
	DEPARTMENT OF PUBLIC WELFARE COMMONWEALTH OF PENNSYLVANIA		
	NUMBER: 2011-1	ISSUE DATE: July 6, 2011	EFFECTIVE DATE: Immediately
SUBJECT: DRAFT FY 2012/13 Integrated Children's Services Plan Guidelines		BY:  Gary D. Alexander, Acting Secretary Department of Public Welfare	

SCOPE:

- COUNTY COMMISSIONERS AND EXECUTIVES
- COUNTY CHILDREN AND YOUTH ADMINISTRATORS
- JUVENILE COURT JUDGES' COMMISSION (JCJC)
- CHIEF JUVENILE PROBATION OFFICERS (JPOs)
- COUNTY MENTAL HEALTH/MENTAL RETARDATION ADMINISTRATORS
- COUNTY DRUG AND ALCOHOL ADMINISTRATORS
- COUNTY HUMAN SERVICES ADMINISTRATORS
- COUNTY JUVENILE DETENTION CENTERS

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PURPOSE

The purpose of this bulletin is to provide guidelines and instructions to counties to update the Integrated Children's Services Plan (ICSP) to be submitted by each county for FY 2012/13. The submission date for the updated County Integrated Children's Services Plan is October 14, 2011. This bulletin also explains how the Department will structure technical assistance on integrated planning to counties.

BACKGROUND

The purpose of the Integrated Children's Services Plan is to identify goals, strategies, and outcomes that counties, in their leadership role, will take to support the healthy development of children and an integrated approach to meeting their needs. The Integrated Children's Services Plan should take into account the delivery role played by the counties in the areas of child abuse and neglect, juvenile justice, permanency, early intervention, mental retardation services and behavioral health services. The plan should also seek meaningful coordination and cooperation with other critical services for children, such as those provided by local school districts, early childhood programs, physical health care services, supplemental nutrition assistance, and other public benefit programs that are not directly led by county government.

The Department of Public Welfare is taking a comprehensive approach to serving children, birth to 21 years of age, through programs that focus on long-term prevention, early intervention, and services that support family stability, child safety, community protection and healthy child development. The Department is committed to maintaining the integrity of the family, whenever possible, in the context of healthy communities and least restrictive environments. The first major initiative in this comprehensive approach came about in 2004 with the development of integrated children's service plans for services led by the counties.

DISCUSSION

The goal of the Integrated Children's Services Plan is to promote, at the local level, the design and implementation of an integrated system of services and resources which supports the healthy growth and development of children. The vision is of a system that partners with families and delivers the full continuum of the supports and care needed. This system will be strength-based and child- and family-centered across mental health, child welfare, mental retardation, early intervention, juvenile justice, drug and alcohol programs, education, and other child and family serving processes and entities.

There is no single correct model for integration. Counties will develop individualized approaches to achieving the elements of integration as defined in these guidelines. Counties are encouraged to develop plans that take into consideration local, organizational, administrative and other relevant factors.

In recognition of the varied approaches and progress to achieving integration, the ICSP will ask counties to focus their planning on three main areas.

Family & Youth Involvement / Engagement: Family and Youth involvement / engagement in the planning process are crucial to fully integrating children's service systems and are a priority for the Department. It is clear from the feedback of the Advisory Committee on ICSP, and from the reviews of county plans, that some counties have begun to involve families and youth in their planning process, while other counties have faced challenges in engaging ongoing meaningful participation of families and youth. Counties should clearly articulate what steps they will take to ensure families and youth are meaningfully involved in every step of system development for integrating services.

Prevention: The Department, in coordination with the Governor's Commission on Children and Families, wants to encourage counties to implement quality prevention programs with a record of demonstrated outcomes. There is growing evidence of the ability to improve outcomes for children by the implementation of quality community based services and programs that support families in raising their children and provide children and youth with skills necessary to be successful. There are a multitude of programs and strategies that have been shown to be effective and cost efficient in helping children and families avoid the need for high end intervention and treatment services of the various child serving systems. These programs can be delivered to entire populations or to families identified with specific risk factors.

Comprehensive prevention planning includes the provision of universal services to all children within a certain age range or geographic location as well as identification and services for children who may be at increased risk of developing physical, intellectual, emotional, or behavioral needs. The Department has been particularly encouraged by prevention efforts that improve access to medical care for pregnant and post-partum women and children, improve the quality and accessibility of child care and other early learning programs, improve access to screening for physical, intellectual, emotional, or behavioral needs and improve access to interventions that include education and supports for parents and other caregivers.

To assist counties in developing coordinated prevention plans, the Department is committed to providing counties with the necessary data to begin an analysis of their performance on certain community level outcomes for children. While the data provided is not all inclusive, it provides a clear starting point for counties to begin the analysis (see Appendix C). As part of the ICSP, counties will review their current performance on Community Level Outcome Indicators and prioritize at least two indicators that will be part of their integration planning efforts. Tier One counties can request funding to support integrated prevention activities.

