

**Pennsylvania: All County  
Review Period:**

July 1, 2015 – June 30, 2016



## Overview of the Intervention(s)

JusticeWorks provides innovative and cost-effective services for at-risk families at any point in the continuum of involvement with the child welfare and/or juvenile justice system(s). We find a way to engage families to achieve better results regarding factors impacting safety, permanence, well-being, and delinquency. Our model supports flexible service provision, in the community, and employs techniques grounded in theory for more effective intervention efforts. Our work is guided by:

- *Strong partnerships with public systems to cost-effectively treat troubled youth and families;*
- *Continuous quality improvement;*
- *Dependable/Reliable staff;*
- *Strengths-based, solution-focused practice principles;*
- *The highest professional, and ethical, standards;*
- *Consistent application of the Pennsylvania BARJ framework;*
- *Participation in Juvenile Justice System Enhancement Strategy; and,*
- *Family-centered, family-based services to dependent or delinquent youth in need of enhanced support and supervision.*

Aftercare is not an afterthought. We plan from day one for successful transition.

In human services, the “**how**” is more important than the “**what**,” and the “how” is directly related to the “**who**.” Our staff reflects the cultural diversity of the youth we work with and bring skill, empathy and our “whatever it takes” philosophy to succeed with troubled families and youth.

JusticeWorks YouthCare currently provides services to Children and Youth Services and County Juvenile Probation.

The following report will focus on program outcomes for the STOPP®, JustCare®, and the Violation Initiative Program (V.I.P.).

Below is a brief overview of the various interventions.

### **V.I.P. (VIOLATION INITIATIVE PROGRAM):**

The V.I.P. intervention is intended to reduce the likelihood of long-term out-of-home placement for youth involved with the probation system, through multiple coordinated efforts focused on accountability, community protection, and competency development. This intervention is appropriate for male, or female, youth ranging in age from 10-21 years, who have been assessed as moderate/high risk offenders. Youth referred for the Violation Initiative Program can be formally adjudicated delinquent or be involved with probation in a pre-adjudicatory state.

The Violation Initiative Program is delivered with varying intensity based on the unique needs of each individual participant. VIP-Full is designed to be delivered for a minimum of 6 hours per week, over 182 days. VIP-Intensive is designed to be delivered for a minimum of 4 hours per week, and VIP-Standard is designed to be delivered for a minimum of 2 hours per week.

The following is a list of specific process/service objectives, as well as outcome objectives expected at the conclusion of the Violation Initiative Program:

In FY 2015-2016, the average length of services for a family involved in the VIP intervention was 100 days, or roughly, 14.3 weeks.

These numbers are based off of all services discharged between July 1<sup>st</sup>, 2015 and June 30<sup>th</sup>, 2016.

## **STOPP® (Short-term Therapeutic Outreach to Prevent Placement):**

STOPP® has the fundamental goal of keeping children safe with a mission to help keep families intact and well-functioning. While we work to maintain children in their own homes and rectify relational, behavioral and other problems, we will err on the side of child safety when we perceive dangerous situations. Situations of (actual or potential) child abuse, criminality in the home, unsafe living conditions will prompt us to effectuate removal of the children (while, as described below, making plans whenever possible to remedy the problems and return the children home).

The goal of STOPP® Services is to prevent the out of home placement of children within profoundly dysfunctional families, reduce length of stay in private residential placements, and achieve superior outcomes when youth return to the community.

The STOPP® Service modality features:

- *Staff with caseloads that reasonably allow them to respond to families' needs;*
- *Family contact within 1-3 hours of referral;*
- *Identification, and diligent utilization, of community resources;*
- *Collaboration with county partners;*
- *Close attention to the planned change process;*
- *Thorough assessment to identify the 'drivers' of family dysfunction; and*
- *Skill techniques consistent with helping professions (brokering, education, modeling, mediating, etc).*

Our program values emphasize being proactive and creative. Staff work non-traditional hours and use a variety of approaches to achieve positive results with complex, and challenging, clients. Emphasis is placed on working within family neighborhoods and behavioral contracting. Team members are trained to understand the needs and context of our public sector partners and work collaboratively to make sure services are aligned with County caseworkers' expectations. A key value is regular communication to avoid surprises and 'dropped balls.'

In FY 2015-2016, the average length of service for a family involved in this intervention was 55 days, or, roughly, 7.9 weeks.

This number is based off of all services discharged between July 1<sup>st</sup> 2015 and June 30<sup>th</sup> 2016.

## **JUSTCARE® PROGRAM:**

JustCare® has the fundamental goal of keeping children safe with a mission to help keep families intact and well-functioning. While we work to maintain children in their own homes and rectify relational, behavioral and other problems, we will err on the side of child safety when we perceive dangerous situations. Situations of (actual or potential) child abuse, criminality in the home, unsafe living conditions will prompt us to effectuate

removal of the children (while, as described below, making plans whenever possible to remedy the problems and return the children home).

