

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 (HYS), 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. In the past two decades, we have been re-designing our residential services in response to changes in funding requirements and treatment focus. First, the traditional juvenile justice focus 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, 2014 and 2018.

In 2007, Harborcreek Youth Services embarked on a goal to become a trauma-informed organization. In early 2008, we were selected to become a Sanctuary Model pilot agency by the Pennsylvania Department of Human Services. The process took almost three years and was accomplished through leadership, training, self-evaluation and practice. 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 HYS organizational and treatment culture.

To provide trauma focused treatment, Harborcreek Youth Services engaged the Child Trauma Institute for training and supervision. The Institute's 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 Admissions Team to review referrals. The Admissions Team consists of two Intake Coordinators, an Admissions Coordinator, Compliance Officer, School Psychologist and the Directors of Nursing, Residential Services, Behavioral Health Services and Education. The Team reviews every referral and determines the acceptance and any initial goals impacting 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 menu choices to recreation and other aspects of the residential life experience. In addition, we have a well-established and active 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 systems, 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 policies and implement any needed improvements.

Harborcreek Youth Services is a Type O1 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' PRTF program provides treatment to male youths between the ages of ten and eighteen who are diagnosed with a behavioral health concern and who usually have delinquency and/or dependency issues.

Funding sources for Psychiatric Residential Treatment Facilities include Managed Care Organizations such as Community Care Behavioral Health Organization (CCBHO), Perform-Care, Beacon Health Options, 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 (myAvatar™). This system helps the agency provide higher quality and better coordinated care for our clients, reduces paperwork, and increases overall treatment efficiencies. myAvatar™ helps us 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. Efforts are currently underway to capture the results of trauma-related and other behavioral health assessments in myAvatar™, which will greatly expand the clinical outcomes information HYS will be able to share with stakeholders.

TREATMENT PHILOSOPHY AND MODEL

Developmental Trauma Model:

Harborcreek Youth Services is a Sanctuary Agency and employs a Developmental Trauma Treatment Model. This model recognizes the impact of complex trauma on a youth's development, acknowledging that a child may experience difficulties in emotional, behavioral, cognitive, and even physical development that can interfere with necessary growth and change. Treatment must be customized for each youngster meeting them where they are at and providing a safe environment in which they can learn and progress.

Multi-Sensory Approach to Treatment of Trauma:

HYS has been informed by recent advances and thought leaders in trauma research, which indicate that the impact of trauma may be stored throughout the body and will require more than traditional talk therapy for healing and growth. For this reason, HYS relies heavily upon multi-sensory treatment modalities delivered by certified and licensed therapists, including Art Therapy, Music Therapy, Yoga, Therapeutic Writing, Eye Movement Desensitization Re-

processing, and others.

Good Life Program (for Problem Sexual and Other Harming Behavior):

The Good Life Program provides a trauma-informed, cognitive behavioral therapeutic approach for youth who have been referred with a history of problem sexual behavior. Begun in 2018 and under continued development by our clinical team, this program is based on the *Good Lives Model for Adolescents who Sexually Harm* (Print and Ward 2013.) By using the Good Lives Model, we are employing an assessment and planning tool which assists the youth in realistically understanding what motivated their past behavior, and which changes are necessary for them to live the best life they can imagine. By addressing trauma and envisioning a potential future “Good Life”, youth begin to build help for their future which is critical to motivation in treatment.

Family Involvement:

Families, caregivers and other supports are critical to each youngster’s treatment at HYS. Parent and family involvement in the assessment, planning 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. Because many families and supports live at a distance from HYS, the agency employs audio and visual technology to connect with families as appropriate.

Team Delivered Care:

Treatment services at Harborcreek Youth Services are provided in a treatment team format, in keeping with our commitment to Sanctuary. The HYS treatment team is comprised of all of the staff who support or provide that youth’s care, as well as the youngster and his family. The client’s Interagency Treatment Team includes Unit staff, resource manager, child psychiatrist or psychiatric nurse practitioner, therapist, 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; exploration of goals and community services to resolve family concerns that would otherwise extend the client’s stay; discharge and aftercare planning; and follow-up services.

New Approach to De-escalation/Restraint Reduction:

In fall 2019, HYS will train all staff in the Ukeru system, a trauma-informed approach to de-escalation and crisis intervention. Ukeru promotes a hands-off approach which gives clients the space and time to self-regulate without triggering a hands-on restraint. HYS intends to reduce the use of Emergency Safe Physical Interventions “ESPI” (hands-on restraints) by 70% through the implementation of Ukeru, increasing the safety for youth and staff. HYS will continue to train staff in the use of JKM Systems’ Safe Crisis Management, which covers the use of ESPI when needed.