Integrated Service Delivery: Integration creates a continuum of care at each level of the child serving system that provides for the healthy development, safety and well being of the child. The integration framework incorporates the following elements for children and adolescents, in every county, who need public "system" involvement:

- A mechanism for all children entering the system to receive a comprehensive review of the needs of the child and family;

- A service plan, based on the comprehensive review, that accesses resources from all appropriate sources to meet the needs of the child and family;
- Integrated and coordinated services where the child/family needs services from more than one categorical county program.

Over the last seven years, Pennsylvania counties have worked to identify and overcome barriers through the ICSP and other processes. Recognizing that counties have made different levels of progress toward integration, the 2012/13 Integrated Children's Service Plan Guidelines continues to allow each county to self-designate as either a Tier One or Tier Two County.

- **Tier One: "Accelerated Integration Counties"**: Tier One Counties have completed Integrated Children's Services Plans in previous years and are making substantial progress toward integrating children's services with a commitment towards full integration.
- **Tier Two: "Continued Progress Counties"**: Tier Two Counties have completed Integrated Children's Services Plans in previous years and/or have achieved some cross system collaboration, but are not yet ready to move to full integration of services. Tier Two Counties are not eligible to apply for incentive funds in FY2012/13, but will be eligible for technical assistance to enable them to move to Tier One in subsequent years.

Coordination of the ICSP with other DPW planning processes

There are numerous ways that counties can approach the concept of integration, and there are many system changes that can support integration, even within categorical funding arrangements. This year's plan continues the process of bringing together the county categorical programs and other child / family serving systems to determine how best to integrate the resources they have and those they will develop.

The Integrated Children's Services Plan will fulfill all children's services planning responsibilities for Behavioral Health and Mental Retardation. The Integrated Children's Services Plan is to be developed concurrently with other required plan submissions to the Department of Public Welfare, including the Child Welfare Needs Based Plan and Budget. The planning processes for the Integrated Children's Plan and the Needs Based Plan and Budget are interconnected and should be conducted concurrently.

Guidelines for Development of 2012/13 Plans

All counties (both Tier One "Accelerated Integration" and Tier Two "Continued Progress") must submit an updated plan using Appendices A, B C and D. No additional information is required.

1. Cover Page - Integrated Children's Service Plan Contact Information (Appendix A)

2. Description of Family/Stakeholder/Youth Input and Planning Team Membership (Appendix B)
3. Self Assessment of Community Level Outcome Indicators (Appendix C)
4. Update on Integration Accomplishments(Appendix D)

Counties that self-designate as Tier One "Accelerated Integration" should also submit:

5. Plan for Full Integration of Children's Services (narrative)
6. Description of Project to be Considered for FY2012/13 Incentive Funding (optional) (Appendix E)

1. Cover Page

The Cover Page includes information on the Integrated Children's Service Plan contact person, county self designation of Tier one or Tier two status, funding request and integration areas included in the funding request. A single contact person, chosen by the county, should be designated to answer any questions about the county plan and serves as a point of contact for all Integrated Children's Services Plan Issues. (Note: the ICSP single point of contact does not have to be from Children and Youth). See Appendix A for the form to be used as the Cover Page.

2. Description of Family/ Stakeholder /Youth Input

The Plan should be developed through a partnership of county behavioral health, mental retardation, child welfare, juvenile probation, early intervention, early learning, education, drug and alcohol agencies, and families and children receiving services from the agencies covered by the plan. Counties should complete Appendix B, listing individuals who are **actively** engaged in the planning process as representatives of the various child serving systems and describing the engagement of other key stakeholders.

The **role of family and youth** in integrating services is critical to success of service delivery. Counties should clearly articulate what steps they will take to ensure families/ youth are meaningfully involved in all steps of system development for integrating services and will provide an update on their progress for engaging families and youth in the ICSP process.

Counties should indicate how they are engaging their **local educational system** as part of this planning process and any future steps they may be taking to coordinate services with the educational system.

ICSP Resource B includes recommendations for counties to actively engage families and youth can be used by the planning team as a self assessment tool (it does not need to be submitted with the plan). ICSP Resource D includes strategies for addressing cultural competency. Counties can also request technical assistance on family and youth engagement.

3. Self Assessment of Community Level Outcome Indicators

Each county should review its current performance on the Community Level Outcome Indicators included on the **PA ChildStat** website at:

<https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/viewer.asp>

For the 2012/13 ICSP, counties should develop a plan with stakeholders to improve the identified child outcome indicators through an integrated prevention plan. Appendix C details the process and the **PA ChildStat website** for reviewing the Community Level Outcome Indicators and includes a worksheet that the counties need to complete for each selected indicator.

The information on the indicators is provided to counties for their use as a management tool to assist in assessing their overall performance in reaching positive outcomes for all children. In reviewing the selected indicators, counties should consider their performance in relationship to the state as well as other counties within the region or similar size counties from across the state. The analysis should include other information available at the community level that would allow counties to better determine factors related to their performance. This local data should also assist counties in establishing community level strategies that may help them impact the overall performance on the indicator(s). The long-term goal is for counties to develop, through a collaborative effort among all child-serving systems and families, a comprehensive system that includes prevention as a key component.

