Our future... it’s all about kids!
INTRODUCING INTEGRATED HEALTH CARE FOR CHILDREN AND ADOLESCENTS

2015-2016 ANNUAL REPORT
President’s Message

This is an exciting time for the Children’s Service Center. The integration of physical health, pharmaceutical and behavioral health treatment’s time has arrived. CSC recently broke ground with a project that will bring integrated services to the thousands of youth we serve. It will be the first of its kind in Northeastern Pennsylvania specifically geared towards adolescents. This effort reflects the work of so many but it represents so much more than the construction of a new building. It represents the faith put in the Children’s Service Center by those matrons who placed their trust in us for the last 155 years.

So, first I say thank you to Martha Bennet, Mae Turner Conyngham, Hetty Wright and all of the foresighted women who gave their best — including the very land the Children’s Service Center stands on — to find a better life for those children of the Wyoming Valley who need us the most. In their names, we are proud to bring innovative programs to provide the very best services for the children they cherished.

This year witnessed the introduction of some exciting new programs that deliver critical care to a vulnerable population:

- **First Episode Psychosis – “HOPE”:** A program that provides early intervention of treatment for individuals between the ages of 15-25 who are experiencing early episodes of psychosis.

- **Youth Skills Development Program:** Through this after school program, evidence-based therapies are used to teach at-risk youth the skills required to promote quality of life, community integration, and successful transition into adulthood.

- **Certified Recovery Specialist:** A program to help those with mental health challenges recover from substance abuse issues.

- **Shikellamy CSBBH:** Expansion of our Community School Based program continues.

Over the coming years, the 6,000 kids we serve today will become 10,000, then 20,000, then many, many more. Not all, but many of the kids we serve have experienced some type of trauma in their very young lives – a pain that most of us can never imagine. When people ask me to explain what we do at CSC, I try my best to convey what the 380 staff experience every day...Our attempts to help these kids gain strength and skills...to help them get to a place we take for granted.

To our staff I say thank you for your commitment. To our Board of Directors, I thank you for your leadership. To our supporters, I say thank you for trusting us with your precious resources. To our kids, I say thank you for inspiring all of us. You deserve the best and we will do everything we can to bring you the best. Everything we do is all about you.

As always, I thank you for your continued interest in and support of the Children's Service Center.

Sincerely,

Mike

Michael Hopkins
President
The Case for Integrated Health Care

“A major determinant of outcomes for children, youth, and their families is their mental health. Low-income children, youth, and their families are disproportionately affected by mental health challenges, impairing the ability of children and youth to succeed in school and placing them at risk of involvement with child welfare and juvenile justice agencies.

The evidence base for effective treatment is growing. Many successful strategies occur in schools and other settings where children and youth spend most of their time. They also involve integrated approaches across various child-serving sectors. Family-focused prevention and early intervention can help the youngest children. Additionally, research demonstrates the effectiveness of strategies that engage families.”
- National Center for Children in Poverty

A wealth of research supports the importance of and need for Integrated Health Care:

• Children with mental and emotional health disorders often improve when their physical health is treated. Findings from the 2009 “Healthy Development: A Summit on Young Children’s Mental Health” (Society for Research in Child Development) found that a challenge to parents ability to provide for the mental health needs of their children is lack of “one-stop facilities that provide integrated health care and human services.”

• Behavioral health conditions among children and youth today are occurring at an alarming rate and impact their overall growth and development as well as lead to early morbidity. “Integrated care systems...are critical...and represent an approach to delivering care that comprehensively address the primary care, specialty care, and social support needs of children and youth in a continuous and family-centered manner.” (Source: SAMHSA-HRSA, Center For Integrated Health Solutions 2013)

• Poverty is one of the most widespread and persistent health risks facing children Research links child poverty with toxic stress that can “alter gene expression and brain function and contributes to chronic cardiovascular, immune, and psychiatric disorders, as well as behavioral difficulties.” Based on these findings, the American Academy of Pediatrics recommends all physicians screen patients for poverty. (Source: American Academy of Pediatrics 2016)
Integrated Health Care
NEW BEHAVIORAL HEALTH PROGRAMS

First Episode Psychosis (HOPE)
HOPE is a form of treatment for individuals between the ages of 15-25 who are experiencing early signs of psychosis. The coordinated care approach of staff emphasizes shared decision making and focuses on helping individuals reach their recovery goals. Treatment is provided by a specially trained core team and the goal is to engage a person early in treatment. A psychotic episode is treatable and HOPE can assist in preventing further occurrences. With appropriate interventions most people successfully recover and return to a normal daily life.

Youth Skills Development Program
Youth Skills Development is an after school program where evidence-based therapies are used to teach at-risk youth the skills required to promote quality of life, community integration, and successful transition into adulthood. This program individually assesses each youth’s risk factors that have the greatest impact potentially reducing recidivism. CSC therapists use evidence-based practices such as Aggression Replacement Therapy (ART) and Psychosocial Rehabilitation Skills Development to focus on high-risk youth’s attitudes, personality, peer relations, family, education/employment, and substance abuse.

