

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, a 501 (c) (3) nonprofit corporation, 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 re-designing 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 2010 and 2014.

In 2007, Harborcreek Youth Services began a study of trauma-informed care. Agency staff attended interactive presentations 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 Human Services. 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. In 2011 we satisfied the requirements for Sanctuary Certification by the Andrus Center Sanctuary Leadership Institute which reflects an agency wide commitment to a therapeutic culture. Sanctuary Principles and Practices continue to be an integral part of the organizational and treatment culture.

As a further implementation of trauma-informed care, Harborcreek Youth Services receives training and consultation from the Child Trauma Institute. These interventions are research based and the most appropriate strategies in working with children experiencing trauma. The focus of this trauma-informed model is to help clients with problem solving skills, develop personal safety strategies, and develop the capacity to resolve personal trauma.

Harborcreek Youth Services has an Intake Team to review referrals. The Intake Team consists of two Intake Coordinators, an Admissions Coordinator, Compliance Office, Psychological Consultant and the Directors of Nursing, Residential Services, Behavioral Health 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.

In 2006, Harborcreek Youth Services initiated an agency-wide Performance and Quality Improvement (PQI) Program. The program is designed to promote the delivery of quality services and to assist the agency in its efforts to achieve strategic and program goals. Specifically, Harborcreek Youth Services continually monitors its management and operations sys-

tems, key quality factors in its service delivery program, program outcomes, client satisfaction and client outcomes.

As part of an ongoing Performance & Quality Improvement initiative, Harborcreek Youth Services has developed a Compliance Sub-Committee with representatives from all departments at our agency to address broader systemic issues ensuring the quality of services as needed with governmental and licensing bodies. The goal is to enhance compliance standards through continuous discussion of current practices, review existing policy and implement any needed improvements

Harborcreek Youth Services is a Type 01 Psychiatric Residential Treatment Facility (PRTF). The agency is licensed by the Pennsylvania Department of Human Services under PA Code 55, Chapter 3800: Child Residential and Day Treatment Facilities and the Office of Mental Health and Substance Abuse Services. PRTF candidates must meet the medical necessity criteria as determined by a licensed psychiatrist. Harborcreek Youth Services 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), PerformCare, Value Behavioral Health (VBH), Magellan Behavioral Health, and the Pennsylvania Medical Assistance Fee for Service Program. In addition to annual licensing inspection visits from both the Bureau of Human Services Licensing and the Office of Mental Health and Substance Abuse Services, Harborcreek Youth Services undergoes a rigorous recertification process with each of the Managed Care Organizations on a 2-3 year basis.

Harborcreek Youth Services utilizes a custom electronic health records system (AVATAR). This system helps the agency provide higher quality and safer care for our clients, and reduces paperwork and increases overall treatment efficiencies. AVATAR helps us to monitor clinical documentation so that we can be certain that we are capturing all required information. The intake summaries, progress notes, counseling notes, evaluations, social histories, treatment plans, treatment meetings, medical documentation and billing information are automated in this system.

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, behavioral health services 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 Treatment Team meets shortly after the client's placement at Harborcreek Youth Services to discuss and develop the Individual Treatment Plan (ITP). This team meets at least weekly to discuss the client's current treatment issues. 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 fifteen 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 a Brief Symptom Inventory (BSI); the Trauma Symptom Checklist for Children (TSCC), the How I Think Questionnaire and the Juvenile Sex Offender Assessment Protocol, 2nd Edition. The Behavioral Assessment Scale for Children (BASC-2) and the Event Drawing Series may be used to supplement the assessment process, in addition to other standardized measures. 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 Juvenile 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, neighbors and communities.

TREATMENT SERVICES

Behavioral Health Services at HYS encompass aspects of treatment in which we have invested a great deal of training and effort. When a new program participant walks in the door the first time, they are joining a treatment community that embraces the Sanctuary Model. That mean HYS is committed to beginning and continuing our relationship with each young per-

son by acknowledging the importance and impact of where they've been. Then, we engage with them to create the safe therapeutic space in which we can help them achieve goals and, ultimately, get where they want to go. Sanctuary is an every-hour-of-every-day treatment approach and forms the basis of treatment at HYS.