Counties should complete the worksheet in Appendix C for at least two indicators. Counties can continue with the same indicators as last year and update their progress on these indicators. Multi-year efforts are often appropriate to adequately impact community level outcomes for children. If Tier One counties are requesting funds for the implementation of their prevention plan, they should also indicate short term outcomes/goals, including baseline data that can be measured within the plan time frame.

4. Update on Integration Accomplishments

Counties should complete Appendix D providing a brief summary of the local integration accomplishments achieved during the last seven years in the following integration areas:

- A mechanism for all children entering the system to receive a comprehensive review of the needs of the child and family
- A service plan, based on the comprehensive review, that accesses resources from all appropriate sources to meet the needs of the child and family
- Integrated and coordinated services where the child/family needs services from more than one categorical county program
- Integrated Data Management Systems
- Integrated prevention practices being implemented at the county level

Tier One "Accelerated Integration" Counties should prepare the following Sections:

5. Planning for Full Integration of Children's Services (5-8 pages)

The first step towards integrating services is to determine how best to assess the needs of children / families. A comprehensive or common assessment process is critical to assure children's needs are met regardless of how they enter the system. The assessment should be child/family centered and assure that services can be provided in the least restrictive environment. (See ICSP Resource C cross systems children service values) Once the service needs of a child/family are developed, delivery and monitoring of services should occur under a single coordinated, consolidated or integrated delivery system. Counties may approach this goal in different ways.

Tier One Counties should update their plan and timeline from last year's plan to fully integrate children's services to address the topics below. Multi-year timelines may be appropriate. Tier One Counties should provide specific deliverable activities or benchmarks to be achieved in 2012/13, as the county moves toward full integration.

- A mechanism for all children entering the system to receive a comprehensive review of the child's needs which may include:
 - Centralized intake or other "no wrong door" approach that includes a comprehensive assessment process for all children and families
 - Common Assessment & Screening Tools being used by multiple child serving systems
- A single service plan, based on the comprehensive review, that accesses resources from all appropriate sources to meet the needs of the child and family
- Integrated and coordinated services where the child/family needs services from more than one categorical county program, including:
 - Integrated or Lead Case management models
 - Other integrated services provided on behalf of multiple categorical programs to reduce duplication, effort and costs
- An Integrated Prevention Plan based on the review of the county's current performance on the Community Level Outcome Indicators contained in Appendix C

6. Promising Practices Incentive Grants for Tier One Counties (optional)
(Appendix E)

Tier One counties will be eligible to apply for FY2012/13 incentive funds to support the implementation of promising practices in one or more of the following areas:

- Centralized intake or other "no wrong door" approach that includes a comprehensive assessment process for all children and families;
- A single service plan for multi-system clients that is developed based on the common assessment process and one that accesses resources from across systems to meet the needs of the multi-system client;
- Integrated Case Management (including approaches that utilize a lead case manager);

- Integrated Prevention Planning based on the plan developed through the review of the county's current performance on the Community Level Outcome Indicators contained in Appendix C;
- Other projects that will lead to substantial progress toward full integration of services for children (with prior approval of the Department).

Tier One Counties have the option to submit one (1) project budget and narrative for consideration for a one-time non-recurring grant. Appendix E includes the budget form and information the county needs to complete if requesting funding for a promising practice.

The total amount of incentive funding available will be finalized in the FY2012/13 budget and final awards will be made within 30 days of approval of the state budget.

Technical Assistance and Resources to Counties

The Department of Public Welfare recognizes that counties and their cross systems teams may require technical assistance to implement county Integrative Children's Services Plans. The Department, including its regional offices and agents, will provide technical assistance to support county efforts to integrate behavioral health, child welfare, juvenile justice, mental retardation, and other planning processes. Technical assistance may include regional trainings, dissemination of best practice documents, and individual county technical assistance, depending on the demand for specific topics.

Because training and technical assistance needs of counties will depend to a significant extent on local factors, counties should contact the Department to arrange for individualized technical assistance. This request should be sent via email to Ellen DiDomenico at edidomenic@state.pa.us

Timetable for Integrated Children's Services Planning

July 2011 – Department releases Integrated Children's Services Planning Guidelines.

July – October 2011 – Counties work with their cross systems team to update and modify the integrated plan for submission to the Department by October 14, 2011.

October 14, 2011 – Counties submit integrated plan.

June 30, 2012 – Deadline for adoption of the State budget. Announcements of Tier One incentive funds are contingent on approval of the budget and available funds. Announcements will be made within 30 days of passage of the budget.

Due Date

The plan is due on October 14, 2011, and should be submitted electronically to the Secretary of Public Welfare at RA-secretaryoffice@state.pa.us

APPENDIX A
Cover Page
Complete and return with your plan

2012-2013 Integrated Children's Service Plan Contact Information and Funding Request Information

County Information	
County/Joinder	
Submission Date	
ICSP Contact: Name	
Title	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	
Email Address	
Tier One (yes / no)	
Funding request (yes / no)	
Amount of request	\$

Select the integration goals included in the Tier One funding requesting (check all that apply)

- Development and implementation of a mechanism for all children entering the system to receive a comprehensive review of needs (select specific area below)
 - Centralized intake or other "no wrong door" approach that includes a comprehensive assessment process for all children and families
 - Common Assessment & Screening Tools being used by multiple child serving systems

- Development and implementation of a single service plan, based on the comprehensive review that accesses resources from all appropriate sources to meet the needs of the child and family

- Development and implementation of integrated and coordinated services for children/families needing services from more than one categorical county program (select specific area below)
 - Integrated or Lead Case management models
 - Integrated services provided on behalf of multiple categorical programs to reduce duplication, effort and costs

- An Integrated Prevention Plan based on the review of the county's current performance on the Community Level Outcome Indicators contained in Appendix C

APPENDIX B
Family/Stakeholder/Youth Input and Cross-Systems Team Members

List the names and organization affiliation for those **actively** participating on the cross-systems team.