In FY 2015-2016, the average length of service for a family involved in the JustCare® intervention was 91 days or, roughly, 13 weeks.

These numbers are based off of all services discharged between July 1<sup>st</sup>, 2015 and June 30<sup>th</sup>, 2016.

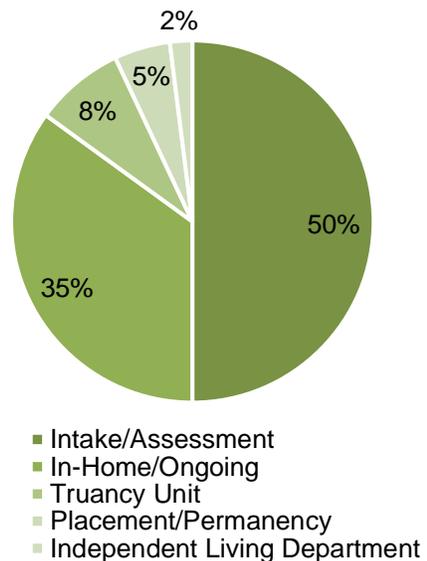
## Referral Source(s)

During FY 2015-2016, JusticeWorks received a total of 2,835 referrals extending across all interventions/programs. The table below provides further clarification surrounding the sources of those referrals.

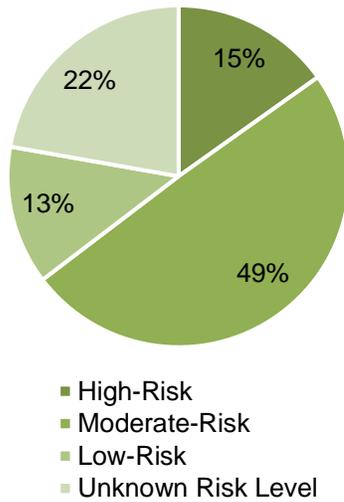
Out of the 2,835 total referrals received, 2,271 (80% of all total referrals) were referred from Children and Youth Services. Of those:

- 1,136 referrals (roughly 50%) were referred by the Intake/Assessment Department;
- 790 referrals (roughly 35%) were referred by the In-Home/Ongoing Department;
- 179 referrals (roughly 8%) were referred specifically by the agency's Truancy Unit;
- 111 referrals (roughly 5%) were referred by the Placement/Permanency Department; and,
- 55 referrals (roughly 2%) were referred by the Independent Living Department.

**CYS Referral Sources**



### JPO Referral Sources

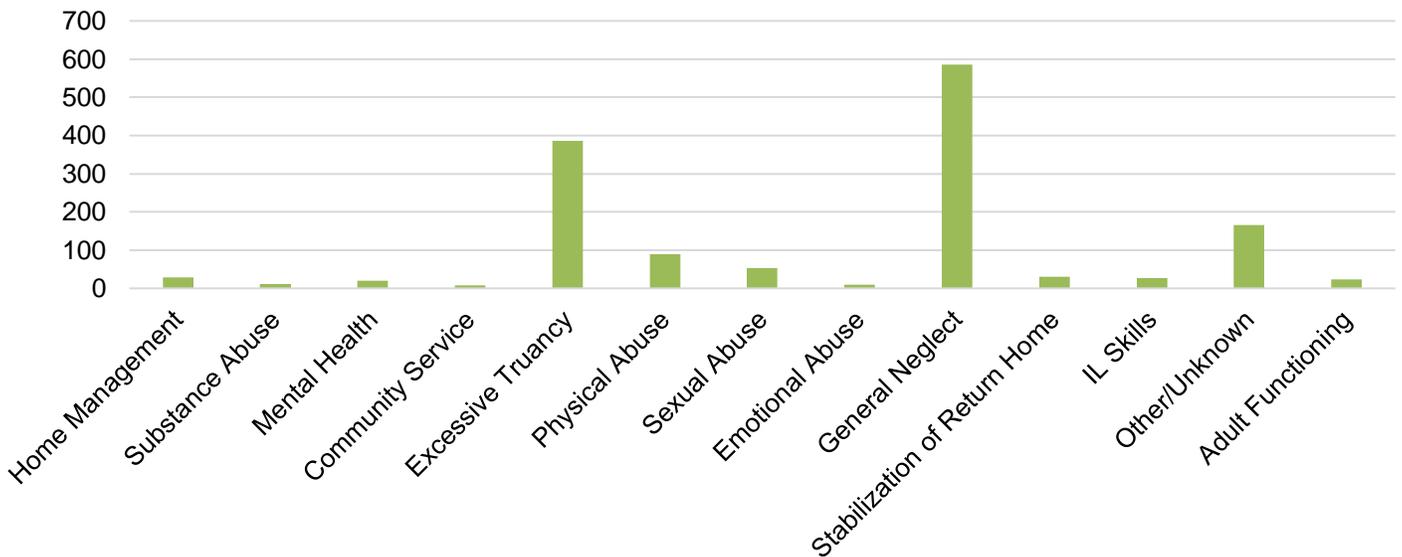


Roughly 20% of the 2,835 referrals (a total of 564) were referred by the Juvenile Probation Department. Of those:

- 83 referrals (roughly 15%) were considered 'high-risk' juveniles;
- 279 referrals (roughly 49%) were considered 'moderate-risk' juveniles;
- 76 referrals (roughly 13%) were considered 'low-risk' juveniles; and,
- 126 referrals (roughly 22%) were an unknown risk level.

JusticeWorks YouthCare offers services to families involved with either the juvenile justice or child welfare system(s). The types of referrals that the program receives represent the wide-range of needs identified within each family/youth served.

### CYS Case Referral Reasons



The figure above represents child welfare cases that were closed between July 1<sup>st</sup>, 2015 and June 30<sup>th</sup>, 2016; and outlines the reasons for which they were referred. As visually represented above:

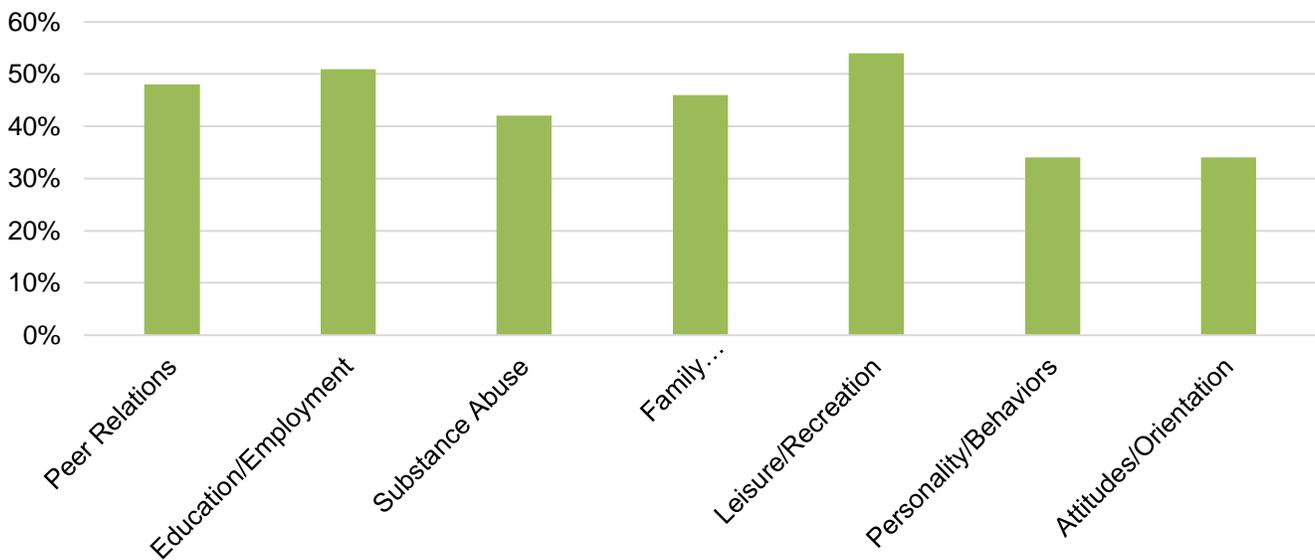
- Roughly 29 cases, or 2%, were referred for reasons related to home management.
- Roughly 12 cases, or 0.8%, were referred for reasons related to substance abuse.

- Roughly 20 cases, or 1.4%, were referred for reasons related to mental health.
- Roughly 8 cases, or 0.6%, were referred for reasons related to community service.
- Roughly 386 cases, or 27%, were referred for reasons related to excessive truancy.
- Roughly 53 cases, or 3.7%, were referred for reasons related to sexual abuse.
- Roughly 585 cases, or 41%, were referred for reasons related to general neglect.
- Roughly 89 cases, or 6.2%, were referred for reasons related to physical abuse.
- Roughly 27 cases, or 1.9%, were referred for reasons related to independent living skills.
- Roughly 9 cases, or 0.6%, were referred for reasons related to emotional abuse.
- Roughly 30 cases, or 2.1%, were referred for reasons related to stabilization of return home.
- Roughly 165 cases, or 11.5%, were referred for reasons related to other/unknown.
- Roughly 24 cases, or 1.7%, were referred for reasons related to adult functioning.
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In addition to those cases referred for issues related to dependency, JusticeWorks YouthCare also identified primary referral reasons relative to those youth referred for services by Juvenile Probation.

