

**CHESTER COUNTY'S
FY07-08 INTEGRATED
CHILDREN'S
SERVICE PLAN**

September 2006

SECTION ONE: COVER PAGE

Agencies Involved in Plan Development:

The development of Chester County’s Integrated Children’s Service Plan was a combined effort of many stakeholders, including representation from families, county human services departments, juvenile justice, service providers, System of Care groups, education, and cross-system collaboratives. The Single Point of Contact for our integrated planning efforts will be Kathy Brauner, the Planner for the Department of Human Services. Kathy was identified as the Single Point of Contact in our 2005-06 Integrated Children’s Service Plan and will continue to serve in this role for this Plan.

(Completed Signature Page to be mailed to DPW)

County Information			
County/Joinder: Chester County			Submission Date
			August 14, 2006
ICSP Single Point of Contact:	Kathy Brauner		
Title	DHS Planner		
Signature		Date	
Street Address	601 Westtown Road, Suite 330, PO Box 2747		
City, State, Zip	West Chester, PA 19380-0990		
Phone Number	610-344-5262		
Fax Number	610-344-5736		
Email Address	kbrauner@chesco.org		
Acknowledgements			
Department Name	Human Services	Department Name	Mental Health/Mental Retardation
Director	Ruth E. Kranz-Carl	Director	Gary Entrekin
Signature		Signature	
Date		Date	
Department Name	Drug & Alcohol Services	Department Name	Children, Youth, and Families
Director	Kim P. Bowman	Director	James L. Forsythe
Signature		Signature	
Date		Date	
Department Name	Juvenile Probation Office	Department Name	Juvenile Center
Director	Marietta Lamb-Mawby	Director	Gary L. Blair
Signature		Signature	
Date		Date	

SECTION TWO: TABLE OF CONTENTS

1. Cover Page	2
2. Table of Contents	3
3. County Vision of Integrated Children’s Services	4
4. Executive Summary	5
5. Description of Stakeholder/Family/Youth Input	6
A. Activities of Cross-System Team in Previous Year	
B. Role of Family and Youth Input and Engagement	
6. Update on Implementation of Initial ICSP	8
A. Early Successes	
B. Challenges	
C. Update on Current Plan	
7. Notification of Intent to Submit Tier One	13
8. Planning for Full Integration of Children’s Services	14
A. “No Wrong Door” Approach – Use of a Common Assessment	
B. Single Service Plan for Multi-System Clients	
C. Integrated Case Manager	
D. Integrated Prevention Planning	
9. Promising Practices for Incentive Grants	
A. Project Narrative	24
a. Project Description	
b. Explanation of How Project Advances Our Prior Integration Work	
c. Consultants or Key Personnel	
d. Timeline	
e. Expected Results	
B. Project Budget	
10. Evaluating Unmet Needs for Children Across Systems	27
Appendices	30
A. Signature Page	
B. Cross-System Planning Teams	
C. Single Plan of Care and Profiles	
D. System of Care Pilot Project Documents	
E. Survey of Unmet Needs Results and Sample Surveys	
F. PEAK Program description	
G. Checklist Tool for Plan Submission	

SECTION THREE: COUNTY VISION OF INTEGRATED CHILDREN'S SERVICES

Since Fall 2003, Chester County has undertaken the challenge of building an integrated children's service system by developing a practice of providing services that have the following hallmarks of integration:

- Families as equal partners;
- Person who is in charge of each case, especially multi-system cases;
- Staff who see their role as how to help the family regardless of which categorical funding/regulatory stream they represent;
- No wrong door for families to access the system;
- Accountability ensured at all levels and across all systems; and
- A shift to a culture of integration.

The shift to a culture of integration takes time because we are changing our basic way of thinking and approaching service provision. We are using our System of Care planning/pilot as the vehicle to begin this process of change, which will set the foundation for our integrated children's services.