BRIEF DESCRIPTION OF EACH PROGRAM:

Harborcreek Youth Services has four (4) psychiatric residential treatment units located at the campus (5712 Iroquois Avenue, Harborcreek, PA 16421) that serve 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. Ages and dorms vary at the different units.

ST. JOSEPH HOUSE
PRTF, 12-Bed Unit

DHS Certificate of Compliance Number: 403830

CONWAY HOUSE
PRTF, 16-Bed Unit

DHS Certificate of Compliance Number: 404540

WAGNER HOUSE
PRTF, 16-Bed Unit

DHS Certificate of Compliance Number: 403850

COLUMBUS HOUSE
PRTF, 16-Bed Unit

DHS Certificate of Compliance Number: 403810

OTHER PRTF PROGRAM FEATURES:

Sanctuary Model:

When a new program participant walks in the door, the youth is joining a treatment community that embraces the Sanctuary Model. That means HYS is committed to beginning and continuing our relationship with each young person 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 cultural commitment and forms the basis of treatment at HYS. The agency engages in activities throughout the year to promote practice of the seven Sanctuary Commitments, culminating in a "Sanctuary Day" full of activities for youth and staff related to the theme of "SELF" (Safety, Emotions, Loss and Future.) The Youth Advisory Board is engaged to help with the practice of Sanctuary Commitments, and also participates in the quality improvement process at HYS.

Program Goals:

As an agency, Harborcreek Youth Services does not permit the use of unconventional treatment modalities. Our Sanctuary philosophy includes the commitment 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 (if required by Juvenile Probation). In addition, Harborcreek Youth Services strives:

- To approach resolution of past traumas and development of coping skills using methods that are complementary to the client's developmental level;
- To assist clients in the stabilization of behavioral health issues;
- To help clients identify a discharge plan that will include the necessary level of supervision, connection with family, and treatment services necessary to continue their progress in treatment;
- To empower clients to make good decisions for themselves, both now and in the future by identifying protective factors to increase and risk factors to decrease, and
- To safely and productively reconnect clients with their families, neighbors and communities.

Treatment Planning:

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 a minimum of every other week 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. 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.

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.

Family Participation:

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. Often the parents become more resilient throughout the treatment 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;
- An initial psychosocial assessment of treatment needs and possible goals; and
- A preliminary plan for discharge and return to the community

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, use of video technology and participation in family groups.
2. Harborcreek Youth Services has a Family Committee which meets to discuss ways to improve family engagement and the meeting of family needs. This group sponsors a Family Fun Day, looks at the use of new technology for distant families to use as "virtual visits", provides educational information through a newsletter and our webpage, and more.
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. “Virtual Visits” – through the use of video software – are used by many families who live at a distance.
5. Harborcreek Youth Services provides twice-monthly transportation from Allegheny County to our campus on Sundays, at no cost, for parents to visit their sons and participate in family therapy. Where appropriate, HYS has also provided gas cards or payment for a local motel in order to enable families coming from a distance to visit their child or participate in treatment team meetings.
6. Harborcreek Youth Services provides family therapy in the family home whenever possible or at the agency.
7. Harborcreek Youth Services coordinates linkages for families to receive services from their own local resources as appropriate and strongly encourages the use of NAMI chapters and Family-to-Family classes.

Assessment:

Following admission to Harborcreek Youth Services, clients are evaluated using a variety of assessment tools specific to the client’s needs. The ACEs Questionnaire is given to document the various types of trauma experienced by the youth. 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 (as needed). The Behavioral Assessment Scale for Children (BASC-3) may be used to supplement the assessment process. All assessments are administered at admission and then prior to discharge. Throughout treatment, tools such as the Beck Inventories, Rosenberg Self-Esteem Scale, ADHD Symptom Self-Report, Toronto Empathy Scales and more are used for psychoeducational value as well as to track progress in treatment.

If a client is admitted 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 admission. This evaluation is a complete gathering of ecological information through client interviews, discussions with family members and/or caretakers, a review of clinical records and contact with collaborating agencies that leads to a biopsychosocial 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.

Psychiatric Evaluation:

After admission, each client is seen by a psychiatrist or by a collaborating psychiatric nurse practitioner for initial evaluation and medication management, if needed. All recommenda-

tions for continued stay or discharge services will be made by the attending psychiatrist.

Good Life Program (for Youth with Problem Sexual or Other Harming Behavior):

The Good Life Program is a therapist-led approach to intervening with harming behavior. The foundation of the program involves completing a Good Lives Interview and tailoring treatment to the Risk-Needs-Responsivity of each youth. Every youth begins with addressing their own trauma history and learning about self-regulation, as well as identifying behavioral health stabilization needs and setting appropriate treatment goals. 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 helps participants to examine thinking errors, cultural influences, victim awareness and social accountability while fully addressing their own trauma (including abuse) which may have served to influence their behavior. Each youth is 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.

