client.
- The Intake Coordinator reviews the information supporting their recommendation for placement with the Intake Team at the admissions meeting and also contributes any additional information.
  - Individual members of the Intake Team provide feedback on the recommendation based upon their area of expertise.
  - The decision on program placement is made by the Director of Residential Services.

Once a client is accepted for admission, the Intake Coordinator notifies the referring agency, the Harborcreek Youth Services program unit, and the Harborcreek Youth Services Resource Manager with an anticipated date of placement. The Harborcreek Youth Services Unit and Resource Managers also receive the client's referral information packet from the Intake Coordinator once the client has been accepted for admission and prior to arrival at the agency.

Within 24 hours of admission, clients receive an initial medical screening conducted by qualified medical personnel. Follow-up care, if required, is either provided by the agency PCP or by one of our contracted providers. A dental examination is scheduled at admission as well, unless there is documentation that the client had a dental examination within the last six months prior to admission. Medical records are created at admission and are maintained throughout the client's placement. Personnel from the medical department are on call 24 hours a day.

## **DISCHARGE PLANNING**

Harborcreek Youth Services terminates services in an orderly, planned, and timely process that includes the client and family and serves to link the client and family to appropriate post-discharge services as a way of ensuring continuity of care and treatment success. Discharge planning begins at admission.

1. Discharge plans and aftercare service referrals are developed for all clients.
2. Discharge planning is an ongoing process that starts at the beginning of treatment and is included in the initial Individual Treatment Plan (ITP).
3. The inter-agency team and the client agree on the plan during the treatment planning process. HYS staff members make recommendations and advocate for change in the discharge plan based on their work with the client and his family.
4. The discharge plan is reviewed and updated (if necessary) at each treatment team meeting.
5. When a client is within sixty days of discharge, a discharge planning meeting takes place to facilitate linkages to prepare for discharge and aftercare. Recommended linkages are made by the treatment team and are indicated in the discharge plan of care.
6. Discharge occurs:

- A. When the client:
  - Achieves his treatment goals
  - No longer wants the organization's services (mental health only clients)
  - Has needs that exceed organizational resources
  - Refuses to meet program standards or requirements
- B. Is court-involved and the court approves a release/discharge.
7. When a client is involuntarily discharged, the custodial agency and/or the funding agency receive written notification of the termination and the reason(s) for termination within five working days.
8. The discharge plan of care includes the following:
  - A. *Demographic information:* Includes identifying information on the client, such as name, address, and telephone number.
  - B. *Referral information:* Includes a brief description of the client; presenting concerns at admission; and the status of the client at the time of referral.
  - C. *Recommendations for continued treatment and aftercare services:* Includes identifying ongoing treatment needs and linkages to available resources in the client's own community. It also includes post-discharge services and appointments that have been made on behalf of the client.
9. A discharge summary is completed within seven days of discharge that details the course of treatment, including treatment goals, interventions, and any special considerations that involve service provision.
10. The discharge plan of care and discharge summary is filed in the client's permanent record.

## **SITE INFORMATION**

Harborcreek Youth Services  
5712 Iroquois Avenue  
Harborcreek, PA 16421  
Website: [www.hys-erie.org](http://www.hys-erie.org)

After hours emergency contact number:  
(814) 434-9416

*Chief Executive Officer*  
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*Intake Coordinators*

Kirsten Turowski or Tim Borgia

Phone: (814) 899-7664, Ext. 312 or 329

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[tborgia@hys-erie.org](mailto:tborgia@hys-erie.org)

**PROFESSIONAL AND CHILD CARE STAFFING**

Sufficient child care personnel are on duty in the residential treatment program at all times in order to assure the safety of the children and assure that their therapeutic needs are addressed. The minimum on-duty direct care staff-to-child ratio required during normal waking hours and when children are not attending educational instruction is one staff person for every five children, 10 years of age and older. The minimum direct care staff-to-child ratio during normal sleeping hours is one awake staff for every eight children, 10 years of age and older. One additional supervisory staff for each 16 children is on-site and immediately available to assist during emergencies or problems which may arise. All mental health technicians receive 40 hours of training, exceeding the state requirements, within 30 days of hire. The agency employs child care workers whose personal characteristics and educational backgrounds are consistent with the requirements of the position. Further, the racial and ethnic backgrounds of the child care workers reflect the profile of the children served and aid in creating a responsive, normal environment for the children in care. Staff are expected to demonstrate sensitivity toward cultural issues as well as openness, tolerance, understanding, and affirmation regarding individual differences. Staff are called to develop a genuine interest and appreciation toward learning the ways of others and celebrating those differences.