Chester County has not changed its vision of an integrated children's service system since our last plan and we have continued to move forward to realizing a culture of integration through our System of Care (SOC) Initiative. We have hired our SOC Coordinator and will be ready to accept referrals into our SOC Pilot Project in early Fall 2006. This Pilot Project is setting the foundation for our integrated children's services. As we learn from this Project, we will expand our System of Care practice model to include an ever-increasing number of children and their families.

Families continue to be at the center of our vision for an integrated children's service system. We recently hired a Family Support Advocate to mentor the families involved in our SOC Pilot Project and continue to involve families in all levels of our integrated planning efforts. Our ideal goal is to no longer need a "System of Care" in Chester County because integration has become a way of life within our child-serving systems.

SECTION FOUR: EXECUTIVE SUMMARY

Since 2004, we have come a long way in developing and building a culture of integration in Chester County – the first step in the foundation for our integrated children’s service system. We have finalized the development of our System of Care (SOC) Pilot Project, hired our System of Care Coordinator, developed the Single Plan of Care, and identified the tool to be used as our common assessment across the human services and Juvenile Probation Office. We will be receiving our first referral for our SOC Pilot Project in October 2006 and implementing the use of our common assessment tool in late 2006. We feel confident that by the end of the 2006-07 fiscal year we will be ready to move into the second phase of our integrated planning efforts. By that time our System of Care Pilot Project will be completed and our CANS Project will be in full gear.

This second phase will include the following elements: utilizing data from our common assessment tool to identify unmet needs and quality improvement efforts within the child-serving system; providing the training for parents, providers and staff identified in our Survey of Unmet Needs; and institutionalizing the role of parents as equal partners in our integrated planning efforts. Funding for all three of these elements will be requested in this application.

Part of these funds will be used to hire Dr. John Lyons from Northwestern University, who is the developer of the CANS, to assist us in analyzing the data from our common assessment project to further define unmet needs and the quality improvement activities for our ongoing integrated planning efforts. In addition, we have requested funds to provide the training and purchased services needed to institutionalize a culture of integration in Chester County. We ask that you help us continue on the path we started in 2004 by financially supporting our second phase of integrated planning.

SECTION FIVE: DESCRIPTION OF STAKEHOLDER INPUT

In 2004, Chester County established a countywide collaborative, the Chester County Family and Community Partnership (Partnership). This group continues to grow and serve as the larger umbrella for our collaborative efforts that assist children and their families. Under that umbrella sits our System of Care (SOC) Implementation Team, created to shepherd the integrated children's services and cross-system planning efforts. The SOC Implementation Team is truly a partnership of parents, providers, county human services and juvenile justice staff, school entities, and behavioral health staff creating the SOC practice model; the basis for this Integrated Children's Service Plan.

Although the Partnership is the overarching collaborative, the System of Care Implementation Team was identified as our "cross-system team" in Chester County (See Appendix "B" for Membership Lists). The Plan of Care Work Group, a subgroup of the SOC Implementation Team, serves as the "working group" that was challenged to develop the System of Care practice model in Chester County. Finally, a Family Movement, launched in early 2004 as part of our SOC Initiative, is comprised only of parents and caregivers. A brief description of each of these groups is listed in Appendix "B".

All of the groups described above have been quite active over the past two years in helping us to develop a culture of integration. These groups, each in their own role, have worked to move us along the path toward achieving the vision. We have been very fortunate to have parents involved from the start of the Partnership and in all of our System of Care groups. The number of parents participating on our integrated planning groups continued to increase during the past year; however, getting youth involvement is still a struggle for these groups. We will continue to try to engage youth in our integrated planning efforts during the next fiscal year. As we begin to engage children and youth in our SOC Pilot Project beginning October 2006, we hope to recruit some of these youth for our cross-system planning teams and efforts.

In June 2006, we started to provide staff trainings across all of the human service departments, Juvenile Probation Office and contracted providers on our integrated planning and our System of Care efforts. A parent and county staff person together facilitated each of these trainings. To date we have held nine training sessions with a total of 166 staff participating. Feedback for these trainings has been positive and we look forward to expanding them in the coming year.