Representative	Name and organization affiliation for person currently participating in planning team
Family members	
Adolescents who have received services	
Children and Youth Services	
Mental Health	
Mental Retardation	
Drug & Alcohol Services	
Early Intervention	
County fiscal agents	
School districts or Intermediate Unit Representatives	
Agency caseworkers and supervisors	
Juvenile probation officers and juvenile detention center directors	
Juvenile and Family Court Judges	
Private agencies who provide services in collaboration with the county agencies	
Behavioral health managed care organizations	
Physical health managed care or professional organizations	
County Assistance Office Staff	
Early Intervention professionals	
Early Childhood Education and Care representatives	

Representative	Name and organization affiliation for person currently participating in planning team
Community employers	
Child and families advocates	
Foster and adoptive parents	
Representatives of the community, e.g., United Way, the faith-based community or other community organizations,	
Attorneys representing children and parents	
Representative of the District Attorney's office	
Local law enforcement agencies.	
Other	

Briefly describe how youth and families will be engaged as active partners in the Plan development and implementation.

Briefly describe efforts to engage child serving systems as partners in the Plan development and implementation.

Briefly describe efforts to engage the education system as partners in the Plan development and implementation.

APPENDIX C
SELF-ASSESSMENT OF COMMUNITY LEVEL OUTCOME INDICATORS

Counties can use the **PA ChildStat** Community Outcomes for Pennsylvania's Children and Families web link to review their indicators. **PA ChildStat** is a county child outcomes indicators project that allows stakeholders, counties and the state the ability to use data on child indicators to plan and program services for kids in Pennsylvania. A work in progress, PA ChildStat uses the best data available to measure the educational, social, economic, and physical well-being of children at the county level. Counties can generate maps, graphs and charts based on one or more indicators and can compare themselves to other counties on those indicators.

PA ChildStat can be found at
<https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/viewer.asp>

The Community Level Outcome Indicator Framework

Outcomes	Indicators
Babies Born Healthy	Infant Mortality Low Birth Weight Babies Children Born to Mothers Receiving Early and Adequate Prenatal Care
Early Learning	Child Care Providers in Keystone Stars Children Aged 3 and 4 Served in Pre-K Programs Children in Public School Full Day Kindergarten Children Served by Child Care Works
Healthy Children	Children Enrolled in CHIP Children Enrolled in Medical Assistance Children Lacking Health Insurance Children Under Age 7 Screened for Lead Poisoning Child and Adolescent Deaths
Healthy Youth Behaviors	Juvenile Crime Arrests Juvenile Arrests: Liquor Law Violations Juvenile Delinquency Dispositions Juvenile Delinquency Disposition Placements Suicide Rates for children Ages 10-19 Childhood Obesity Teen Pregnancies
Safe and Stable Families and Communities	Food Stamps (SNAP) Enrolled Reports of Child Abuse and Substantiated Abuse Placement Reunifications within 12 months Children Re-entering Care Within 12 Months of Discharge Children in Child Welfare Placement Residential Treatment Facilities Usage
School Success	Student Withdrawals from Public School Public School Average Daily Attendance Truancy in Public Schools

Counties should use the following directions to complete Appendix C; a fictitious county example follows.

Outcome Area:

Select one or more of the outcome areas from the framework that will be the focus of the prevention and planning strategies for the counties.

Indicator:

For the outcome area(s) chosen, select one or more indicators that will help measure the impact of the programmatic change the county is proposing. Counties may choose an indicator not listed above if the county has current data on the indicator and can measure it at least annually, and the data can be compared with other similar counties in Pennsylvania.

Discussion (further analysis of local data, comparison to other community, state or national trends, current efforts to address outcome area):

Based upon the indicator data, provide a short analysis of where the county is with the indicators, any recent steps to address what the data is showing, and comparison with other similar counties in Pennsylvania.

Proposed strategies to improve outcome area:

The counties should list the specific activities that will be implemented to help improve the outcome area selected. If the plan continues to focus on the same indicator(s) from prior years, please provide an update on your efforts. The strategies should be seen as those activities that will result in a measurable change in the indicators selected. The strategies should be specific, include specific timeframes of when actions will be completed and when anticipated results from the strategies will occur.

Measure of short term goal:

Select a target for where the county wants to be with the selected indicators in one year. To the extent there is a lag in the data for the indicator, the county should provide either sample data or some other benchmarks to indicate any impact or change that has occurred because of the implemented strategies.

Are you requesting ICSP funds to implement this plan? (Tier One only):

Indicate if you are requesting ICSP funds from DPW to implement this plan and how the funds will be used to assist the county in improving the outcome area selected.