All of our program participants are referred to HYS because of Behavioral Health concerns; conditions which manifest as difficulty in regulating mood, thinking and behavior. The HYS treatment teams help each youth to learn more about how these conditions may be influencing their actions every day. Most of the youth are seen by a psychiatrist who evaluates them and may even prescribe medication to support their efforts to improve the way they act and feel.

Every program participant is also assigned a therapist who is well trained in a variety of models and techniques. HYS is investing deeply in techniques like Trauma Release Exercises (TRE) and Progressive Counting and Eye Movement Desensitization and Reprocessing (EMDR), which are state-of-the-art treatments to help youth overcome the devastating effects of trauma. Therapists use these and other special techniques according to the situation and needs of each youth. Special groups and family therapy are also used to educate and work through important issues. The treatment at HYS helps our youth address the traumas of their past, and progress safely toward a stronger future.

The Residential Program emphasizes and provides:

- Trauma-Informed Care, provided by a psychiatrist led treatment team.
- A supervised treatment milieu that follows the Sanctuary Model, with trained staff at the ready to work on individual goals and provide daily counseling and guidance.
- Psychiatric evaluation and medication monitoring for behavioral health conditions.
- Individual and Group therapy provided by therapists specially trained in addressing trauma and behavioral health issues. This assists youth in learning how past events and mental health concerns impact their choices, feelings and behavior.
- Family therapy, to help youth and their families be connected and address home issues and future planning.
- A growing Expressive Therapies program that includes our longstanding Writers' Group, and:
 - Music Therapy, through a partnership with Mercyhurst University, certified Music Therapists use rhythm, words and music as a unique and additional medium through which participants accomplish treatment goals.
 - Art Therapy, which encourages youth to use many different kinds of media to express their ideas and feelings with guidance from our Art Therapist.
 - Movement Therapy, in the forms of Trauma Release Exercises and Yoga.
- Sexual Counseling Services which focus on motivational factors for problem sexual behavior, the Good Lives Model as a means of designing individualized treatment, and increasing protective factors while decreasing risk.
- Community Service and Restitution as a goal and focus during treatment. Residents have both on- and off-campus opportunities to contribute to the well-being of the entire community, and to make restitution if required.

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. We recognize that the parent or guardian has the biggest impact on their children; and therefore, we strongly encourage them to participate as an integral part of their children's treatment team. By becoming involved in the treatment, they are able to review the child's progress and abilities; and can witness the child utilizing some of the same mechanisms prior to returning to home and community. Often the parents become more resilient in the process. There is a strong correlation between family involvement and the success of their children.

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 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.

8. Harborcreek Youth Services has developed a Family Committee to increase and encourage family engagement by creating some additional activities and events which are fun and focus on interactions in a more relaxed setting.

BRIEF DESCRIPTION OF EACH PROGRAM:***ST. JOSEPH HOUSE***

DHS Certificate of Compliance Number: 403830

5712 Iroquois Avenue
Harborcreek, PA 16421
PRTF, 12-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, and may also have a history of sexually acting out. These clients may be under court supervision due to delinquency or dependency.

CONWAY HOUSE

DHS Certificate of Compliance Number: 404540

5712 Iroquois Avenue
Harborcreek, PA 16421
PRTF, 16-Bed Unit

Conway House is a Campus Unit serving clients who 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 delinquency or dependency.

WAGNER HOUSE

DHS Certificate of Compliance Number: 403850

5712 Iroquois Avenue
Harborcreek, PA 16421
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

DHS Certificate of Compliance Number: 403810

5712 Iroquois Avenue
Harborcreek, PA 16421
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.

SEXUAL COUNSELING SERVICES (SCS)

The Sexual Counseling Services program provides a trauma–informed, cognitive behavioral therapeutic approach for youth who have been referred because of a history of problem sexual behavior. Our program is currently transitioning from a traditional Cognitive Behavior Therapy - Relapse Prevention (CBT-RP) model to a Trauma–Informed model that incorporates the latest research and treatment models from thought leaders regarding treatment of youth with problem sexual behavior. We anticipate completing the transition to our developing model in 2018, and continue to use the CBT-RP model while we undergo training and design of the new approach with the help of a consultant.