The following figure represent cases that were closed between July 1<sup>st</sup>, 2015 and June 30<sup>th</sup>, 2016; and, outlines the primary reason(s) for which they were referred.

### JPO Referral Reasons



- Roughly 48% of youth, were identified as 'at-risk' in the 'Peer Relations' domain of the 'Youth Level of Service' inventory.
- Roughly 51% of youth, were identified as 'at-risk' in the 'Education/Employment' domain of the 'Youth Level of Service' inventory.
- Roughly 42% of youth, were identified as 'at-risk' in the 'Leisure/Recreation & Community Engagement' domain of the 'Youth Level of Service' inventory.
- Roughly 46% of youth, were identified as 'at-risk' in the 'Substance Abuse' domain of the 'Youth Level of Service' inventory.
- Roughly 54% of youth, were identified as 'at-risk' in the 'Personality & Behavior' domain of the 'Youth Level of Service' inventory.

- Roughly 34% of youth, were identified as ‘at-risk’ in the ‘Attitudes/Orientation’ domain of the ‘Youth Level of Service’ inventory.
- Roughly 34% of youth, were identified as ‘at risk’ in the ‘Family Circumstances and Parenting’ domain of the ‘Youth Level of Service’ inventory

## Out-of-Home Placements

While JusticeWorks’s primary goal is to effectively deliver services to families/youth in the community using theoretically sound intervention strategies for improving relational, behavioral, and/or social issues, we will err on the side of caution if we perceive potentially unsafe conditions.

Situations of (actual or potential) child abuse, criminality in the home, and/or unsafe living conditions will prompt us to effectuate removal of the children (while making plans, whenever possible, to remedy the problems and return the children home).

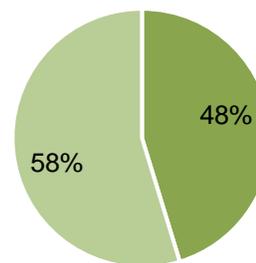
The information below describes those juveniles or families whose case(s) with JusticeWorks were closed between July 1<sup>st</sup>, 2015 and June 30<sup>th</sup>, 2016; and, who experienced some type of out-of-home care episode.

The graph below represents cases in which an out-of-home care episode began prior to JusticeWorks 2based support to help expedite reunification, and achieve permanency for children in the custody of the individual county.

Of the total cases closed during this review period (1,772 cases), 123 families had children already residing in a formal, county-funded, out-of-home care setting. Of these:

- 48% were reunified with an appropriate caretaker during JusticeWorks YouthCare’s involvement.
- In 58% of cases, a decision to reunify was not reached during JusticeWorks YouthCare’s involvement.

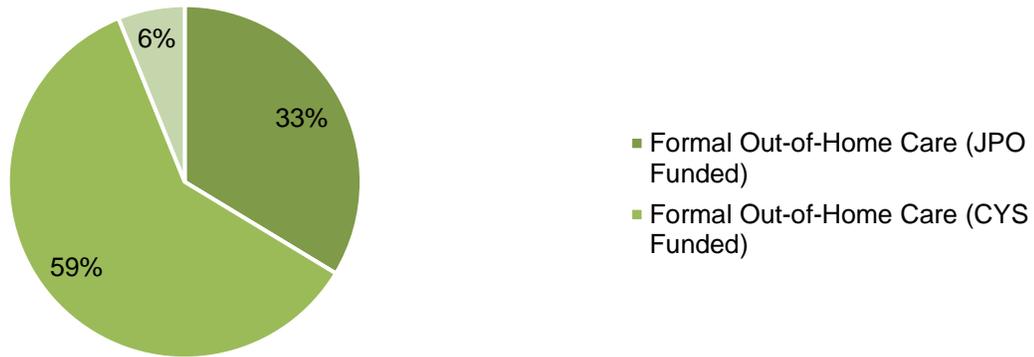
### Placement Prior to JWYC Involvement



■ Reunified with Success ■ Decision not to Reunify

The graph below shows the overall cases that resulted in an out-of-home care episode, versus those that did not result in an out-of-home care episode during the course of JusticeWorks’s involvement and clarifies the type of placements associated with each of these.

## Placements During JWYC Involvement



JusticeWorks YouthCare identifies out-of-home care episodes which occur during the course of service delivery, across three distinct categories. Those categories are: “Informal Out-of-Home Care: No Funding,” “Formal Out-of-Home Care: County Funded,” and “Formal Out-of-Home Care: MA Funded.”