APPENDIX C County Example

SELF-ASSESSMENT OF COMMUNITY LEVEL OUTCOME INDICATORS

ABC County

Outcome Area:

- Babies Born Healthy

Indicator:

- Percentage of low birth weights
- Percentage of pregnant woman receiving early and frequent pre-natal care

Discussion (further analysis of local data, comparison to other community, state or national trends, current efforts to address outcome area):

Currently, the county is experiencing a rate of low birth weights and women not receiving adequate pre-natal care higher than most similar sized counties in the state. Although the county has some programs to work with pregnant woman and education programs on pre-natal care, the efforts in this area are not well coordinated among different agencies and community groups that can reach out to this population. Based upon discussions with similar counties who have better outcomes in this area, a more coordinated effort within the county is needed.

Proposed strategies to improve the outcome area:

1) Early Identification Efforts – Working with school districts, local health centers, Health Choices MCOs, hospitals, community organizations and all county agencies, develop a process identifying at risk pregnant woman and educating them on the importance of pre-natal care. A community system will be developed, using local networks, volunteer parents and county agencies that will create a peer system to help the individual attend their regular scheduled pre-natal care visits. The following is the timeline for the project

- Designate a coordinator by August 15, 2010
- Develop a draft early identification and referral process for community review by December 15, 2010
- Develop new draft educational materials for community review by January 15, 2011
- Implement new community early identification and referral process by March 1, 2011
- Finalize/distribute new educational materials by March 1, 2011

2) Implement a nurse family partnership program (NFP) in the county by June 2011.

- Contract with an accredited Nurse Family Partnership Provider by December 2010
- Begin NFP services by June 2011

- Service goal of at least 15 first time mothers in the first full year of implementation

Measure of short term goal:

- The county wants to see a 10% reduction in low birth weights by the end of first full year of the identification and referral process (strategy #1 above.)
- The county wants to see a 30% increase in the number of pregnant woman receiving early and regular pre-natal care by the end of the first full year of the identification and referral process (strategy #1 above.)
- With the implementation of a nurse family program, the county hopes to see a further reduction of low birth weights by 10%.

Are you requesting ICSP funds to implement this plan? (Tier One only):

Yes. The county is requesting funds to assist with the coordination efforts necessary to bring together all agencies, community organizations and school districts. Funds will be used to pay for hiring a coordinator for this position and educational materials, posters and other information that can be used to outreach to the target population. With the funding, the county will adhere to the proposed schedule for implementation detailed previously.

**APPENDIX C - WORKSHEET
SELF-ASSESSMENT OF COMMUNITY LEVEL OUTCOME INDICATORS**

Outcome Area:

Indicator:

Discussion (further analysis of local data, comparison to other community, state or national trends, current efforts to address outcome area, if selecting the same indicator(s) as last year, also provide an update on your efforts):

Proposed strategies to improve the outcome area:
Measure of short term goal:

Are you requesting ICSP funds to implement this plan? (Tier One only):

APPENDIX D

Update on Integration Accomplishments

For each of the integration areas listed below provide a brief summary of the local integration accomplishments achieved (a bulleted format is appropriate). If the county has not focused on a particular area, please note that as well.

- ✓ County level accomplishments on the development and implementation of a mechanism for all children entering the system to receive a comprehensive review of the child's needs;
 - Centralized intake or other "no wrong door" approach that includes a comprehensive assessment process for all children and families (include the child serving agencies involved)

 - County child serving agencies utilize a common screening or assessment tool (include the name of the assessment tool and the child serving agencies utilizing the tool)

- ✓ County level accomplishments on the development and implementation of a single service plan, based on the comprehensive review that accesses resources from all appropriate sources to meet the needs of the child and family (include information on the mechanism to develop a single service plan and the child serving agencies involved)

- ✓ County level accomplishments on the development and implementation of integrated and coordinated services for children/families needing services from more than one categorical county program;
 - Integrated or Lead Case management models

 - Integrated services provided on behalf of multiple categorical programs to reduce duplication, effort and costs

- ✓ Integrated Data Management Systems (including what child serving systems are participating and the types of information included)

- ✓ An Integrated Prevention Plan based on the review of the county's current performance on the Community Level Outcome Indicators contained in Appendix C (include the programs being implemented and the child serving agencies involved)

APPENDIX E

Integrated Children's Services Tier One Promising Practices Budget Form Instructions

Budget Narrative – The purpose of the budget narrative is to understand how the funding request relates to the efforts of your county's integration plans. There should be a direct correlation between what you are requesting and your current plans for integration. Funding requests will not be considered if there is not a direct relation to the county's integration efforts.

PART A - Program Design

Clearly describe the specific services/activities that are to be funded, including the following information:

- Describe how the proposed activities support your efforts toward full integration and what specific part of the County's integration plan will this funding request most impact
- Describe the target beneficiaries of your funding request
- Describe the research base or other supporting evidence for the activity/project proposed (i.e. what evidence/information do you have that suggests it will be effective)

PART B - Program Outcomes and baseline data

Please provide a monitoring plan for what will be funded that includes the following information:

- A work plan / timeline for the funded activity, that includes specific dates for project/activity benchmarks
- Two specific outcomes that will demonstrate whether the funded activity achieves specified goals (See ICSP Resource A)
- Identify baseline data for the two outcomes identified and describe the data collection process
- Describe how the County will use the outcomes measured to determine the overall effectiveness of the funded project/activity

PART C – Detailed Explanation of Costs

Complete the attached budget form and provide the information requested below.