The System of Care (SOC) Implementation Team recently agreed to be the oversight body for our Family Group Decision Making (FGDM) Implementation Team, too. The FGDM Implementation Team is the working group charged with implementing the practice of Family Group Decision Making in Chester County. These teams sponsored Jim Nice who presented a FGDM Overview in Chester County in March 2006 with over 200 people attending. The FGDM Implementation Team anticipates the FGDM practice model will be developed and families will begin to be referred in January 2007. FGDM will be used as a tool for families involved in the SOC Pilot Project and a potential referral source for youth and parent involvement on our integrated planning teams next year.

The SOC Implementation Team will continue to serve as the central point for all our integrated planning efforts and take the lead in engaging and updating family members and other partners in the development of an integrated children's service system in Chester County. This cross-system team will be responsible for making recommendations for expanding the SOC Pilot Project beyond the original target population. As we increase the number of children and families involved in our System of Care, we will also move closer to making integration our way of life.

SECTION SIX: UPDATE ON IMPLEMENTATION OF ICSP

Early Successes:

We continue to experience much success in developing our System of Care (SOC) practice model as defined in our 2006-07 Integrated Children's Service Plan. We have accomplished the following activities during the past fiscal year:

- Finalized the target population, eligibility criteria, referral forms, Releases of Information, Single Plan of Care, and the flowchart for the SOC Pilot Project;
- Identified and finalized the outcomes for the SOC Pilot Project;
- Developed a Chester County SOC brochure and currently working on a Family Handbook;
- Utilized an existing staff person to serve as an Interim SOC Coordinator to keep the project on task;
- Hired the System of Care Coordinator in July 2006;
- Contracted with a community agency to provide Family Support Services, which included the hiring of the Family Support Advocate for the SOC Pilot Project;
- Developed and provided integrated services training for all levels of human services and Juvenile Probation Office staff, as well as contracted providers;
- Identified data elements to be collected and in process of developing a database to track outcomes for the SOC Pilot Project;
- Selected the *Child and Adolescent Needs and Strengths (CANS)* as the tool to implement our common assessment project; and
- Had staff trained to administer the CANS in our SOC Pilot Project.

All of the activities listed above were presented and approved by the SOC Implementation Team, which serves as our cross-system team for our integrated planning efforts. We are proud of how much we have accomplished during the past year and the positive response we received from the Department of Public Welfare on our previous Integrated Children Service Plans. After almost two years of work and planning, we have finally reached the point where we will soon be ready to accept referrals into our System of Care Pilot Project. We anticipate these referrals will begin in October 2006.

Challenges:

The challenge of integrating children's services is one that Chester County has been willing to undertake, but is realistic in terms of the magnitude of the task. The shift to a culture of integration will take time because it will be a change in our basic way of thinking and approaching service

provision. The culture of “staying within one’s own category” has deep roots in regulation, funding, and history on the state level, as well as the county.

As we moved deeper into the process of developing a System of Care Pilot Project, the challenges or challenging tasks certainly increased. We believe we have overcome most of these challenges during the past year, which has moved us from the planning phase into the implementation phase of our SOC Pilot Project. The most challenging task of the planning phase was developing a Single Plan of Care (SPOC) for the multi-system clients involved in the SOC Pilot Project. Our goal was to utilize this SPOC in lieu of required service plans, such as the Family Service Plan for Children, Youth and Families. Therefore, we had to be sure that all of the requirements for each department involved in the Pilot Project were included in the SPOC. This was no easy task.

As we were developing our SPOC, the Department of Public Welfare was also changing the Family Service Plan for all counties in Pennsylvania. In addition, the Juvenile Probation Office was awaiting final decisions on new court rules that could radically affect how this office was required to operate in the future. However, we continued to plug along with our plans. Eventually, a Single Plan of Care (SPOC) was developed and approved by the SOC Implementation Team. The actual “Single Plan of Care” document is simply a service plan that includes all of the required language to meet regulatory issues and address the needs of the child and family. However, we have developed three additional documents that will be essential to completing this SPOC document: Child/Youth Profile, Family Voice Profile and a Safety and Service Profile (See Appendix “C” for sample documents). Our goal will be to have the child/youth and family develop a Vision Statement upon which the SPOC will be built. The three Profiles will help us to accomplish this task and ensure that the family is at the center of the Single Plan of Care.