“Informal Out-of-Home Care: No Funding” represents situations where children are moved temporarily from their primary residence, and perhaps out of the care of their primary, adoptive, and/or biological parent, and into an alternate setting. Usually this happens in families where there is concern regarding the extent to which the primary caretaker(s) is/are able to meet the basic, and secondary, needs of the child(ren). Families are usually the decision makers with regard to these informally arranged situations; and, custody of the child(ren) is not transferred to the individual county.

13 cases, or 6%, entered into some type of informal out-of-home care arrangement during JusticeWorks YouthCare’s involvement with the family.

“Formal Out-of-Home Care: County Funded” represents situations where children have been removed from the care of their primary caretakers, through a finding of dependency. With custody formally transferred to the individual county, these children are placed into some type of foster care, kinship care, shelter, detention, secured residential, or group home setting.

132 cases, or 59%, entered into some type of county, child welfare funded, out-of-home care arrangement during JusticeWorks YouthCare’s involvement with the family.

74 cases, or 33%, entered into some type of county, juvenile probation funded, out-of-home care arrangement during JusticeWorks YouthCare’s involvement with the family.

“Formal Out-of-Home Care: MA Funded” represents situations where children have been removed from the care of their primary caretakers, due to some extreme behavioral or emotional distress. These placement types represent those paid for by the child(ren)’s insurance (private or Medicaid). Examples include rehab, long-term substance abuse inpatient counseling, inpatient mental-health treatment, or residential treatment facilities.

4 cases, or 2%, entered into some type of insurance-funded, out-of-home care arrangement during JusticeWorks YouthCare’s involvement with the family.

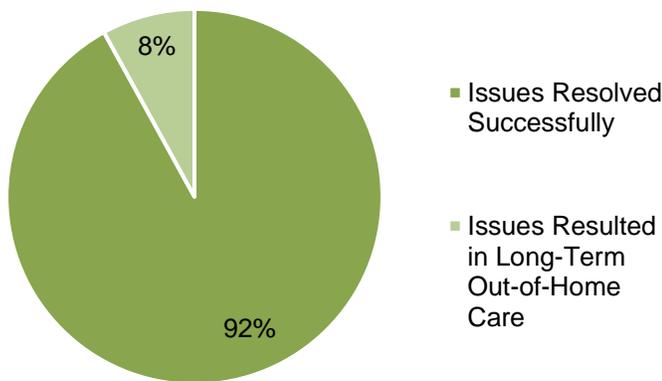
**SHORT-TERM VERSUS LONG-TERM OUT-OF-HOME CARE EPISODES**

JusticeWorks understands that out-of-home care episodes, on a short-term basis, can sometimes create conditions which motivate families/youth in the pre-contemplation stage of change to make necessary behavioral changes. Additionally, they can, at times, give primary caretakers or clients the time necessary to make changes to living situations and/or lifestyles to successfully mitigate the concerns identified by the child welfare, or juvenile justice, professional(s) with whom they work.

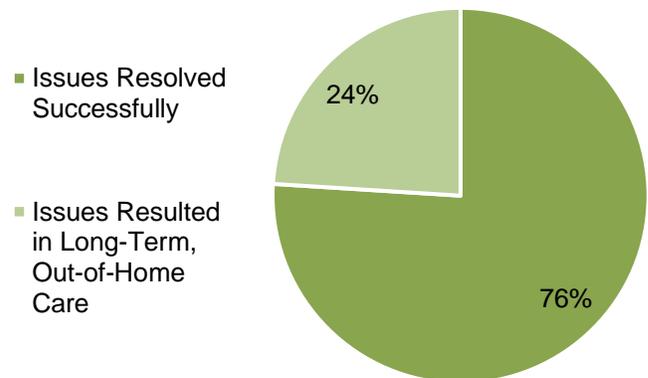
Therefore, JusticeWorks identifies short-term, out-of-home care episodes as part of a successful resolution of the case.

For this reason, the graph below shows a breakdown of county funded out-of-home care episodes which occurred during JusticeWorks’s involvement, and identifies which of these episodes resulted in the child(ren) returning home before JusticeWorks discharged the family (short-term out-of-home care episode); and, those which resulted in the child(ren) remaining in an out-of-home care episode after JusticeWorks discharged the family (long-term out-of-home care episode).

**CYS: Long Term, County Funded, Out-of-Home Care**



**JPO: Long-Term, County Funded, Out-of-Home Care**



As visually demonstrated in the graph(s) above, JusticeWorks YouthCare successfully prevented long-term, county-funded, out-of-home care episodes, in:

- 92% of cases referred by Children and Youth Services; and,
- 76% of cases referred by Juvenile Probation Office.

