

An Overview and Panel Discussion of the Multi-Systems Integration Pilot Program

Juvenile Court Judges' Commission
November 7, 2024



Shay Bilchik, JD

Honorable Judge Deborah Krull, Delaware County

Dr. Jeremy Curtis, Chichester School District

Melanie Govan, Delco County Juvenile Court and Probation Services

Laura Kuebler, Delco Department of Human Services' Office of Mental Health

Gretchen Sidler, Delco County Children and Youth Services

MSI Pilot Program Supporting Partners

- Stoneleigh Foundation, Philadelphia Pennsylvania
- Georgetown University's Center for Juvenile Justice reform at the McCourt School of Public Policy
- Staffed by:
 - Shay Bilchik, Stoneleigh Foundation Visiting Fellow
 - Dr. Meg Ogle, JCJC Research Analyst

Characteristics and Outcomes of Multi-System Youth

- Child Welfare Involvement
 - Histories of neglect and/or abuse
 - High rate of out-of-home and group placements
 - Frequent placement changes
 - More likely to have longer CW stay
- Education
 - School placement instability
 - Higher rates of truancy, suspension, and expulsion
 - Behavioral problems
 - Lower academic achievement
- Psychosocial
 - Higher levels of substance use
 - More likely to have mental health challenges
 - Increased likelihood of familial mental health and substance use histories
- Juvenile Justice
 - Detained at higher rates
 - Less likely to be considered for diversion
 - More likely to receive out-of-home placement
 - Typically younger at age of first arrest

Related Outcomes for Multi-System Youth

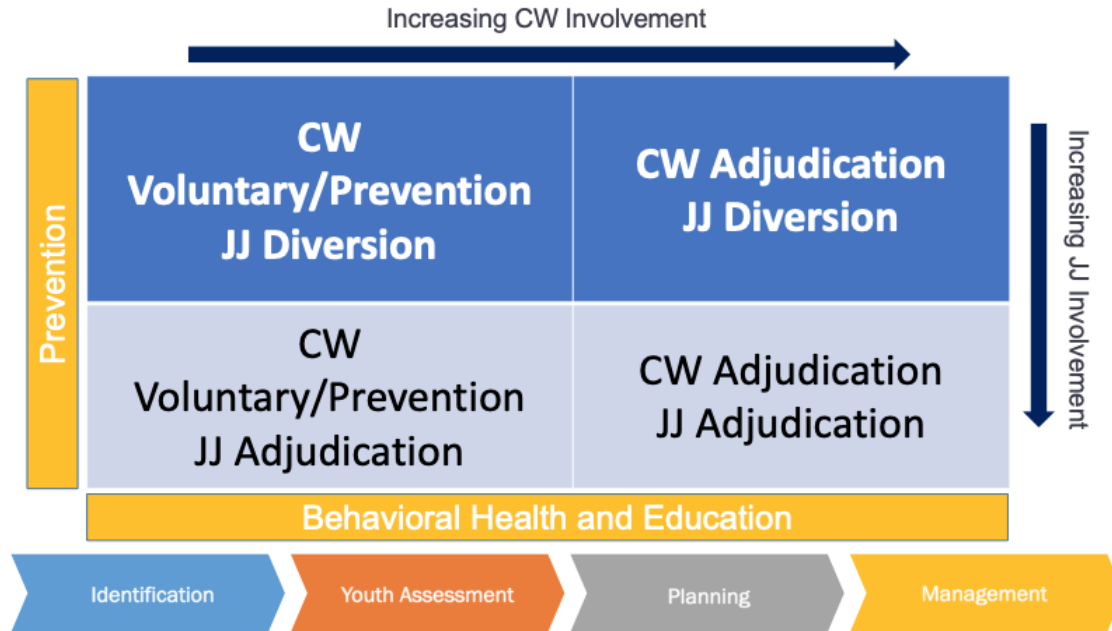
- Discrepancies between service referral and access for youth in LA (Culhane et al., 2011)
 - Replicated in NY
- More likely to recidivate in both the juvenile and adult justice systems (CIDI, 2015; Herz et al., 2019)
- Low levels of school connectedness and difficulty accessing appropriate services (Herz et al., 2019)
- Higher average cumulative cost across service areas (CIDI, 2015)

Demographics of Multi-System Youth

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

Where Do We Find Multi-System Youth With Concurrent System Involvement?