Personnel – Please describe what the requested personnel funds will be use for including the following:

- Describe whether the funding will be for a new position or an existing position and the portion of the position covered by the funds (i.e. 1 FTE or ½ FTE)
- Identify any proposed consultant
- Describe what functions the funded personnel will perform
- As this is a non recurring grant, please identify how the position(s) will be funded after the proposed funding ends

Infrastructure – For each of the infrastructure categories (training, data & evaluation, quality assurance or other), please describe what the requested funding will purchase, including the amounts/number of any specific items (i.e. 10 training courses will be delivered, 12 hours of consulting services to review data will be purchased).

Operations – For each of the Operations line items, indicate what will be purchased by the county, including the amount of services to be purchased. Also indicate why funding through the ICSP is the most appropriate as opposed to other funding provided by the Commonwealth. (NOTE: Costs associated with operations generally are not appropriate for ICSP. Occasionally operating costs can be funded through ICSP if they are one-time, non-recurring and are used to support the Tiered model. For example, creating an integrated case management unit would entail start up costs in regards to service and equipment; however maintaining or upgrading your county computer network, licensee fees or county administration costs are not allowable ICSP cost items.)

Other funds – Please detail other funds that will be used to support the project now and in the future. Also, detail whether your county is requesting funds from other Commonwealth sources to support the project.

BUDGET FORM

County ICSP Point of Contact Name _____
Email address _____

BUDGET CATEGORY	%	ANNUAL	ICSP	Other funds to support the project currently (your narrative will discuss sustainability for the future)
	FTE	SALARY or vendor rate	request	
PERSONNEL (NON RECURRING COST)				
Coordinators				
Consultants				
Benefits (if applicable)				
SUBTOTAL – PERSONNEL				
INFRASTRUCTURE (NON-RECURRING COST)				
Cross Systems Training				
Data and Evaluation				
Quality Assurance Measures				
Other (list all costs included in this line item)				
SUBTOTAL - INFRASTRUCTURE				
OPERATIONS (NON RECURRING COSTS ONLY = SEE DIRECTIONS)				
Communications				
Administration				
Transportation				
Subcontractors				
Service and Office Equipment				
Data Processing Equipment				
Other (list all costs included in this line item)				
SUBTOTAL – OPERATIONS				
TOTAL REQUESTED				

ICSP Resource A

Integrated Children's Services Plan Promising Practice Grant Outcome Measures

Tier One counties must identify two or more outcome measures, including baseline data as part of their ICSP plan submission. Counties must identify the measures and baseline data within their plan submission; outcomes must have some connection to the project being proposed for funding. If funded, counties will then send their final outcome measures with their last expenditure report. If you are having difficulty with identifying outcomes or gathering baseline data, please email Ellen DiDomenico at edidomenic@state.pa.us

Measures for Common Intake Process

The following measures can be used to track the progress of a county in implementing a common intake process. These measures illustrate how counties are addressing children's needs by referring them for other needed services as appropriate.

- Percent/Number of Children that upon initial contact with one county system are appropriately referred to another county system.
- List the points of entry within a county prepared to handle a common intake process (i.e. regardless of the point of entry of a child/family, that county agency staff is able to assist the individual without forcing the child/family to make another appointment or arrangement to begin service needs).
- Percent/Number of county human service intake staff who are trained to complete a common intake process for children/families.

Measures for Common Assessments

The following measures can be used to track progress in implementing a common screening or assessment process to see how well the county is doing in identifying the needs of child/families that might draw on the resources/services of any of the other child serving systems in the county.

- Number of services for which children and families are screened.
- Percent of Children/Families who come into contact with the county (or receive at least one service) who are appropriately assessed for other services.
- Percent of children assessed in need of another service who receive that service within 30 days.
- Percent of children entering the child welfare system who are assessed for behavioral health needs.
- Percent of children entering the juvenile justice system who are assessed for behavioral health needs.
- Percent/Number of staff trained to complete common assessments.

Measures for Single Case Management

The measures for single case management demonstrate how a county is consolidating case management, either through an identified single person responsible for the case and/or development of a single service plan that includes all of the child/family service needs.

- Percent of children/families who receive services from more than one service area who have a single case manager.
- Percent of children/families who receive services from more than one service area that have a single case plan.
- Percent of service plans that include all the child/families needs and includes input from all system professionals involved with the child/family.
- Number/Percent of county case managers trained (or available) to manage children/families involved with more than one county system.

Measures for Prevention

Counties that are embarking on prevention efforts may develop outcomes in coordination with the Children's Commission and the ICSP Management Team. If you are requesting funding for integrated prevention, please email Ellen DiDomenico at edidomenic@state.pa.us who can then set up a time to discuss developing outcomes tailored to what the counties are planning in regards to prevention activities.