The current model consists of five discrete phases, each with a curriculum that includes in-class and homework assignments and post-tests. The individual and group sessions address dysfunctional core beliefs that have contributed to maladaptive behavior. Phases include Physical and Sexual Development, Thinking Errors and Cognitive Distortions, Victim Awareness, The Offense Cycle, and Relapse Prevention.

The new model will follow the Good Lives Model, which will permit us greater flexibility in individualizing this aspect of a youth’s treatment. In this new model, every youth will begin with addressing their own trauma history and learning about self-regulation (“Foundations”), as well as identifying behavioral health needs and setting appropriate treatment goals. A clinical committee will assist in the design of the treatment plan, and youth will participate in individual and group therapy on a range of critical areas according to their needs, such as “Healthy Physical Development”, “Protecting Others”, “Citizenship”, “Making Better Choices”, and “Building Bridges.” The program will continue to examine thinking errors, victim awareness and social accountability as it does now. Each youth will be encouraged to have a personal plan for what they would consider to be a “Good Life”, and this Good Life Plan will incorporate what is needed to increase the protective factors in their life as well as to decrease risk factors.

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 Harborcreek Youth Services’ 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 ap-

appropriate. Harborcreek Youth Services strives to match clients with available, age-appropriate residential treatment services – preferential treatment for any groups or individuals is prohibited.

- 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.
- 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 notification that the client's referral information packet has been entered into the electronic records system by 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.

Admissions, the provision of services, and referrals of clients are made without regard to

race, color, religious creed, disability, ancestry, national origin (including limited English proficiency) age or sex.

DISCHARGE PLANNING

Harborcreek Youth Services discharges clients 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. Our agency looks at skills and achievements the clients have made while they have been with us. Through client-focused team meetings, we develop a plan to assist the client in maintaining and enhancing their development during the transition home and back into the community.

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. Harborcreek Youth Services staff members make recovery focused 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 thirty to sixty (30-60) 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. Emergency situations may require an abbreviated approach in order to expedite the discharge process.
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 (or less) 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
Phone: 814/899-7664

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Admissions Coordinator
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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 more than 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).

Harborcreek Youth Services is an Equal Opportunity employer. An open and equitable personnel system has been established and is maintained. Personnel policies, procedures and practices are designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex.

PROFESSIONAL, CHILD CARE, AND SUPPORT STAFF

ADMINISTRATIVE STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
Chief Executive Officer Administratively responsible for overall management of the PRTF. Insures that agency objectives are realized. Provides oversight for services. Reports to the Board of Directors.	Masters	1
CLINICAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
Director of Behavioral Health Services 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	Masters	1

direction to staff clinical efforts.		
Clinical Therapist 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.	Masters	8
Resource Manager Performs case brokering and serves as a professional team liaison with community agencies and legal guardians of the clients to discuss the clients' progress, goals and future. Performs case planning and serves as a member of the multidisciplinary professional team.	Masters	3
Director of Assessments Responsible for psychological consultation and assessments for all clients. Reports to the Director of Residential Services.	Psy.D.	1
Psychiatrist 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.	Board-Certified Licensed Psychiatrist	1.5
Director of Nursing (RN) Oversees all nursing functions and nursing staff and distributes medication. Reports to the Director of Behavioral Health Services.	RN	1
LPN/RN Provides direct health care and health care planning to clients. Distributes medication and performs related nursing functions. Reports to the Nurse Supervisor.	Associates	4
RESIDENTIAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
Director of Service Delivery 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.	Masters	1
Assistant Residential Director Responsible for the coordination and supervision of the functioning of residential programs, staff and residents. Oversees and monitors the Therapeutic Activities Program, plans and coordinates program activities and special events. Reports to the Director of Service Delivery	Bachelors or Equivalent	2
Mental Health Managers and Assistant Managers Directly responsible for shift supervision when on duty	Bachelors or Equivalent	10