Multi-System Status Youth Degree of System Involvement



Goal of the Pilot Program

- Utilize the Crossover Youth Practice Model (CYPM) and System of Care (SOC) to strengthen the manner in which systems work together to provide support and services to children, youth, and families known to multiple systems of care
 - CYPM: moving research to practice
 - SOC: creating a strength-based, family- and youth-centered approach to addressing mental health issues
- Through enhanced multi-system policies and practices, improve system-level operation and population-level outcomes in child welfare, juvenile justice, behavioral health, and education
- Selection of two counties to demonstrate the effectiveness of bringing together these two approaches (Delaware and Erie)

Rubric Policy and Practice Domains

- Infrastructure to Support Cross-Systems

 - Collaboration

 - Interagency Collaboration
 - Judicial Leadership
 - Culturally Competent and Responsive

 - Services

 - Youth and Family Voice
 - Information Sharing
 - Data Collection
 - Training

- Identifying and Managing Dual-System Cases

 - Identification of Multi-System Youth
 - Assessment Process
 - Case Planning and Management
 - Permanency and Transition (PT) Planning
 - Placement Planning
 - Service Provision and Tracking

Rubric Policy and Practice Domains

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Identification of Multi-System Youth	There is no process for the identification of multi-system youth.	There is an informal and/or inconsistent process for the identification of multi-system youth.	Process for identification of multi-system youth is in place but occurs at varying stages of the case.	Multi-system youth are identified but not consistently and not always at entry into the system, whether JJ or CW.	Multi-system youth are identified as involved in more than one system at the point they enter the system, whether JJ or CW, regularly and consistently.
Case Planning and Management	There is no contact between JJ, CW, and other relevant caseworkers on a case, and there is no use of a coordinated or integrated case plan.	There is occasional communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	There is regular communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	Coordinated case planning is done with one integrated case plan between JJ, CW, and other relevant agencies, but there are not regular interagency or multidisciplinary meetings throughout the life of the case.	Coordinated case planning is done, with one integrated case plan between JJ, CW, and other relevant agencies, in a collaborative and ongoing fashion. There are frequent interagency/multidisciplinary team meetings and/or contact between JJ, CW, and other relevant caseworkers throughout the life of the case, including caseworkers attending parallel hearings.

Structural and Operational Goals for the MSI Pilot Program

- Adoption of Protocols establishing both policies and practices pertaining to Multi-System Youth
- Establish information sharing guidelines across child welfare, juvenile justice, behavioral health, and education
- Create a training regimen supporting the Protocols and information sharing guidelines that is sustained over time
- Evaluate the implementation of the new policies and practices both quantitatively and qualitatively – including process and population level outcomes
- Adopt and implement Quality Assurance measures

Outcome Related Goals for the MSI Pilot Program

Reductions In:

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

Increases In:

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

Significant jurisdictional cost savings (University of Nebraska at Omaha, 2017)

Outcome Related Goals for the MSI Pilot Program

Youth

- Decreased behavioral and emotional problems, suicide rates, and substance use
- Improved school attendance and grades
- Decreased arrests and involvements with juvenile justice
- Increased stability of living situations

Families

- Decreased caregiver strain
- Increased capacity to handle child/youth's challenging behavior

Service-Level

- Expanded accessibility to home- and community-based services
- More individualized services
- Improved care coordination
- Increased family-driven, youth-guided services
- Increased cultural and linguistic competence
- Increased use of evidence-informed practices