ICSP RESOURCE B

Strategies for Involving families and youth in Integrated Children's Services Planning

The *role of family and youth* in integrating services is critical to for the success of service delivery. Counties should clearly articulate what steps they will take to ensure families/ youth are involved in all steps of system development for integrating services. The following checklist will assist in the planning process to increase meaningful involvement/ engagement of families and youth. This is a priority integration area for the Department.

Strategy for involving families and youth is currently in place in the county	YES	NO	2012/13 plan will include
<p>Special orientation and training is offered on an ongoing basis to assist families/youth that need a better understanding of administrative, budgetary, and other issues that play a role in planning.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Include families in the planning and delivery of these trainings. • Use existing family leaders from local support groups and programs. • Identify these leaders from community centers, religious organizations, parent groups, disability groups or school family committees. 			
<p>Families/youth have more than token representation at meetings and staff are actively asking for their input at both the process and implementation stages.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Offer a variety of methods to give input including going to where families meet frequently, like shopping centers • Having a variety of levels for input, paper surveys, phone surveys, focus groups, and attending the formal county ICSP meetings. • Make sure that all families, including contributing families get regular and informative updates on what actions have occurred even if families could not attend the meetings where decisions were made. 			
<p>There are active working partnerships with parent groups within the county. Please list groups in your narrative section.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Ask people charged with collaborating with family groups for a list to identify groups, including the CASSP Coordinator, and Intermediate Unit staff (Migrant worker programs, local substance abuse parent support groups. Autism Specialist, Alternative Education Specialist, Special Education Task Force and Early Intervention Coordinators, Easter Seals/Rehabilitation Services, Clergy etc.) 			

Strategy for involving families and youth is currently in place in the county	YES	NO	2012/13 plan will include
<ul style="list-style-type: none"> • Typical Local PA Groups <ul style="list-style-type: none"> ○ Head Start ○ Family Support Alliance (formerly Parents Anonymous) ○ Mental Health Association ○ NAMI ○ Ahead (Autism) ○ Family Centers (school districts) ○ 21st Century Afterschool Programs 			
<p>A process is in place to ask other agencies that work with families/youth (such as schools and child care centers) to recommend parents to participate in planning.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Recruit families to help develop outreach materials – newsletters, brochures and/or county website information. 			
<p>Families/youth who participate in planning sessions are compensated in some manor.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Pay a stipend/salary • Provide transportation, meals, child care (on site or reimbursement) • Offer donations from businesses- meals, gift cards 			
<p>Meeting times and locations are flexible to meet family/ youth needs and availability.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Hold planning meetings on the evenings or on weekends • Use locations such as schools, community centers, churches and other settings that may be more familiar and comfortable to families/youth than state or local office buildings. • Work with schools to develop capacity for students to use participation to meet graduation or other school requirements. • Work with JPO to develop capacity for youth to use participation to meet probation obligations including community service. 			
<p>Surveys are conducted to elicit the views of a wide range of families/youth.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Use families and youth to design and edit surveys. • Make sure they are culturally and linguistically accessible • Make sure they are clearly written at a 6th grade level. • Provide an option to submit them anonymously. 			

Strategy for involving families and youth is currently in place in the county	YES	NO	2012/13 plan will include
<p>Parents or others who work regularly with families/youth are utilized to conduct focus groups that probe the views of selected groups of parents such as teenage parents, single parents, grandparents raising grandchildren, foster parents, and adoptive parents.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Develop funding that supports the operation of these groups. Direct or in kind, i.e. invite leaders to participate in county trainings. 			
<p>A process is in place to work with family and youth support programs to tap into informal networks such as family support groups or youth advisory councils, for example Independent Living Programs.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Develop process with stakeholders • Commit decisions to writing and make them public 			
<p>A process is in place to work with home-visiting programs, such as Nurse Family Partnerships, Parents As Teachers (PAT) through Family Centers or health clinics to involve families/youth who may be otherwise difficult to reach.</p>			
<p>A process is in place to work with families/youth involved in specific programs, for example Family Group Decision Making or Independent Living Programs, within children and youth, mental health, early intervention, juvenile justice, drug and alcohol, etc to involve families who have benefited from these services.</p>			
<p>Acknowledgment of the contributions of families and youth are done routinely and publicly.</p>			
<p>Experienced facilitators are utilized to conduct sessions for planning group members, administrators, and staff when exploring attitudes and stereotypes about different ethnic, racial and religious groups.</p>			
<p>Family and youth satisfaction surveys regarding their satisfaction with being actively involved in the ICSP process are routinely conducted.</p>			

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Integrated Children's Services Plan Guidelines

Strategy for involving families and youth is currently in place in the county	YES	NO	2012/13 plan will include
County resource mapping is utilized to show what services are available, including family support groups.			
County staff have attended local family support groups to understand the services they offer and to promote integration activities.			
Articles about ICSP as well as meeting times and places are placed in local newspapers.			
Mailings are sent to all school administrators, guidance counselors, and Student Assistance Program representatives to be involved in the ICSP process.			
There is a system in place to routinely follow up after meetings with mailings or phone calls to individuals who were unable to attend meetings for their input.			
There is an assumption that if you generate lots of public participation that you will, by default if nothing else, have people who have a personal stake in seeing things improve.			
There is a uniform note taking/ tracking process in place so that all of the groups and meetings can be recorded and used to create a concrete plan that incorporates the spectrum of discussions and input and is available and understandable to all participants.			
OTHER:			