All supervisors are to meet with each of their subordinates on an ongoing basis. During supervision, they train in the areas of basic job responsibilities (i.e., report writing, management of clients, milieu, staff communication, etc.).

Clinical staff members receive a minimum of one hour of supervision time weekly. Supervisors are also available at other times during the week for supervision as needed, on an individual basis. Licensing supervision may be provided in addition to basic supervision. Each clinical staff member receives comprehensive orientation training upon hire. Clinical therapists as well as other treatment professionals meet for group discussions and training in their respective disciplines as led by the psychiatrist or Chief Executive Officer.

All staff members are encouraged and supported financially to attend local workshops and training, and are required to attend ongoing state-mandated and supplementary training monthly (including training in CPR and Therapeutic Behavior Management).

**PROFESSIONAL, CHILD CARE, AND SUPPORT STAFF**

<b>ADMINISTRATIVE STAFF</b>	<b>EDUCATION REQUIREMENTS</b>	<b>TOTAL FTE</b>
<p><b>Chief Executive Officer</b> Administratively responsible for overall management of the PRTF. Insures that agency objectives are realized. Provides oversight for clinical functions. Reports to the Board of Directors.</p>	Masters	1
<b>CLINICAL STAFF</b>	<b>EDUCATION REQUIREMENTS</b>	<b>TOTAL FTE</b>
<p><b>Project Director</b> Responsible for ensuring that the treatment needs of Harborcreek clients are met and that services are provided in a quality and integrated manner. Provides overall direction to staff clinical efforts.</p>	Masters	2
<p><b>Clinical Therapist</b> Provides individual, group and family therapy and overall service for clients based in therapeutic intervention. Responsible for the clinical management, planning, and coordination of all aspects of the client's program.</p>	Masters	9
<p><b>Resource Manager</b> Performs case brokering and serves as a professional team liaison with community agencies and legal guardians of the clients. Performs ISP planning and serves as a member of the multidisciplinary professional team.</p>	Masters	4
<p><b>Psychiatrist</b> Oversees comprehensive client treatment planning process. Provides client evaluations, performs medication management and consults with assigned teams. Reports to the Chief Executive Officer of the PRTF.</p>	Board-Certified Licensed Psychiatrist	1.2
<p><b>Nurse Supervisor (RN)</b> Oversees all nursing functions and nursing staff and distributes medication. Reports to the Chief Executive Officer of the PRTF.</p>	RN	1
<p><b>LPN/RN</b> Provides direct health care and health care planning to clients. Distributes medication and performs related nursing functions. Reports to the Nurse Supervisor.</p>	Associates	3

RESIDENTIAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
<p>Director of Residential Services</p> <p>Responsible for the administration and supervision of agency Residential programs and Education programs. Directly supervises Mental Health Managers, supervises on-duty shift operation and acts as liaison with other departments. Reports to the Chief Executive Officer of the PRTF.</p>	Masters	1
<p>Assistant Residential Director</p> <p>Responsible for the coordination and supervision of the functioning of residential programs, staff and residents. Reports to the Director of Residential Services</p>	Bachelors or Equivalent	2
<p>Mental Health Managers and Assistant Managers</p> <p>Directly responsible for shift supervision when on duty during morning, afternoon/evening, and overnight shifts. Reports to the Director of Residential Services.</p>	Bachelors or Equivalent	15
<p>Mental Health Technician</p> <p>Responsible for the direct care and supervision of clients, provision of activities and behavior management. Reports to the Mental Health Manager.</p>	Bachelors	41
<p>Night Counselor</p> <p>Responsible for the direct care and supervision of clients during normal sleeping hours. Reports to the Mental Health Manager.</p>	High School	16
<p>Therapeutic Activities Specialist</p> <p>Oversees and monitors the Therapeutic Activities Program, plans and coordinates program activities and special events. Reports to the Assistant Residential Director.</p>	Bachelors	1
<p>Training Coordinator</p> <p>Coordinates monthly trainings for all staff members. Develops an annual plan ensuring staff training compliance with 3800 Regulations. Reports to the Chief Executive Officer of the PRTF.</p>	Bachelors	1

### **MENTAL HEALTH, SUBSTANCE ABUSE, AND OTHER TREATMENT SERVICES**

In order to ensure consistency and coordination of treatment, the Clinical Therapist functions as the Treatment Team leader. Clinical Therapists are responsible for planning, overseeing, and coordinating all aspects of a child's program. They serve as leaders in team treatment planning and as consultants to other staff working with the child. The Clinical Therapist and Resource Manager also serve as liaisons with the referring agency, provide social work and appropriate treatment services for the natural family, and arrange family visi-

tation as identified with the child's treatment plan. The Therapist acts on behalf of the Treatment Team to coordinate the delivery of adjunct outside services to address identified individual treatment needs of clients wherever possible. Examples may include specialized peer group counseling, AA/NA meetings, or consultant evaluations. Discharge, aftercare planning and follow-up are also coordinated by the Clinical Therapist and Resource Manager. The Clinical Therapist spends time weekly with the child to implement the above, and to provide counseling and hands-on support.