during morning, afternoon/evening, and overnight shifts. Reports to the Director of Service Delivery		
Mental Health Technician (aka Child Care Counselor) Responsible for the direct care and supervision of clients, provision of activities and behavior management. Reports to the Mental Health Manager.	Bachelors	36
Night Counselor (aka Child Care Worker) Responsible for the direct care and supervision of clients during normal sleeping hours. Reports to the Mental Health Manager.	High School	13
Training Coordinator 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.	Bachelors	1
EDUCATION STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
Director of Education Responsible for the administration of all school functions and supervision of teaching staff. Ensures compliance with State and Federal regulations for regular and special education. Reports to the Chief Executive Officer of the PRTF.	Masters and PA Principal Certification	1
Teacher Responsible for education instruction and classroom responsibilities within the school program. Reports to the Principal.	Bachelors and PA Teacher Certification	9

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, to provide social work and appropriate treatment services for the natural family, and arrange family visitation 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 victimization counseling, grief and loss peer support groups, drug and alcohol specific counseling, and trauma resolution interventions, such as EMDR and Progressive Counting. All residents who are enrolled at the campus school attend weekly prevention and education drug and alcohol classes during the regular school year.

Clients are screened at the time of intake to determine if there is a need for drug and alcohol assessment. Once the screening and assessment process is complete, the nature of the problem is defined, and specific treatment recommendations for addressing the problem and level of care are made by the team. Treatment may involve group, individual or a combination of both forms of counseling. Currently the services are contracted through Gaudenzia Erie, Inc.

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. Harborcreek Youth Services has 40 hours per week of psychological services available provided by one full-time position. Our agency has two part-time Board Certified Child and Adolescent Psychiatrists who provide 30 hours a week of services.

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 post-traumatic 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 Harborcreek Youth Services with a diagnosis of 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 Harborcreek Youth Services.

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.

Harborcreek Youth Services' personnel utilize the Rapid Screening Tool for Child Trafficking to assess for indicators of a potential human trafficking victim and if indicated, will conduct the Comprehensive Screening and Safety Tool for Child Trafficking to help determine next steps toward an appropriate course of action. 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.

EDUCATION

Harborcreek Youth Services' educational program is monitored by the Bureau of Special Education and Pennsylvania Department of Education as a Private Residential Rehabilitative Institutions (PRRI). We maintain a specialized educational facility on campus, staffed by Pennsylvania-certified teachers. Harborcreek Youth Services has developed a highly structured, individualized, and adaptive educational program that is designed to meet each student's needs.

The curriculum and all related activities create a stable, consistent, and supportive learning environment that facilitates our clients' academic success. The curriculum includes math, language arts, reading, science, social studies, physical education, health, and employability skills. Students also participate in community service learning projects.

The educational plan for a student placed at Harborcreek Youth Services is to eventually integrate the student back into public education. We provide the student with the necessary tools to reintegrate into the school by developing self-discipline, self-control, concentration, and motivation. The students are more focused and better equipped with the necessary tools to be successful when placed back into a public school setting. Home school district personnel are invited to the discharge planning meeting to assist in a seamless transition back into the home district.

Harborcreek Youth Services offers a GED Program to older clients and those with limited success in traditional academic settings. Clients study independently in a guided classroom setting and/or in extensive homework contracts in preparation for taking the GED. In addition, the Work Experience Program (WEP) is available to all clients who are high school graduates or enrolled in the GED Program. WEP encourages our clients to develop a work ethic and occupational experience in a real work environment.

