THE PHOENIX PROJECT
A cross-systems collaborative project in Franklin County

Successful Outcomes and Lessons Learned
Panel Participants:

• **Suzanne Goolden**  Director, Franklin County Community Services
• **Lesley Lyon**  Commissioner, Franklin County Department of Social Services
• **Lisa Griffin**  Supervisor, Adolescent Unit, Department of Social Services
• **Beth Lawyer**  Director, North Star Behavioral Health Services, Citizen Advocates, Inc.
• **Stefan Schumacher**  Clinic Manager, North Star Behavioral Health Services, Malone Clinic
• **Donna Kissane**  Associate Director of Community Support Svc., North Star Behavioral Health
• **Brandon Titus**  Phoenix Project Intensive Care Coordinator
• **Erica Bushley**  Phoenix Project Intensive Care Coordinator
FRANKLIN COUNTY Profile

• Population of 51,599
• Over 20% under age 18 (10,569)
• Rural - population density of only 31.7 persons per square mile
• POVERTY – OVER 15% living in poverty, +8% Unemployment

2010/2011 YOUTH PROFILE
• Youth PNA Survey: Grades 7-12
  • Alcohol and Marijuana Use 8% above national averages
  • Narcotic use over 9% above national averages
  • “Sometimes I think life is not worth it”: 27.9%
  • “I felt depressed in the past year”: 37%
  • “I seriously considered suicide in the past year”: 12.8%

• Record levels of youth in Foster Care and Placed out of County
Project Development

• IDENTIFY NEED:
  • Tier II meeting discussions regarding our most challenging cases to find an alternative program approach - to successfully prevent criminal activity, incarceration, out of home/county placement, change youth behavior, and assist families in a healthy change and development.

• IDENTIFY/DEVELOP PROGRAM MODEL:
  • After researching multiple evidence based program models, it was determined that an MST “like” program would be the most effective program model to implement, with some modification to function within our community based service structure, resources and staffing capacity.

• IDENTIFY RESOURCES NEEDED ($)

• IDENTIFY PARTNERS AND CHAMPIONS:
  • DSS Commissioner, County Manager, System of Care, County Director of Community Services
System of Care

- System of Care has been used to describe the necessary “transformation of services that is required to improve the coordination and integration between providers and systems with the intent of improving outcomes”

- **System of Care Values:** family driven; youth guided, culturally and linguistically competent, community based, individualized & flexible and strength based.

- Franklin County has a long-standing history of cross system collaborations primarily driven by the work of CCSI Tier II

- December 2010 – Family Intervention Team Process

- NYS Success 2011-2013 System of Care Min Grant Awards $15,000 (Conference of Local Mental Hygiene Directors)

- 2012 Phoenix Project System of Care Advisory Council

- 2013 Innovative Funds Award $25,000 (NYS Success – SAMHSA funded)
The Phoenix Project Design:

• Two Intensive Care Managers.
• Focus on all systems involved with youth and family.
• Single plan of care developed and shared with all systems.
• In home therapy provided by qualified therapist.
• In house agency group supervision meetings with all Phoenix Project Case Management staff and Clinical Care team.
• FIT/Wraparound Meetings
• Present case activity and outcomes to the Phoenix Project Advisory Board = Franklin County System of Care
Guiding principles:

1. Comprehensive assessments in all life areas
2. Focusing on positives and strengths
3. Increasing responsibility
4. Present focused, action oriented, and well defined interventions or skills to deal with what’s happening now
5. Interventions targeting sequences of behavior
6. Services are developmentally appropriate
7. Interventions require continuous effort
8. Intervention effectiveness is evaluated continuously
9. Interventions are designed to invest the caregivers with the ability to address the family’s needs once the intervention is over
PRIMARY PROJECT GOALS:

• Increase the caregiver’s parenting skills

• Improve family relations

• Involve the youth with friends who do NOT participate in criminal behavior

• Help get better grades or start to develop a vocation

• Help the adolescent participate in positive activities such as sports or school clubs

• Create a support network of extended family, neighbors, and friends to help the caregivers maintain the changes.
Population Served

• The Phoenix Project focuses on working intensely with up to ten Franklin County youth and their families. (5 per care manager)

• Participants are identified by the Departments of Social Services and/or Probation, and the Franklin County Juvenile Justice System. Identified youth include chronic offenders who are at risk of out of home placement, but are believed to be capable of remaining at home with the intensive supports of the Phoenix Project.