## Treatment Plan Goals

During the period of July 1<sup>st</sup>, 2015 to June 30<sup>th</sup>, 2016 JusticeWorks YouthCare Family Resource Specialist addressed 4,039 treatment plan goals over all counties. Of these 2,624 (roughly 65%) were successfully addressed.

These treatment plan goals represented the full range of needs identified within the youth and families served.

### Treatment Plan Goals



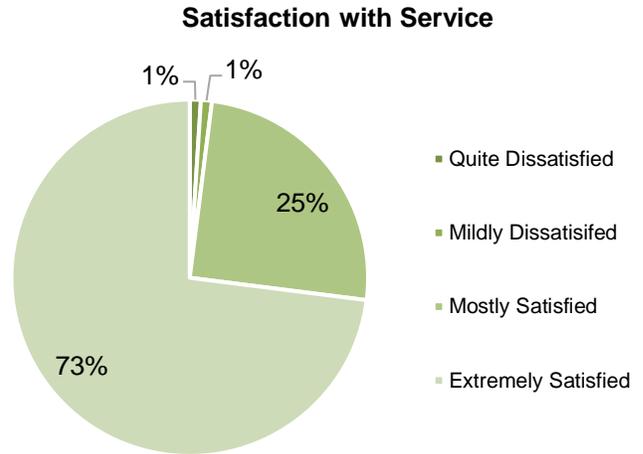
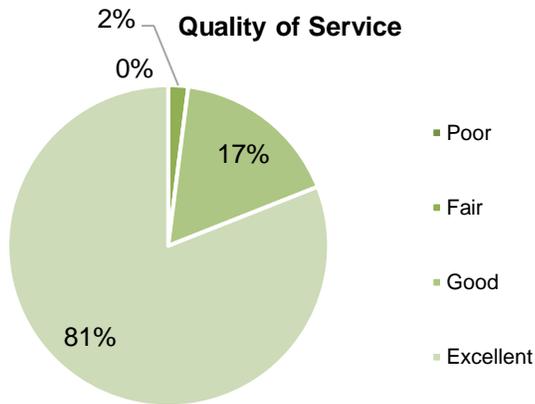
## Stakeholder Feedback: Clients

As part of our evaluation mechanisms, we use feedback from our stakeholders to continuously work to improve our efforts and achieve better results. After every case close closure, we invite both clients (and members of their family) and referents (from the Office(s) of Children, Youth, and Families and/or Juvenile Probation) to participate in a brief survey telling us about their experience with our agency and staff. This feedback is critical as we attempt to ensure that our team members are tuned in to the needs of clients and other professional partners. To develop the survey template and question structure, JusticeWorks worked with graduate students from Kutztown University and used a recognizable and widely-used survey format (CSQ-8).

During the period of July 1<sup>st</sup>, 2015 through June 30<sup>th</sup>, 2016, there were 770 satisfaction surveys completed (across all PA counties).

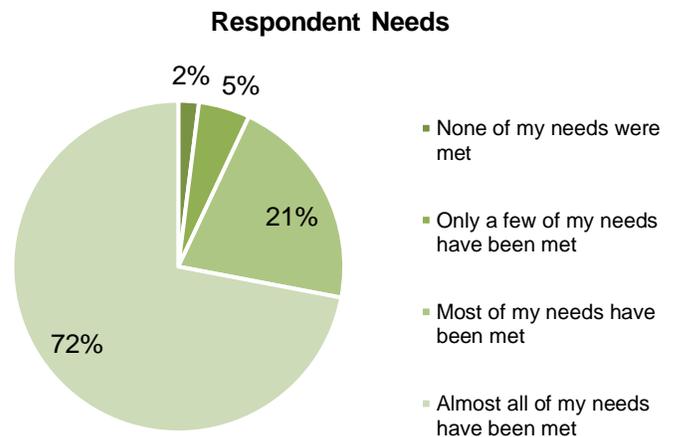
The first series of graphs represent responses from agency stakeholders identified as a client (or member of his/her family) – 583 respondents total. The graphs are organized by 'theme' to better articulate the perceptions of client stakeholders.

The graphs directly below indicate respondents' perception regarding the quality of service he/she received through JusticeWorks YouthCare in addition to his/her general (and overall) satisfaction with the service. As visually demonstrated, 98% of respondents indicated mostly, or extremely, satisfied with services; and, 98% of respondents indicated that the quality of service received was good or excellent.



The graph to the right indicates respondents' perceptions regarding the degree to which his/her needs were satisfactorily met/addressed at the time of case closure. As visually demonstrated:

- 21% of respondents indicated that they felt that most of their needs had been met or addressed at the time of discharge from the service; and,
- 72% of respondents indicated that they felt that almost all of their needs had been met or addressed at the time of discharge from the service.