TTA Offered

- Personalized, jurisdiction-specific assistance in areas identified by Delaware County through the Rubric as needing to be strengthened and/or codified
- Support time-limited and ongoing work groups assisting with implementation in the identified areas
 - Examples: policies and practices, information sharing, racial and ethnic disparities, training, data, etc.
- On-site and virtual meetings
- Networking, as needed and requested, with CYPM and SOC sites
- Support in measuring impact of Pilot Program: system-level operation and population-level outcomes

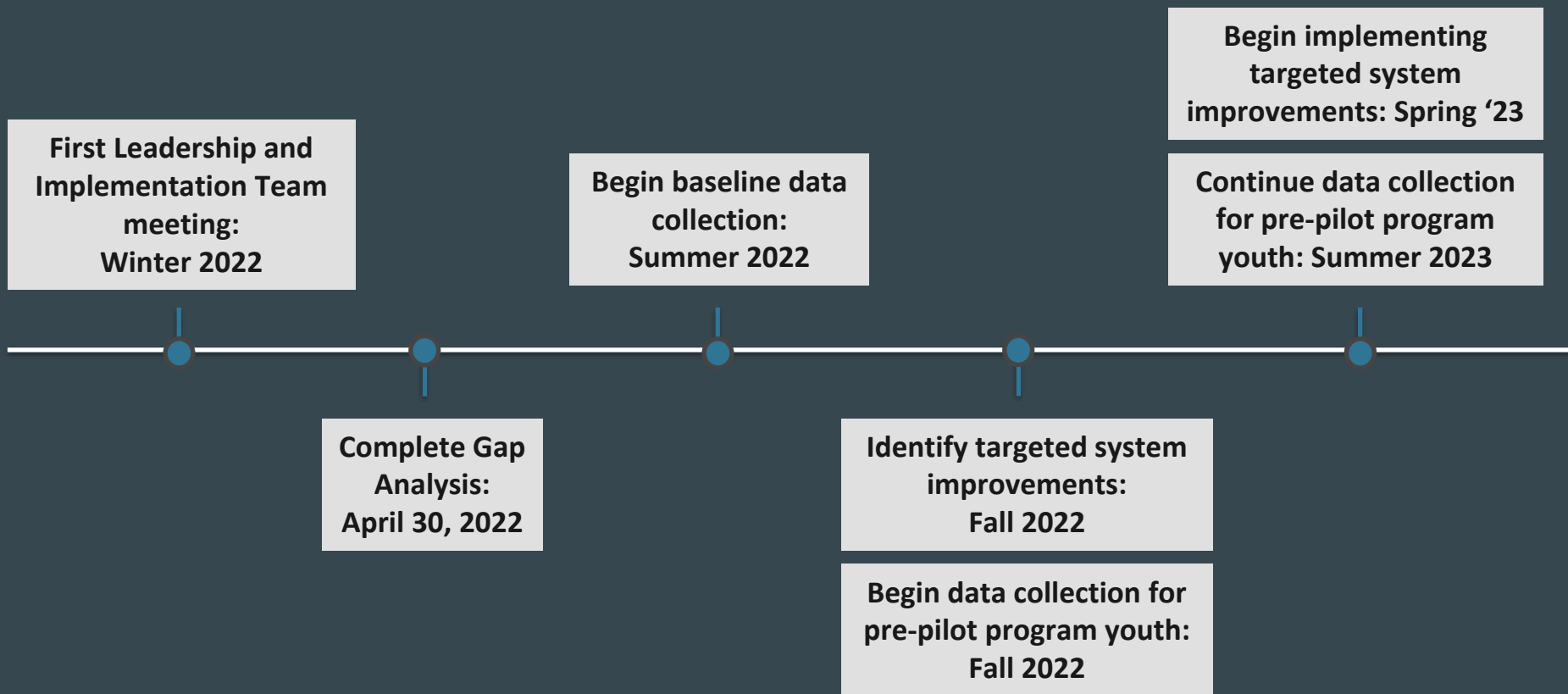
Key Elements of Newly Adopted Delco MSI Protocols