• The Phoenix Project also offers services to families to assist with preventive care and skill building as youth are transitioning back into their parent/caregiver’s care. The Phoenix Project staff and the Department of Social Services work intensely with the parent/caregiver and multiple systems that surround the family to create a supporting plan for when the youth is returned home.
Referral Process:

• Children/Adolescents identified by DSS and the Franklin County Juvenile Justice System. Chronic offenders who are at risk of residential placement but are believed to be capable of remaining in the home with intensive supports.

• At least one caregiver is willing to participate in the service.

• Less intensive treatment has either been ineffective or is inappropriate in light of the presenting problems.

• Child/Adolescent is at risk of out-of-home placement or is transitioning back from an out-of-home setting due to behavioral symptoms; but is absent of current symptoms of psychosis.
Common Presenting Areas of Concern for Youth and Family

• Violent behaviors occurring in the home, school, and community
• Defiance occurring in the home, school, and community
• Legal involvement (PINS, Formal and Informal Probation)
• Possible Court Orders in place
• Poor school grades, performance, and attendance
• Boundary issues in the Home
• Supervision issues in the Home
• Strained relationship and communication between youth and caregiver
• Exposure to criminal behavior and trauma (both youth and family members)
• Past and present suicidal ideation and/or suicide attempts
• Prior Foster Care placements; residential placements; OCFS placements
• History of truancy and running away
• Substance Use
• Limited or no positive peer involvement and understanding of own interests
• Health and safety concerns
• Mental health/substance use disorder diagnosis for youth and/or family
• Neglect Orders
THE PHOENIX PROJECT
Addresses all systems involved with child and family.
Sample of collaborative efforts!
Intensive Care Coordination Overview

Build trusting relationships is KEY

Engagement with family, service providers, and natural supports

- Aid in goal development
- Unified service plan is created
- Assessments, safety plan are created

Intensive care coordinators become the central hub

- Continued collaboration (family intervention team meetings)
- Aid in communication between all supports and family
- Aid in coordination of services
- Aid in linkage to services needed

Have passion for the families served!

- Support empowerment for youth and family
- Youth and family centered
- Strength based approach
- Focus on overall health and wellness of youth and family members
- Trauma sensitive approaches and awareness
Median Age: 15 1/2

Overview of gender among Phoenix Project discharges

- Female: 54%
- Male: 46%
A snapshot of the length of involvement in the Phoenix Project (Months)

- Snap Shot of Length of Involvement
- Average Length of Time Being Served: 5 Months
What is unique to the Phoenix Project?

• In-home family therapy and Parent Management Training
  
  • Continued collaborative meetings by using the FIT (Family Intervention Team Meeting)
  
  • Intensive care coordination
  
  • Creation of a unified service plan
  
  • Trauma informed care, tools, and strategies are considered with each youth and family
  
  • Strength based approach that meets the youth and family where they currently are
  
  • Focuses on current concerns – does not focus on past
Clinical Collaboration

Stefan Schumacher, LCSW

- Phoenix Project Care Team
- Clinician Experiences
- In Home Therapy
  - Benefits, drawbacks
PROJECT OUTCOMES
DSS AND PROBATION PERSPECTIVE
Success is determined by **NOT** being placed out of the Home

Currently Phoenix Project custody placement data shows **61% success rate** as of November 2013
Assessments

Assessments are completed upon initial intake and every 90 days until discharge occurs.

• Assessments include:
  - CANS-NY (Child and Adolescent Needs and Strengths)
  - DLA-20 (Daily Living Assessment)
  - FAST (Family Advocacy and Support Tool)
  - FANS (Family Needs and Strengths)
A snapshot of CANS-NY Assessments for Discharged Youth

- Progress is shown when scores decrease.
A snapshot of DLA-20 Assessments for Discharged Youth

Progress is shown when scores increase.
A snapshot of FAST Assessments for Discharged Families

Progress is shown when scores decrease.
Our tips for success:

1. Collaboration, collaboration, collaboration! (build partnerships, identify need, resources and find your champions.)
2. Build trusting relationships with participants and other systems.
3. Create one unified family-centered plan.
4. Encourage providing in-home therapy and sustain close collaboration with clinical services to strengthen the care team.
Thank You!

Questions?