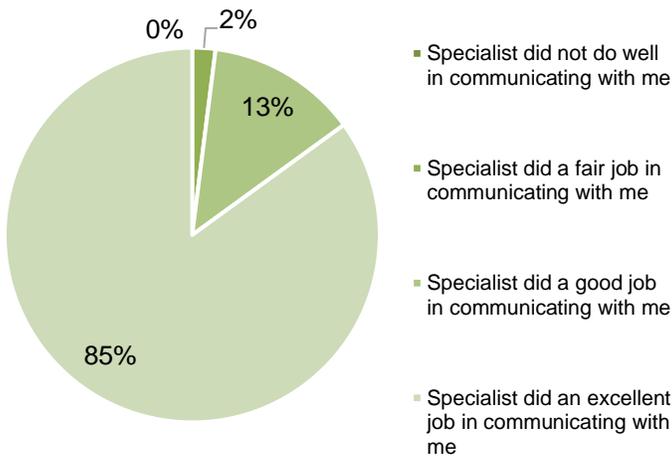


We know that in human service programs it's not **what** is done but **how**, and the how is directly related to the **who**. We understand that in order to achieve success it takes professionals with multiple skills and, especially, an ability to connect with youth and families. We recruit and support talented staff, give them the tools and responsibility to get the job done, hold them accountable and acknowledge their hard work and progress.

We understand that the single best predictor of success in treatment almost always hinges upon the existence of a strong therapeutic bond, and recognize that this evidence-based technique is central to almost any treatment modality or service framework.

Given this, our team members are trained in family-centered techniques which emphasize the importance of relationships (relationships which balance high levels of accountability and support) and honor and celebrate the dignity and worth of each client.

### Communication/Collaboration with Staff



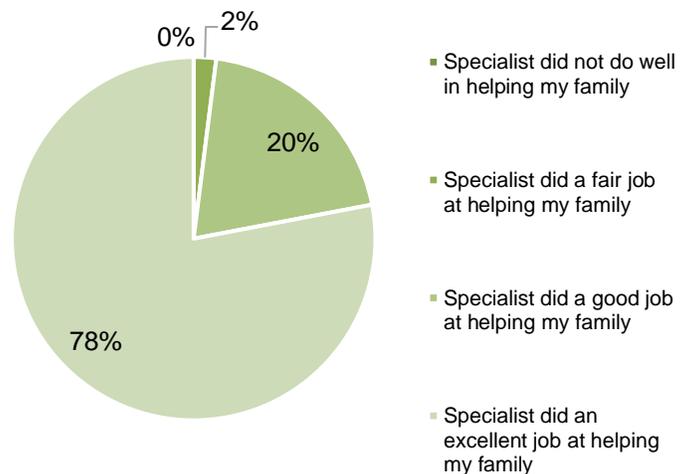
The graph to the left indicates respondents' perceptions regarding the degree to which his/her assigned staff person communicated effectively. As visually demonstrated:

- 13% of respondents indicated that his/her assigned staff person did a good job communicating while were working together; and,
- 85% of respondents indicated that his/her assigned staff person did an excellent job communicating while were working together.

The graph to the right indicates respondents' perceptions regarding the efficacy of his/her assigned specialist, particularly in terms of 'helping' the client (and/or his/her family). As visually demonstrated:

- 20% of respondents indicated that their assigned staff person did a good job assisting the client (and/or his/her family) with meeting the expressed goals identified in his/her treatment plan; and,
- 78% of respondents indicated that their assigned staff person did an excellent job assisting the client (and/or his/her family) with meeting the expressed goals identified in his/her treatment plan.

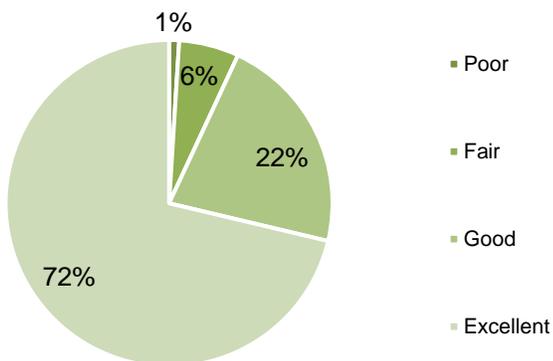
### Specialist Efficacy



## Stakeholder Feedback: Referring Workers

The following series of graphs represent responses from agency stakeholders identified as a client (or member of his/her family) – 187 respondents total. The graphs below articulate the perceptions of referents as they relate to three essential elements: professional collaboration and teaming, the efficacy or effectiveness of the assigned staff person, and overall satisfaction with JusticeWorks.