- Protocols adopted to assure enhanced coordination of care between Juvenile Probation, Children and Youth Services, Department of Human Services/Behavioral Health and Education partners through the efforts of the Delaware County Intermediate Unit
- Adopted enhanced care management procedures as applied to Crossover Youth, Shared Case Responsibility Youth and Multiple-System Youth (youth receiving services through CYS and Juvenile Probation at any stage, and receiving or in need of, behavioral health services while registered in a public or private school)
- Established intake protocols for CYS and Juvenile Probation, requiring cross agency communication in order to identify youth known to multiple systems of care, including education and behavioral health information, thereby enhancing coordination of care (case assessment, planning and ongoing care management across systems)
- Created contact expectations and teaming for all Crossover and MSI Youth, including monthly meetings

Key Aspects of MSI Information Sharing Enhancements

- A consensus statement across systems of care (Coordination of Services Memorandum of Understanding) committing to significant cooperation and coordination in order to achieve improved outcomes for children, youth and families, including the exchange of minimally necessary individual information to assure timely access to and planning for treatment, services and payment for such treatment/services
- Applied to both individual case information and data collection/reporting
- Adoption of a universal information sharing consent form

Steps Taken: 2022 - 2023



Steps Taken: 2023-2024

**Complete data collection
for pre-pilot program
youth: Fall 2023/Spring
2024**

**Continue implementing
targeted system
improvements:
Summer/Fall 2023**

**Last pilot program
youth identified: Fall,
2023***

**Survey stakeholders:
Fall 2024**

**Begin data collection for
pilot program youth:
Spring/Summer, 2023**

**Last day of tracking for
pilot program youth:
Summer/Fall 2024***



Data Types

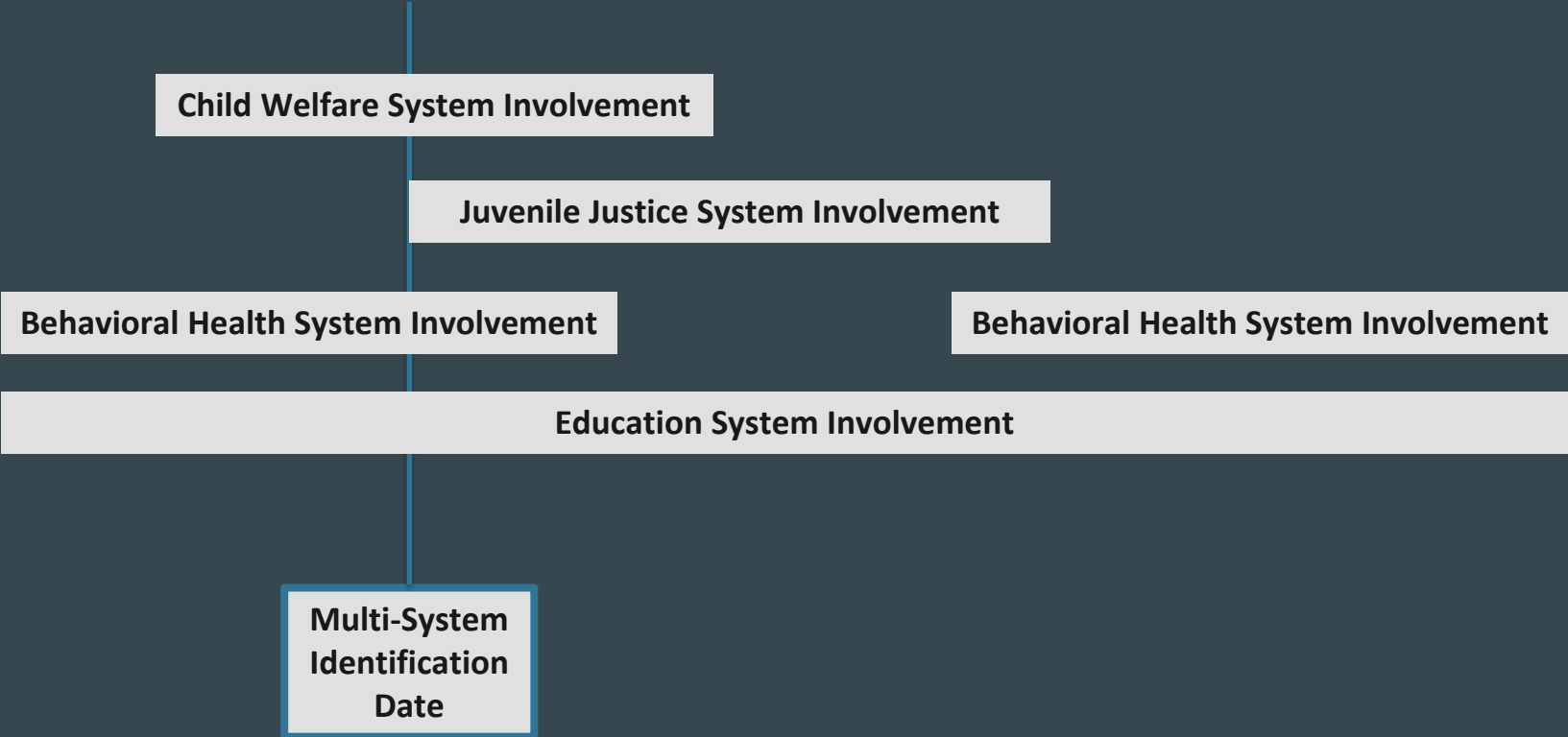
1. Baseline Data