Certified Recovery Specialist (CRS)
CRS is a program to help those with mental health challenges recover from substance abuse issues. The primary function of the CRS is to help individuals gain access to needed resources in the community by assisting them in overcoming barriers and helping them bridge gaps between their needs and available resources. Types of services offered include mentoring and connecting with the AA/NA community, securing a sponsor, etc. This community-based process will help drug and alcohol clients in accessing long-term resources and facilitated sustainable recovery. This service is expected to reduce relapse for the drug and alcohol client.

Community and School-Based Behavioral Health (CSBBH)
CSBBH is a collection of services for youth with emotional and/or behavioral problems that interfere with their ability to learn. CSBBH professionals provide services whenever they are needed: in the school, the home, or the community. This year, CSC added the Shikellamy School District to its growing list of regional school systems served.
Integrated Health Care
PHARMACY SERVICES

The Children’s Service Center has partnered with Genoa, a Qol healthcare company, to integrate on-site pharmacy services with physical and behavioral health services. Pharmacy Services will become part of the core team providing a higher level of service that leads to improvements in medication adherence. The on-site pharmacy will give clients the option to fill all their medications – including those from outside prescribers – in the privacy and convenience of CSC’s clinic.

The on-site pharmacists serve a critical role in health care integration services through:

- Comprehensive medication management.
- Medication reconciliation, which involves screening for drug interactions and improving transitions of care.
- Preventative care services such as immunizations and screenings.
- Patient education.

Integrated Health Care
MEDICAL SERVICES

Integrating primary health care services provides a systematic approach and produces the best outcomes and proves the most effective method for caring for children and youth with multiple healthcare needs.

Responsive to the needs of our low-income, behavioral health clients, CSC will expand programming to integrate pediatric and adolescent physical health services through a partnership with The Wright Center resulting in a Patient-Centered Medical Home (PCMH). Mental and physical disorders are often co-occurring. Integrated health services will provide early intervention and continuity of care with the result of preventing long term health problems leading into adulthood.
Integrated Health Care
COMMUNICATIONS

The key to integrating services is the ability for all health professionals to simultaneously exchange information. The Children’s Service Center is developing data systems where each client’s electronic medical record (EMR) can be shared by on-site primary care physicians, mental health professionals, and pharmacists. The goal of this “common health record” is to coordinate care that results in the very best health outcomes for our clients.
Integrated Health Care

NEW FACILITIES

By year end 2017, the Children’s Service Center will complete construction on its Wilkes-Barre campus of a 17,622 square foot, comprehensive outpatient clinic designed to house the integrated health care program and serve the more than 6,000 children and adolescents who will benefit from this on-site “Medical Home.”

In addition, the expansion project also includes the renovation of the existing, century old 9,769 square foot out-patient clinic. The renovated facility will house the CSC’s emergency facilities, therapists’ offices, as well as its Information Technology Department.
Children’s Service Center in the Community

The employees of the Children’s Service Center are deeply committed not only to their clients and their families but to the community where they work and live. Each year, employees participate in countless efforts to raise awareness and funds that benefit the neediest in our community. Some examples include:

• The United Way of Wyoming Valley
• Weinberg Food Bank
• Luzerne County Child Advocacy Center
• National Alliance for Mental Illness (NAMI)
• Autism Run/Walk
• Out of Darkness Walk
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ON BEHALF OF THE CHILDREN WE SERVE,
A VERY SPECIAL THANKS TO THE STAFF OF THE
CHILDREN’S SERVICE CENTER
WHO CONTINUE TO DONATE SO GENEROUSLY TO THE FOLLOWING:

Holiday Giving Tree
The Best Thanksgiving Ever
Annual Golf Tournament
Holiday Food Drive
Lunch for a Cause
Back to School Supplies
Financial Highlights

AUDITED FY 2016 REVENUE

- 75% Managed Care Organizations (MCO)
- 6% Government Agencies
- 6% Insurance
- 9% Education Revenue
- 4% Other sources

AUDITED FY 2016 EXPENSES

- 68% Salaries
- 12% Non-salary expenses
- 8% Other benefits
- 10% Health insurance
- 2% Depreciation

AUDITED FY 2015 REVENUE

- 73% Managed Care Organizations (MCO)
- 6% Government Agencies
- 7% Insurance
- 9% Education Revenue
- 5% Other sources

AUDITED FY 2015 EXPENSES

- 69% Salaries
- 12% Non-salary expenses
- 8% Other benefits
- 9% Health insurance
- 2% Depreciation
Mission statement: A community organization that provides and promotes quality services with care and compassion to enhance the emotional well-being and mental health of children, adolescents and families.

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