### Communication and Collaboration (Teaming)



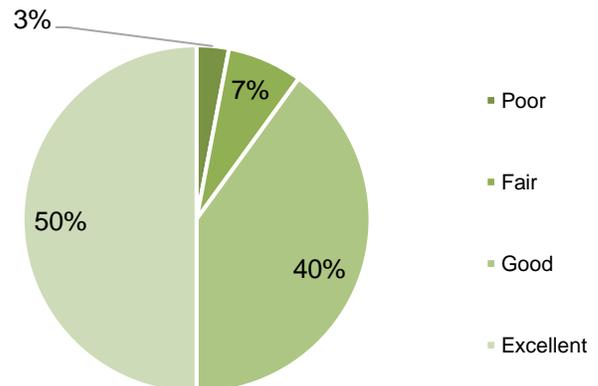
The graph to the left indicates respondents' perceptions regarding the level of communication, collaboration, and/or teaming that occurred during the time the respondent was working with JusticeWorks (and his/her assigned staff person(s)). As visually demonstrated:

- 22% of referring workers indicated that their assigned staff person did a good job communicating and collaborating with him/her during their work together; and,
- 78% of referring workers indicated that their assigned staff person did an excellent job communicating and collaborating with him/her during their work together.

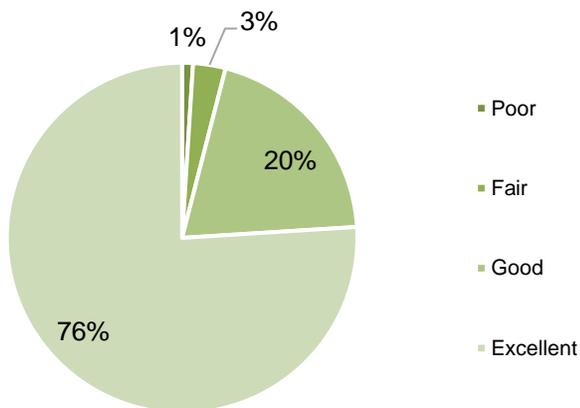
The graph to the right indicates respondents' perceptions regarding the efficacy of the assigned staff person to client/family that he/she referred, particularly in terms of 'helping' the client satisfy his/her expressed goals as outlined on the appropriate treatment plan (or other service or case plan). As visually demonstrated:

- 40% of referring workers indicated that their assigned staff person did a good job assisting the client (and/or his/her family) with meeting the expressed goals identified in his/her treatment plan; and,
- 50% of referring workers indicated that their assigned staff person did an excellent job assisting the client (and/or his/her family) with meeting the expressed goals identified in his/her treatment plan.

### Specialist Efficacy



Likelihood of Referring to JusticeWorks YouthCare in the Future



The graph to the left indicates respondents' overall satisfaction with their experience with JusticeWorks – as evidenced by the likelihood of making a future referral for service. As visually demonstrated:

- 20% of referring workers indicated that there was a good chance that he/she would make a referral for service in the future; and,
- 76% of referring workers indicated that there was an excellent chance that he/she would make a referral for service in the future.

## Conclusion

JusticeWorks continues to maintain superior outcomes by redeveloping the approaches of traditional service delivery within the child welfare, and juvenile justice, system. Our innovative approaches, dedicated team of specialists, and well-defined interventions assist us with successfully establishing rapport with families, ultimately elevating the program's ability to engage these families in the planned change process. Because of this, over the course of this reporting period, JusticeWorks YouthCare has:

- Successfully delivered, (on average), above 94% of prescribed/authorized service hours to families (at times, even exceeding 100%).
- Delivered, on average, 5.9 hours of service (per week) for families receiving the STOPP® intervention.
- Delivered, on average, 2.4 hours of service (per week) for families receiving the JustCare® intervention.
- Delivered, on average, 3.1 hours of service (per week) for families receiving the VIP intervention.
- Successfully delivered the minimum dosing of 25 hours over 25 weeks to 36% juveniles involved in the VIP intervention.
- Successfully avoided CYS, county-funded and long-term, out-of-home care episodes in 92% of child welfare cases.
- Successfully avoided JPO, county-funded and long-term, out-of-home care episodes in 76% of child welfare cases.

JusticeWorks continues to offer a full repertoire of evidence-based practices. Specifically:

- Nurturing Parenting Programs;
- Thinking for a Change (T4C) (Cognitive-Behavioral Intervention);
- WhyTry (Truancy Remediation);
- Anger Management (Certified through the National Anger Management Association); and,
- Girls' Empowerment Movement (GEM) (Trauma-Informed Care).

JusticeWorks thanks stakeholders for their continued partnership and collaboration to support the families of all Pennsylvania counties.