Another challenge we faced this past fiscal year was developing a common language for the System of Care (SOC) Pilot Project, especially in defining the target population and outcomes. For example, what does “out-of-home placement” or “discharge” mean, as it can mean different things for each department. Simple terms like these created a major stumbling block to finalizing our definitions of the target population, eligibility criteria and outcomes. Again, through perseverance and open-mindedness, we were able to finalize these documents (See Appendix “D” for sample documents). We are, however, still working on completing the discharge criteria for the SOC Pilot Project.

Update on Priority Integration Areas:

Our two Priority Integration Areas are related to the development of our System of Care (SOC) practice model and have not changed over the past year. Our First Priority Integration Area was identified as the development and implementation of a Single Plan of Care for multi-system clients. This Single Plan of Care, as well as the use of a Family Support Advocate and SOC Coordinator to ensure accountability across the systems, will be the foundation of our SOC Pilot Project. As described earlier, we have developed the Single Plan of Care, but have not yet implemented it. This will start in October 2006 when we begin to accept referrals into the SOC Pilot Project.

We anticipate referrals will be staggered to allow time for the process to unfold and the bumps to be worked out. A total of twenty-five children/youth will be accepted into the SOC Pilot Project over the course of fiscal year 2006-07. A Single Plan of Care will be developed for each of these individuals. Once we have implemented the SOC Pilot Project and smoothed out the bumps, we will move on to adapt the SOC practice model to an ever-increasing number of children and their families. As we increase the number of children and families involved in our System of Care, we also move closer to making integration our way of life.

Our Second Priority Integration Area was the development and implementation of a common assessment across the human service departments and Juvenile Probation Office (JPO). The use of a common assessment across these departments is critical to integrating functions across these child-serving systems and to lay the groundwork for integrating children's services in Chester County. We have already selected the *Child and Adolescent Needs and Strengths* (CANS) as the common assessment tool to be used in Chester County. Our plan was to pilot the use of a common assessment with the children involved in our System of Care Pilot Project first and then expand its use for children entering the human services departments or JPO. However, an opportunity to make this happen earlier was presented to us and resulted in altered plans.

The Juvenile Probation Office, who has been a stakeholder in our integrated planning efforts from the beginning, was approached by Elwyn to join together to utilize the CANS to assess the needs of children and youth involved in the human services departments and JPO. It was our work to date with building a System of Care in Chester County that brought Elwyn to us, making this an opportunity that we could not turn down. The CANS Project, as it is now referred to in the county, has become a center point of our System of Care efforts, much like the SOC Pilot Project.

We now are working to utilize the CANS as a common assessment tool not only in our SOC Pilot Project, but also as a standardized assessment for clients involved with the Department of Children, Youth and Families (CYF) and Juvenile Probation Office (JPO). We anticipate implementing the use of the CANS in CYF and JPO during the 2006-07 fiscal year on identified clients. Our hope will be to expand its use to the Department of Drug and Alcohol Services and Mental Health/Mental Retardation, which will involve working with contracted providers, as we enter the 2007-08 fiscal year. The CANS Project is a large undertaking, but it is providing us with a concrete opportunity to develop and use a common assessment tool and, therefore, speak the same language.

We are pleased with our progress to date on our two Priority Integration Areas, but have our work cut out for ourselves over the next few years. As we move from the planning to the implementation phase of our SOC Pilot Project and our CANS Project, we look forward to operationalizing some of our cross-system planning efforts. Concurrent with the implementation of these two projects in fiscal year 2006-07 will be the implementation of Family Group Decision Making (FGDM) in Chester County. This effort will also be a tool available to the SOC Pilot Project and other human services departments.