- Systems' populations data for calendar year 2018 (school year 2018-2019)

2. Pre-Pilot Data

- Youth simultaneously served by 3 or 4 systems during 2018
- 51 pre-pilot youth were identified
 - 16 of these youth (31%) were simultaneously involved in 3 systems (“pre-pilot crossover”)
 - 35 of these youth (69%) were simultaneously involved in 4 systems (“pre-pilot MSI”)

Multi-System Involved (MSI Cases)



Data Types

1. Baseline Data

- Systems' populations data for calendar year 2018 (school year 2018-2019)

2. Pre-Pilot Data

- Youth simultaneously served by 3 or 4 systems during 2018
- 51 pre-pilot youth were identified
 - 16 of these youth (31%) were simultaneously involved in 3 systems ("pre-pilot crossover")
 - 35 of these youth (69%) were simultaneously involved in 4 systems ("pre-pilot MSI")

3. Pilot Data

- Youth simultaneously served by 3 or 4 systems from April 3, 2023 through December 31, 2023
- 48 pilot youth were identified
 - 13 of these youth (27%) were simultaneously involved in 3 systems ("pilot crossover")
 - 35 of these youth (73%) were simultaneously involved in 4 systems ("pilot MSI")

4. Team Meeting Data

- Monthly meetings conducted from 5/1/2023 through present

Data Outcomes

- Examining the most common pathway to Multi-System Involvement
- Identifying what zip codes and school districts MSI and Crossover youth reside in
- Behavioral Health
 - Referrals to mental health or behavioral health services
 - Emergency visits to health providers
 - Youth's alcohol or drug use
- Education
 - Academic or behavioral problems, including suspension and expulsion
 - School enrollment, attendance and continuity
 - Changes in the youth's IEP (if applicable)
- Child Welfare
 - Number of prior referrals
 - New referrals
 - Reason for most recent involvement
 - Youth's living situation
- Juvenile Justice
 - Pre-adjudication detention placement
 - Adjudication and disposition decisions, including use of diversion
 - Justice system involvement during 9 month follow up period

Additional Resources

- [Memorandum of Understanding](#)
- [Protocols](#)
- [Consent Form](#)