STAFF TRAINING

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

Orientation Training: 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:

- Recognizing & Reporting Child Abuse
- Clinical Indicators of Abuse
- Human Trafficking
- Verbal De-Escalation and Safe Crisis Management (SCM) Training
- Fire Safety
- Infection Control, Health/Special Issues
- First Aid, CPR and Medication Administration
- Confidentiality, including HIPAA Privacy
- Duties, Responsibilities, Policies and Procedures
- Department of Human Services (DHS) 3800 Regulations
- Sanctuary Model
- Performance and Quality Improvement Program
- Legal Rights of Service Recipients
- Recordable/Reportable/Unusual Incident Reporting
- Compliance
- Disaster Planning
- Cultural Diversity/Gender Related Issues

Following the completion of Orientation training, all treatment and direct care 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
- Emergency Preparedness
- Mandated Reporting
- Creating a Safe Environment

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

FRAUD, WASTE, AND ABUSE

Harborcreek Youth Services has zero tolerance for the commission or concealment of acts of fraud, waste, or abuse. Allegations of such acts will be investigated and pursued to their logical conclusion, including dismissal and/or legal action where warranted. The agency maintains an anonymous phone number dedicated to address any suspected violation of law, regulation or policy. The Hotline number is 1-814-434-4667.

PACTT (Pennsylvania Academic Career/Technical Training)

Delinquent youth returning from residential placements face immense challenges during the transition back to their community – many of these youth do not complete high school, making sustainable employment all the more difficult in today's economy. The PACTT program 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. Our PACTT program focuses on skills such as woodworking, CNC machining, grounds maintenance, OSHA certifications and various soft skills. Harborcreek Youth Services has been a PACTT affiliate since 2008 and implements program elements to advance the program goals as state-wide program founder 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.

A NEW FREEDOM

A New Freedom curriculum is offered in our residential units to address the emotional management needs of our youth. A New Freedom addresses the most critical personal, environmental and community risk factors and builds on the most important protective factors and assets. They are built on evidence-based concepts of cognitive-behavioral therapy (CBT), motivational enhancement (MET), motivational interviewing (MI), the social learning model and key coping and problem solving skills for relapse prevention (self-efficacy).

SERVICES TO CHILDREN

Structured therapeutic recreation and scheduled activities are an important part of our pro-

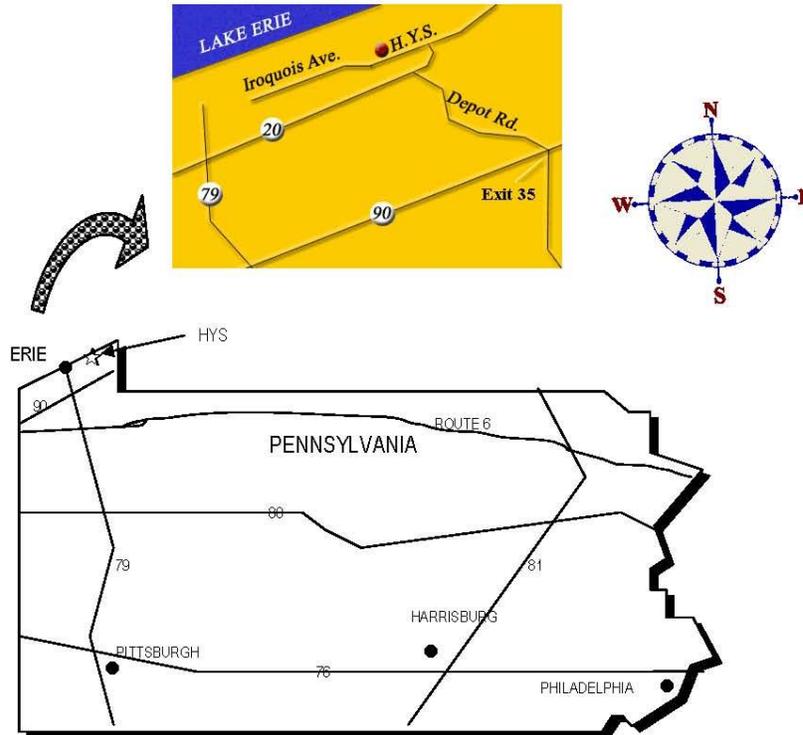
gram. Staff members work together to execute small group, individual and Unit activities designed to build a sense of group and community, teach appropriate social skills, build self-esteem, and provide structured after-school time. The activities include on-campus sports activities, arts and crafts, 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 traffic light on Route 20 (2.5 miles). Turn RIGHT, 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.
- Enter via the VISITOR entrance and park in VISITOR spot; you must then sign-in