A barrier that we are facing is how to financially support the infrastructure that we have developed over the past two years that are hallmarks of integration, such as the SOC Coordinator and Family Support Advocate. These positions are being supported in fiscal year 2006-07 with the infrastructure funding awarded to Chester County through the 2006-07 Integrated Children's Service Plan and other resources, but no resources currently exist to fund these important positions after this fiscal year.

One area that we received feedback from on our 2006-07 Integrated Children's Service Plan (ICSP) is the inclusion of Mental Retardation (MR) and Early Intervention (EI) in our integrated planning efforts. We have made a concerted effort to include MR and EI in our cross-system teams during the past year. We have increased the number of people from these areas on the Family and Community Partnership and its Steering Committee, as well as the SOC Implementation Team. Both MR and EI were very actively involved in circulating and tabulating the results of the Survey of Unmet Needs for this Integrated Children's Service Plan. In this survey, respondents were asked to indicate what departments they have worked in or with during the past five years. Almost 20% of the areas checked were from Mental Retardation and Early Intervention. We have benefited from involvement from these two areas over the past year and will continue to engage MR and EI in all of our integrated planning efforts in the future.

SECTION SEVEN: NOTIFICATION OF INTENT TO SUBMIT AS TIER ONE

We did submit our request to be considered as a Tier One county by the required due date and Chester County was acknowledged by the Department of Public Welfare as one of the counties to make this request.

SECTION EIGHT: PLANNING FOR FULL INTEGRATION OF CHILDREN'S SERVICES

In 2003, Chester County willingly agreed to undertake the challenge of building an integrated children's service system by working on a shift to a culture of integration. Since that time, we have used our System of Care efforts as the vehicle to begin this process of change, which will set the foundation for our integrated children's services. In this section, we will address how we are working to accomplish this culture change as we learn from our System of Care Pilot Project and by moving forward in the following areas: "No wrong door" approach; single service plan for multi-system clients; integrated case manager; and integrated prevention planning.

"NO WRONG DOOR" APPROACH – USE OF A COMMON ASSESSMENT TOOL

Chester County's System of Care efforts have been targeted toward ensuring that whatever door or doors a child or youth enters in the county, their needs are met. This will continue to be our focus over the next few years as we implement our System of Care (SOC) Pilot Project. This Project targets multi-system clients and will allow us the opportunity to test the concept of a Single Plan of Care and integrated case manager. In addition, we will be testing the use of a common assessment tool as part of our efforts to integrate functions across the child-serving system.

We have already identified the *Child and Adolescent Needs and Strengths* (CANS) as the common assessment tool to be used in Chester County. The use of the CANS will be instituted across the human services departments and Juvenile Probation Office over the next two fiscal years. The CANS Project, as these efforts have been called, will be a concrete example of integrating functions across departments; an integral step in moving us toward an integrated children's service system. First, we will be administering the CANS with all clients involved in our SOC Pilot Project. This Project is slated to begin in October 2006. Concurrently, we will be utilizing the CANS within the Department of Children, Youth and Families and the Juvenile Probation Office. Both of these departments are in the process of developing the policies and

procedures for using the CANS and identifying the target population who will be administered the CANS. Our target date to begin implementation of this common assessment tool within these two departments is late 2006 or early 2007.

As we work out the bumps in using a common assessment tool through our SOC Pilot Project and in the Department of Children, Youth and Families and the Juvenile Probation Office, our plan is to expand its use to the Department of Drug and Alcohol Services and the Mental Health/Mental Retardation (MH/MR) Department. We have staggered the CANS implementation for several reasons. First, as stated earlier, we are moving toward a culture change in Chester County. This is a difficult and time-consuming task. Therefore, we need time to educate, adjust to and implement this culture change. Secondly, services provided across the human services systems and Juvenile Probation Office are very different. Almost all services provided by the Department of Children, Youth and Families and the Juvenile Probation Office are provided by staff within these two departments; therefore, we identified these departments as our first phase of implementation. However, most of the services provided by the Department of Drug and Alcohol Services and the MH/MR Department are contracted services, so these two departments were identified as the second phase of implementation for our CANS Project.