Expressive and Multi-Sensory Therapies:

Every youth has the option to take part in a robust program of multi-sensory therapies, such as Art, Music, Therapeutic Writing, Yoga, and Trauma Release Exercises. Referrals for these therapies are discussed with the treatment teams and receiving therapists, and goals for each therapy are individualized and linked to the youth’s Individual Treatment Plan. There is coordination between the expressive therapist and the primary therapist. Most of these therapies operate in sessions from 10 to 12 weeks, after which progress is evaluated. Youth are free to participate in more than one of these therapies at a time. Almost all HYS residential youth participate in at least one expressive therapy during their stay.

Medical Services:

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 Director of Nursing interacts with the Unit team in integrating medical care within overall treatment; and provides Nurse Health Coach counseling that encourage youth to develop their own wellness goals and to use a variety of non-pharmacological approaches to health issues.

Substance Abuse Counseling:

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.

Life Skills and Psychoeducational Groups:

Harborcreek Youth Services offers the ARISE Life Skills program in both its academic and 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 activi-

ties 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 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).

Therapeutic Activities:

Structured therapeutic activities are an important part of our program. 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. In addition, eligible clients participate in the NYPUM program, an on-campus therapeutic dirt-bike training and riding program. HYS is pleased to offer our 50 acre campus, two gyms, outdoor basketball courts, a picnic pavilion, Sanctuary labyrinth, Zen garden, and outdoor in-ground swimming pool.

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 school environment 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. For eligible students, we provide tutoring via an evidence-based reading and spelling program (Barton System).

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.

Upon admission to the agency, the parent, the teacher and Director of Education will discuss the school placement for their child. Options will be shared as to location of education, adaptations and academic planning. Additionally, the local school district and HYS will discuss the appropriate placement for the client based on their IEP, educational and emotional needs and parent recommendations and suggestions. If the child has an IEP, the IEP goals and modifications are implemented with an enrollment meeting taking place within 30 days of the client's admission date. As the child progresses, educational changes will be discussed

with the MDT (multi-disciplinary team-parent, regular education teacher, special education teacher, LEA representative) in order to assure that best practice is taking place.

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.

PACTT (Pennsylvania Academic Career/Technical Training):

Youth returning from psychiatric 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, career and technical training that youth receive while in residential placement and in their home communities upon return. For eligible students our PACTT program focuses on skills such as woodworking, CNC engraving, 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".

Referral Process:

- 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 Admissions Team for review.
- The Intake Coordinator interviews the potential client, when possible, as part of the admissions process.
- The Admissions Team discusses referrals and then makes admissions recommendations as 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 Admissions Team.
- Admissions Team members review a potential client for admission based on the following admissions criteria:
 - Male
 - Ages 10 to 18 years old
 - Legally placed out of the home by Juvenile Probation, Child Protective Services, or by parents or caregivers through the mental health system
 - Medically necessary and/or legally necessary and review of the DSM V diagnosis
 - Not appropriate for lesser restrictive treatment services
 - Would likely benefit from treatment at Harborcreek Youth Services as determined by the Harborcreek Youth Services Admissions 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 place-

- ments, 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, or 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 Admissions Team for placement of the client.
 - The Intake Coordinator reviews the information supporting their recommendation for placement with the Admissions Team at the admissions meeting and also contributes any additional information.
 - Individual members of the Admissions 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 in consultation with the Admissions Team.

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 them 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. HYS feels that lack of a specific discharge plan contributes to hopelessness and a lack of engagement in treatment for youth.
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 Interagency Treatment 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 as specified in the ITP;
 - No longer wants the organization's services (mental health only clients);
 - Has needs that exceed organizational resources; or
 - 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 individual record.

SITE INFORMATION

Harborcreek Youth Services
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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 four 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 that may arise.

All child care staff 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 su-

pervision, they train in the areas of basic job responsibilities (i.e., report writing, management of clients, treatment milieu, staff communication, etc.).

Clinical therapists receive regular individual and group supervision, according to their level of experience and licensure status. Supervision meetings are documented and logged.