In addition to the Masters level Clinical Therapist, clients also have therapy services with specialized areas of concentration available to them. These services may include but are not limited to sexual abuse counseling, drug and alcohol counseling, and Post Traumatic Stress Disorder therapy.

## **PSYCHIATRIC/PSYCHOLOGICAL EVALUATION**

Psychiatric and psychological assessment is available, as recommended by the child's treatment team and approved by family and referral source. Evaluations are performed by licensed Psychiatrists and Psychological Consultant.

### ***Psychiatry***

Psychiatry staff oversees treatment planning, provides clinical leadership to the Treatment Team, provides psychiatric evaluation and consultation, and provides medical management of medication while overseeing the provision of all medical treatment provided to each client. All clients are evaluated on admission and thereafter as required. Clients on medication are seen monthly for review or more often as needed for medication adjustment. Psychiatric staff is available for crisis consultation and are on call.

### ***Psychological Evaluations***

Within 14 days of admission and within 30 days of discharge each client participates in an assessment process to obtain a symptom profile and evaluate thinking and behavior. A trauma assessment is administered to evaluate the presence of symptoms associated with posttraumatic stress and related psychological symptomatology. These assessments are scored and interpreted with the results being included on the Bio-psychosocial Evaluation. The information obtained from this process is utilized in treatment planning, discharge planning and aftercare.

Any client that is admitted to HYS with an AXIS II diagnosis that contains a developmental disability, an intelligence test will be administered to that client by a trained Doctoral level clinician with training and experience in test administration and interpretation within 30 days of the client's admission to HYS.

A comprehensive Bio-psychosocial evaluation is completed within 30 days of the client arriving at Harborcreek Youth Services. This evaluation is a complete gathering of ecological information through client interview, discussion with family members and/or caretakers, review of clinical records and contact with collaborating agencies that leads to a bio-psychosocial formulation and treatment plan.

Additional psychological testing is conducted when necessary or requested by placing agencies to assist with further treatment planning.

### ***Nursing***

The health care needs of each resident are monitored and implemented by the residential nursing staff. The nursing staff, both RN and LPN, provide direct nursing care and act as liaison with psychiatrists, general practitioners, local hospital care, and other healthcare providers. The residential nursing staff routinely administers medications. The residential nurse interacts with the Unit team in integrating medical care with overall treatment.

### **STAFF TRAINING**

On an annual basis, Harborcreek Youth Services develops an updated staff professional development program plan composed of two phases:

*Phase I:* Within the first 30 days of employment, all Harborcreek treatment and direct care staff are required to attend approximately 59 hours of trainings, including, but not limited to the following topics:

- Child Protection Services
- Verbal De-Escalation and Safe Crisis Management (SCM) Training
- Fire Safety/Disaster Training
- Infection Control, Health/Special Issues
- First Aid, CPR and Medication Administration
- Confidentiality, including HIPAA Privacy
- Duties, Responsibilities, Policies and Procedures
- Care and Management of Children
- Sanctuary Model
- Performance and Quality Improvement Program
- Legal Rights of Service Recipients
- Recordable/Reportable/Unusual Incident Reporting

*Phase II:* Following the completion of Phase I training, all staff receive an additional 40 hours of professional development on an annual basis, including

- Updates and refresher topics including core topics of First Aid, CPR and Crisis Prevention training
- New training topics including child development theories, case recording, assessment skill development and treatment theory and methods.
- Cultural Competency
- CASSP Principles

The Harborcreek staff development program is designed to be in compliance with state and federal regulations.

### **BUDGET**

The budget proposal uses a per diem rate model of funding, where many of the costs of

meeting the consumer's behavioral health needs, with the clear exception of inpatient hospitalization, are subsumed within the per diem. The per diem replaces billing for the following:

- Urgent and routine psychiatric evaluations
- Urgent and routine psychological evaluations
- Medication administration and management
- Individual, group and family therapy
- Therapeutic recreation
- Nursing coverage.