An Overview and Panel Discussion of the Multi-Systems Integration Pilot Program

Juvenile Court Judges' Commission
November 7, 2024



Shay Bilchik, JD

Honorable Judge Deborah Krull, Delaware County

Dr. Jeremy Curtis, Chichester School District

Melanie Govan, Delco County Juvenile Court and Probation Services

Laura Kuebler, Delco Department of Human Services' Office of Mental Health

Gretchen Sidler, Delco County Children and Youth Services

Additional Resources

Multi-Systems Integration Pilot Program Rubric Domains

I. Infrastructure to Support Cross-Systems Work					
Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Interagency Collaboration	Cross-system teams/committees have not been established, and key stakeholders have not been engaged.	Potential cross-system teams/committees and key stakeholders have been identified but not engaged.	Cross-system teams/committees and members of each key stakeholder group have been engaged in the work but do not meet regularly.	Cross-system teams/committees are established and meet regularly. Members of each key stakeholder group are engaged but not in a consistent manner.	Cross-system teams/committees are established and meet regularly. Members of each key stakeholder group are consistently engaged and participate in ongoing review of the work.
Judicial Leadership	No judicial support or leadership, or there is active judicial opposition.	No active opposition. Some judicial support but not very involved or does not provide leadership in the work.	Active judicial support for collaboration. Attends cross-systems meetings of the key stakeholder group but may not take a leadership role.	Active judicial support. Regularly attends cross-system meetings of the key stakeholder group and trainings; provides leadership but in a limited capacity.	Active judicial support and leadership. Convenes and leads cross-system meetings of the key stakeholder group, drives the work, and provides accountability.

Additional Resources

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Culturally Competent and Responsive Services	No culturally competent and responsive services, no data collection or analysis of disproportionality.	Commitment to culturally competent and responsive services, though services may not be developed, and no data collection or analysis.	Limited culturally competent services available, limited disproportionality data is collected and analyzed.	Culturally competent services exist but are not evaluated; disproportionality analyses are robust but not linked to practice change.	Services are monitored and evaluated for cultural competence and responsiveness; protocol to conduct disproportionality-based analyses is in place and linked to practice change.
Youth and Family Voice	Youth and family members with lived experience are not engaged.	Youth and family members with lived experience are engaged periodically, but no formal board or committee exists.	Advisory board or committee of youth and family members with lived experience is engaged.	Youth and family members with lived experience hold staff positions across systems; youth and family committee is engaged.	Youth and family members with lived experience hold leadership positions across systems and hold decision-making power; youth and family committee is engaged.
Information Sharing	There is not an MOU/MOA or a protocol building on state law in place that supports or allows information sharing between key system partners in clearly defined circumstances.	An MOU/MOA or a protocol building on state law is in the process of being developed that allows information sharing between key system partners in clearly defined circumstances.	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, but information is never exchanged <i>or</i> is only shared under special circumstances (e.g., challenging case, emergencies, etc.).	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, but information is not consistently shared.	An MOU/MOA or a protocol building on state law is in place that allows information sharing between key system partners in clearly defined circumstances, and information is regularly shared between systems in a structured and collaborative manner.

Additional Resources

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Data Collection	There are no data collection efforts in place to identify the prevalence of multi-system involved youth and their characteristics.	There is an effort to build a data collection system, but it is not in place, <i>or</i> there is a data collection protocol, but it is not currently in use.	Data collection efforts, informal or formal, are in place separately at each agency, but data are not consistently collected, <i>or</i> data are not complete.	Formal data collection efforts are in place and consistently collected and available to be shared as appropriate. However, data systems are not integrated between child welfare, juvenile justice, behavioral health, and education.	Data collection efforts are established and ongoing and include key characteristics of the target population (as defined by the jurisdiction). Data are centralized in one database containing information from child welfare, juvenile justice, behavioral health, and education.
Training	Training on multi-system youth is not provided to staff.	Training is provided to staff on multi-system youth, but there is no protocol for working with the population.	Training on the protocol for working with multi-system youth is typically available at one point in time. These trainings may be conducted by each agency and may or may not include staff from multiple agencies.	Training on the protocol for working with multi-system youth is conducted regularly (i.e., in an ongoing manner). These trainings are done in a cross-system format with staff from multiple agencies attending.	Training on the protocol for working with multi-system youth is conducted regularly (i.e., in an ongoing manner) along with related training (e.g., CW 101, JJ 101, BH 101, and ED 101). These trainings are done in a cross-system format with staff from multiple agencies attending.