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
<p>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.</p>	Masters	1
CLINICAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
<p>Director of Behavioral Health Services Responsible for ensuring that the treatment needs of clients are met and that services are provided in a quality and integrated manner. Provides overall direction to staff clinical efforts. Reports to the Chief Executive Officer.</p>	Masters	1
<p>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. Reports to the Director of Behavioral Health Services.</p>	Masters	8
<p>Clinical Training Supervisor Provides training and supervision for therapists in the developmental trauma and Child Trauma Institute Models. Clinical supervision for therapists using advanced therapy techniques such as Progressive Counting and EMDR. Reports to the Director of Behavioral Health Services.</p>	Masters and Licensed	1
<p>Resource Manager Performs case brokering and serves as a professional team liaison with community agencies and legal guardians of the</p>	Masters	3-5

clients to discuss the clients' progress, goals and future. Performs case planning and serves as a member of the multidisciplinary professional team. Reports to the Resource Manager Supervisor.		
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.	Board-Certified Licensed Psychiatrist	2
Certified Registered Psychiatric Nurse Practitioner Oversees comprehensive client treatment planning process. Provides client evaluations, performs medication management and consults with assigned teams. All activities are conducted by collaborative agreement with or supervision by a psychiatrist. Reports to the Chief Executive Officer.	Masters and Board Certified	.5
Director of Nursing 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 Director of Nursing.	Associates and Bachelor's level	5.5
RESIDENTIAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
Director of Residential Services Responsible for the administration and supervision of agency Residential programs. Directly supervises Mental Health Managers, supervises on-duty shift operation and acts as liaison with other departments. Reports to the Chief Executive Officer.	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 Residential Services.	Bachelors or Equivalent	2
Mental Health Managers and Assistant Managers Directly responsible for shift supervision when on duty during morning, afternoon/evening, and overnight shifts. Reports to the Director of Residential Services.	Bachelors or Equivalent	10

Mental Health Technician Responsible for the direct care and supervision of clients, provision of activities and behavior management. Mentors staff, models de-escalation techniques, and coordinates behavioral support to clients. Reports to the Mental Health Manager.	Bachelors or commensurate education and experience	8.5
Child Care Counselor Responsible for the direct care and supervision of clients, provision of activities and behavior management. Reports to the Mental Health Manager.	High School or GED	28
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 or GED	13
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.	Masters and PA Principal Certification	1
Teacher Responsible for educational instruction and classroom responsibilities within the school program. Reports to the Director of Education.	Bachelors and PA Teacher Certification	9

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:

- Ukeru (A de-escalation system to avoid hands-on intervention, beginning Fall 2019)
- Recognizing & Reporting Child Abuse
- Clinical Indicators of Abuse
- Human Trafficking
- Suicide Prevention
- Verbal De-Escalation and Emergency Safety Physical Intervention (ESPI) Training
- Fire Safety
- Infection Control, Health/Special Issues
- First Aid and CPR
- 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
- Creating a Culture of Wellness

The Harborcreek staff development program is designed to be in compliance with state and federal regulations; and is updated to be culturally sensitive, trauma-informed and evidence-based wherever possible.

BUDGET

The budget for the PRTF program 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

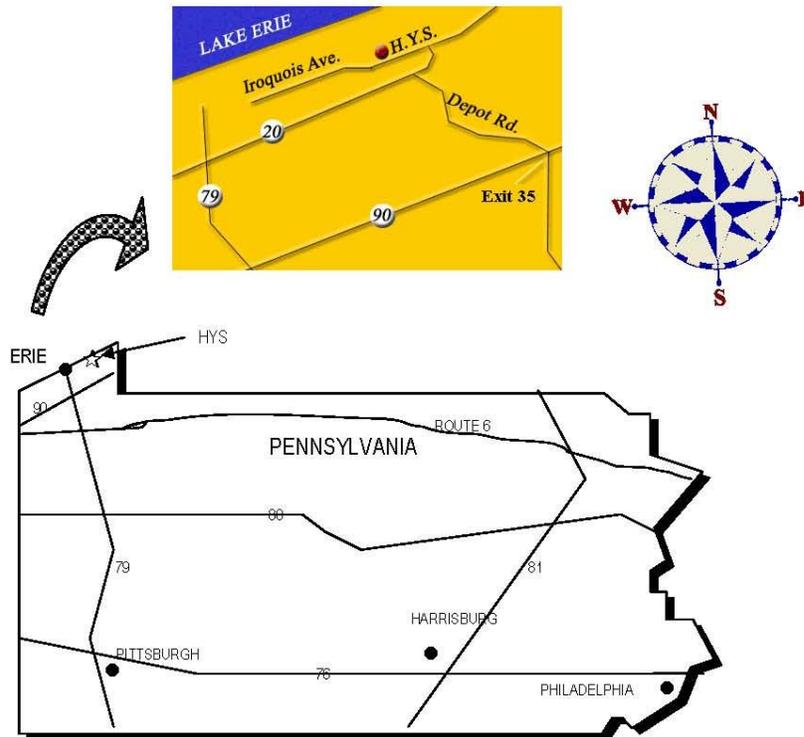
Harborcreek Youth Services has zero tolerance for the commission or concealment of acts of fraud, waste, or abuse. Allegations of such acts will be investigated and pursued to their logical conclusion, including dismissal and/or legal action where warranted. The agency maintains an anonymous phone number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

CONTACT INFORMATION

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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