For technical assistance on involving and engaging families and youth contact Ellen DiDomenico at edidomenic@state.pa.us

ICSP RESOURCE C

Cross-Systems Children Service Values

- **Child and Youth-focused:** Child serving systems are expected to assure safety, well-being, and permanency in children's lives by engaging children, youth, and parents/caregivers to identify services and protective factors to alleviate the risk of abuse and neglect.
- **Family-centered:** Children are best served when raised by their families. There are inherent strengths within families and families have the right to receive services that are most likely to address their mutually identified needs. Individuals and families have control of their lives and have the ownership in making decisions that support positive change and growth.
- **Community-based:** All communities are unique and diverse. There are inherent strengths and resources within communities, which, when recognized and developed, provide concrete support to children and families.
- **Culturally Aware and Sensitive:** The expectation is that our work with children and families should demonstrate that we value and respect the cultural diversity of each family.
- **Solution-focused:** For every challenge there is a solution which is ultimately grounded in family and community strengths.
- **Strengths-based:** Family and Community strengths are what ultimately resolve concerns and every challenge that a family/community member faces presents the opportunity to recognize, value, build upon and use those strengths.
- **System Integration:** With the use of an integrated approach to service planning across all systems, the expectation is that child service providers are involved in an integrated plan of care that is locally driven and best meets the needs of children and families, making the best use of strengths within the community systems and available resources.
- **Evidence-based Practice:** The expectation is that strategies and techniques demonstrate effectiveness and includes thoughtful questions about the service needs of children, youth, families and communities and are based on collaborative planning, monitoring and evaluating progress and revising practices based on the results of the evaluation.

ICSP RESOURCE D

Strategies for Promoting Cultural Competence among Agencies and Staff

The following are suggestions for increasing cultural competence with your staff and within your organization. These strategies are important when working with both a diverse staff, and most importantly, when serving a diverse population of children.

- Reinforce the important concept of individual differences. In any cultural group, there exists a great difference between family practices, beliefs, and customs. Avoid the “cookie cutter” approach to cultural competence, which assigns each culture and ethnicity a separate list of beliefs and behaviors. Substitute an approach which encourages staff to look at, listen to, and learn from each individual family. Responding in a way that reflects families’ particular needs is the true hallmark of cultural competence.
- Ensure that staff members who are not bilingual know and understand at least several basic phrases (e.g. hello, good-bye, thank you) in the language(s) represented by the families on their caseloads. Often families themselves are the best resource in providing these translations. Bookstores, too, may be amenable to donating foreign language resources.
- Create a supportive environment where staff can explore and develop an understanding for all cultures. Create formal partnerships with community organizations and encourage staff to actively engage communities and families in the development of policy, program design, and service delivery.
- If your program utilizes the services of translators, help staff think about how they will establish a relationship and rapport with families (e.g. speaking directly to families instead of to the translator, maintaining eye contact with families while they speak, using body language – nods, smiles – to convey understanding, etc).
- Programs should maintain an updated resource list of trained and qualified interpreters. Consumers, children, adolescents and families are aware of the availability of interpreters through service advertisement efforts.
- Being inclusive to families from different cultures or ethnicities often requires looking at the program with a new set of eyes. Walk around your site and look through your materials. What message is the program sending to families? For example, one leader of a program serving both English and Spanish-speaking families realized that it might be best to hang a banner reading “Bienvenidos” under the site’s existing “Welcome” banner.
- Provide training to staff in the role that culture plays in a child’s development. By understanding how culture may impact our own and others’ perception of what “normal development” or “developmentally appropriate practice” is, staff members become more able to individualize their responses to families’ needs and requests.

- Ensure that all pertinent materials used by the program are available in the home languages of the families served, when possible. Often, university foreign language departments can provide low or no-cost translations.
- Advocate for the development of cultural competence principles in other groups to which your agency belongs. This advocacy can be included in Request for Proposals and other contracts that place emphasis on the ability of the applicant, contractor, or consultant to demonstrate the capacity and ability to achieve positive results that are culturally competent, linguistically appropriate, and are applicable to the needs of the children, youth and families being served.
- If your agency provides educational and/or recreational opportunities for the community and families they are serving, make sure that they include experiences that are reflective of all cultures or groups. Encourage children, youth and families to share knowledge about the cultural groups to which they belong.
- Be committed to promoting cultural competence. Develop a commitment through staff development and training, hiring, retention, career advancement, performance evaluations, and employee policies that support culturally competent and linguistically appropriate practice.
- Engage community participation by recruiting local citizens as members of advisory teams and task forces.
- Include cultural competence principles in activities for strategic planning, policy development, program design and the service delivery process. Increase the organizational and individual understanding of how the various dimensions of culture impact the children, youth and families that your agency serves and the staff that works with them.

For technical assistance on improving cultural competency contact Ellen DiDomenico at edidomenic@state.pa.us