Additional Resources

II. Identifying and Managing Dual System Cases					
Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Identification of Multi-System Youth	There is no process for the identification of multi-system youth.	There is an informal and/or inconsistent process for the identification of multi-system youth.	Process for identification of multi-system youth is in place but occurs at varying stages of the case.	Multi-system youth are identified but not consistently and not always at entry into the system, whether JJ or CW.	Multi-system youth are identified as involved in more than one system at the point they enter the system, whether JJ or CW, regularly and consistently.
Assessment Process	Assessment of risks and needs specific to multi-system youth is not routinely completed and is not done jointly between JJ and CW staff and staff from relevant systems of care. There is no use of an assessment protocol.	Assessment of risks and needs specific to multi-system youth is completed separately by JJ and CW staff and staff from other relevant systems of care. There is no use of an assessment protocol.	Assessment of risks and needs specific to multi-system youth is completed separately by JJ and CW staff and staff from other relevant systems of care. There is a plan in place, however, to implement an aligned assessment protocol within 12-18 months.	Assessment of risks and needs specific to multi-system youth is generally completed separately by JJ and CW staff, with staff from other systems conducting their own assessment. However, some joint assessment processes are used regularly in a more narrowly defined population of cases.	Assessment of risks and needs specific to multi-system youth is completed. Assessment is conducted in a coordinated manner using a “team” approach, with staff from all relevant systems contributing to the process (e.g., during a family team meeting, team decision-making meeting, or multidisciplinary team meeting) on a regular basis.

Additional Resources

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Case Planning and Management	There is no contact between JJ, CW, and other relevant caseworkers on a case, and there is no use of a coordinated or integrated case plan.	There is occasional communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	There is regular communication between JJ, CW, and other relevant caseworkers, but no formal coordinated or integrated case plan.	Coordinated case planning is done with one integrated case plan between JJ, CW, and other relevant agencies, but there are not regular interagency or multidisciplinary meetings throughout the life of the case.	Coordinated case planning is done, with one integrated case plan between JJ, CW, and other relevant agencies, in a collaborative and ongoing fashion. There are frequent interagency/multidisciplinary team meetings and/or contact between JJ, CW, and other relevant caseworkers throughout the life of the case, including caseworkers attending parallel hearings.
Permanency and Transition (PT) Plans	PT plans are minimal and often only meet legal requirement minimums. Plans do not involve both CW and JJ systems, nor are they informed by BH or ED.	PT plans meet legal requirement minimums, and there is some coordination between CW and JJ systems, with limited consultation with BH or ED.	PT plans meet or exceed legal requirements and are developed jointly by CW and JJ systems with input from BH and ED.	PT plans meet or exceed minimum legal requirements and are developed jointly by CW and JJ systems, with input from BH and ED, well before release.	PT planning is conducted jointly by CW and JJ systems at disposition with input from BH and ED, leading to a formal plan within 90 days. PT plans meet or exceed all legal requirements and are reviewed on a regular basis by the PT team.