### **PACTT (Pennsylvania Academic Career/Technical Training)**

Delinquent youth returning from residential placements face immense challenges during the transition back to their community – the majority of these youth do not complete high school, making sustainable employment all the more difficult in today's economy. The PACTT program, capitalizing on the combined influence of Allegheny and Philadelphia counties, strives to improve the academic and career and technical training that delinquent youth receive while in residential placement, and in their home communities upon return. Harborcreek Youth Services has signed a PACTT Affiliation Agreement and will implement program elements to advance the program goals as state-wide program director Candace Putter explains, "... to ensure that young people in placement receive a high quality academic education aligned with state standards and fully integrated with career training, so that students see the relevance of education and gain marketable skills to obtain a family-sustaining job that pays a real living wage".

### **ARISE LIFE SKILLS**

Harborcreek Youth Services offers the ARISE Life Skills program in its academic as well as residential settings. ARISE is an evidence-based program designed to motivate, encourage and educate youth on the crucial life skills they will need to lead productive law abiding lives. ARISE group lessons are interactive and promote an unusually high degree of open and supportive participation, resulting in a positive acceptance, especially in those youth with learning disabilities. ARISE lessons are ideal for youth with varying achievement levels and learning needs, so they are perfect for frustrated, bored or hard-to-handle youth. The activities encourage learners to use their imagination and natural creativity; they build on passions and interests. The ARISE group lessons foster discussion, debate and personal expression, so that every participant can contribute, learn and experience success.

### **SERVICES TO CHILDREN**

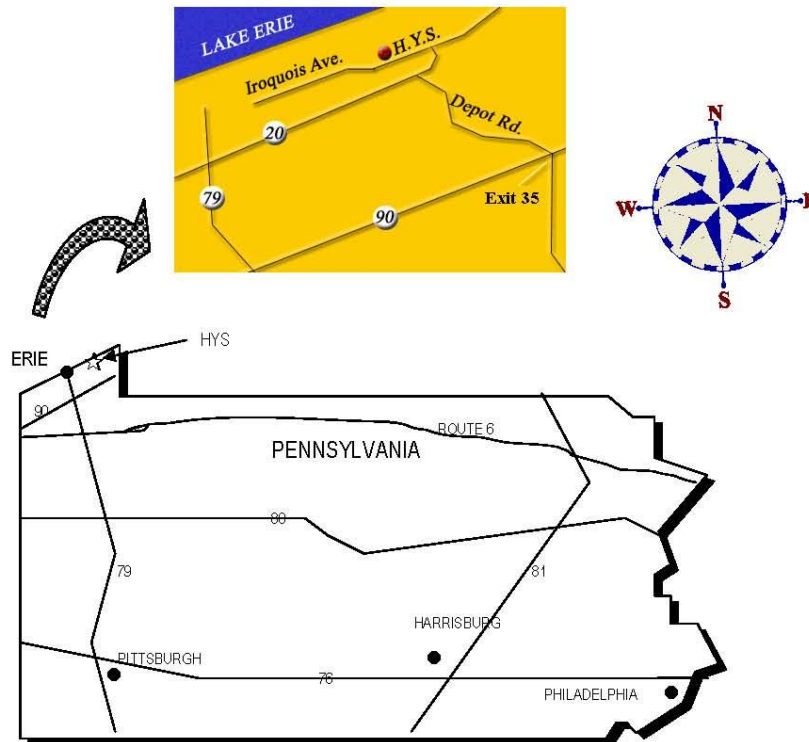
Structured therapeutic recreation and scheduled activities are an important part of our program. Staff members work together to execute small group, individual and Unit activities in collaboration with the Therapeutic Recreational Specialist. These activities are designed to build a sense of group and community, teach appropriate social skills, build self-esteem, and provide structured after-school time. The activities include on-campus sports activities, arts and crafts, and therapeutic games as well as outings to community YMCAs, local and state parks, sporting events, and museums.

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## AGENCY LOCATION

Harborcreek Youth Services is located in Erie County, in northwestern Pennsylvania.



- Take I-79 North to I-90 East.
- Take I-90 East approximately ten miles to the Harborcreek Exit (Exit 35).
- Turn LEFT at the Harborcreek Exit (Route 531, Depot Road).
- Take 531 until it ends at the stop sign on Route 20 (2.5 miles). Turn RIGHT at the stop sign, and bear LEFT almost immediately.
- Go under the double railroad underpass and prepare for an immediate LEFT turn onto Iroquois Avenue (Route 955).
- Take Iroquois Avenue west one mile.
- Harborcreek Youth Services is on the RIGHT.