Additional Resources

Domain Name	Practice Not in Place	Initial Efforts in Place	Emerging Practice	Developed Practice	Highly Developed Practice
Placement Planning	There is no communication or collaborative placement planning between CW, JJ, BH, and ED. Other parties to the case (and family members) are not routinely informed about youth changing placements.	There is occasional communication between CW, JJ, BH, and ED regarding placement changes but no formal collaborative placement planning that includes other parties to the case and family members.	There is regular communication between CW, JJ, BH, and ED regarding placement needs and transitions. Collaborative placement planning occurs on an inconsistent basis and occasionally includes other parties to the case and family members.	There is regular communication between CW and JJ regarding placement needs and transitions. This includes collaborative placement planning with other parties to the case (BH and ED) and family members.	There is a robust placement process that includes regular communication between CW and JJ, collaborative pre-placement planning (with all parties to the case, including family members, BH, and ED) for the transition, and a phased-in approach that supports an adjustment phase into the new living situation. Relatives and next of kin are consistently reviewed for their viability as a placement or supportive resource.
Service Provision and Tracking	There is no access to behavioral health, education, and/or prosocial services/supports for youth known to both the CW and JJ systems.	There are some options for behavioral health, education, and/or prosocial services/supports for youth known to both the CW and JJ systems, but they are not provided regularly, and whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, but whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. But, whether youth connect to the agency/service is not tracked.	Behavioral health, education, and prosocial services/supports are regularly provided to youth known to both the CW and JJ systems, and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. There is also a process in place to track whether youth connect to the agency/services to which they are referred.

Multi-Systems Integration Pilot Program

Delaware County, PA

Baseline Data

Systems Population Data Pre-Pandemic (CY 2018, SY 2018-19)

	Youth in Delaware County	Youth Receiving Child Welfare Services	Youth Receiving Juvenile Probation Services	Youth Receiving Behavioral Health Services	Youth Enrolled in Participating School Districts	School Behavioral Incidents
Male Youth	51.6%	48.9%	78.5%	58.8%	51.5%	59.8%
Black Youth	31.3%	53.7%	70.3%	47.2%	36.3%	77.1%

- **Male youth were over-represented in Behavioral Health, Juvenile Justice, and behavioral incidents at school**
- **Black or African American youth were over-represented in all 4 systems**
- **Black or African American youth were under-represented in Student Assistance Program (SAP) referrals and diversion without court referrals (i.e., informal adjustments)**
- **White youth were over-represented in youth diagnosed with co-occurring disorders**

Pre-Pilot Data

- 51 youth simultaneously served by 3 or 4 systems during CY 2018
 - 15 of these youth (30%) were simultaneously involved in 3 systems (“pre-pilot Crossover”)
 - The 3 systems were: Juvenile Justice, Child Welfare, and Education
 - 36 of these youth (70%) were simultaneously involved in 4 systems (“pre-pilot MSI”)
- The most common pathways to multi-system involvement is Behavioral Health → Juvenile Justice → Child Welfare

What do we know about Crossover and MSI youth before the pilot began?

- Approximately 94% of MSI youth have previously accessed psychiatric outpatient services
- Girls are over-represented in the Crossover and MSI populations relative to their proportion of youth involved in the Juvenile Justice system
- Most Crossover and MSI youth had stable contact with their parents or positive adults, however, less than 1/3 were involved in prosocial/positive youth development programs

What were the outcomes of the original case handling of Crossover and MSI youth?

- Most MSI youth (65%) were enrolled in a different school 9 months after identification
- Most Crossover and MSI youth were still open with Child Welfare 9 months after identification
- Most MSI youth were on probation 9 months after identification

Pilot Data

48 pilot youth simultaneously served by 3 or 4 systems from 4/3/23 - 12/31/23

- 13 of these youth (27%) were “pilot Crossover”
- 35 of these youth (73%) were “pilot MSI”

Monthly Team Meetings

- Data has been collected and analyzed for 172 monthly team meetings conducted from 12/1/23 - 8/30/24
- The vast majority (95%) of these meetings are conducted virtually on Teams
- Parents are invited to approximately 76% of monthly team meetings and this proportion has increased over time
- Youth are invited to approximately 66% of monthly team meetings and this proportion has also increased over time