We anticipate the second phase of the CANS Project will begin in the middle of 2007. The target population for this second phase of CANS implementation will be identified by each of the departments. As we learn from this target population, we will begin to expand the use of the CANS as a common assessment tool to other populations. The lessons learned from the CANS Project will also assist us in implementing the use of a single service plan and integrated case manager for multi-system clients over the next few years.

SINGLE SERVICE PLAN FOR MULTI-SYSTEM CLIENTS

Our timeline for implementing the use of a single service plan for multi-system clients is very similar to that of the CANS Project described above. We will use the Single Plan of Care (SPOC) developed for our

System of Care Pilot Project as the starting point. The SPOC will be used with the 25-30 children involved in this Pilot Project, which is expected to start in October 2006 and last approximately a year. The target population for this Project is children involved with either the Department of Children, Youth & Families or the Juvenile Probation Office and at least one other child-serving system (Mental Health, Mental Retardation, or Drug & Alcohol) and who are at risk of placement out of the home.

As the use of a single service plan is tested with these children, we will make revisions as necessary and modify the Single Plan of Care. Children will be referred to the System of Care Pilot Project in increments to allow time for these revisions and corrections. There will be many new things to get used to in this Pilot Project besides the use of a single service plan, especially the use of a Family Support Advocate. As the SOC Pilot Project winds down in mid 2007, we will learn from the SOC Pilot Project and begin to expand the use of a single service plan with the Department of Children, Youth and Families and the Juvenile Probation Office. Both of these departments will identify how they anticipate expanding the use of a single service plan for multi-system clients outside of those children involved in the Pilot Project.

We will allow time for the Department of Children, Youth and Families and the Juvenile Probation Office to expand and test the use of the single service plan with multi-system clients before we use it with additional departments, such as the Department of Drug and Alcohol Services and Mental Health/Mental Retardation (MH/MR) Department. Then, we will begin to engage the contracted providers for the latter two departments in mid 2007 to start educating them on the use of a single service plan for multi-system clients. Our anticipated start date for using a single service plan with multi-system clients involved with these two departments is early 2008.

Central to the use of a single service plan in Chester County is strengths-based service planning. The Single Plan of Care (SPOC) will be built on the child and family's strengths, as well as those of the child-serving systems and community in which the family lives. The SPOC that we have adopted for the System of Care

Pilot Project incorporates the use of a Family Vision upon which the service plan will be built. This Family Vision will incorporate the child and family's strengths, needs and hopes. We realize this is no easy task for parents or staff, as parents often report that they find it very difficult to identify strengths, yet alone believe they even have any at all. We will use the Family Support Advocate to bridge this gap and encourage parents and staff to be creative and "think outside the box" to support families through this new way of doing business in Chester County.

We anticipate both families and staff will realize a number of benefits as we begin to use a single service plan for multi-system clients. First and foremost, parents will be at the center of service planning and will no longer have a number of different service plans for their child. The use of a Family Support Advocate will also assist parents in playing a more active role in advocating for their child. Secondly, communication will be improved across the human services departments, Juvenile Probation Office and families. Everyone will have some level of responsibility for the service plan and ensuring that it is being carried out, including parents, professionals and the child. Thirdly, it will minimize duplication and maximize resources, as families no longer have multiple service plans for each department with which their child is involved. As the saying goes, the hand and the foot will now know what each other is doing or more aptly put, each department will know what the other department is doing. Finally, it will build a foundation upon which we can begin to try to use the concept of an integrated case manager for children involved in more than one system in Chester County.

INTEGRATED CASE MANAGER

As we have developed our System of Care practice model, which is the foundation of our integrated children's service system in Chester County, one of the things we have realized is that accountability must be an integral part of that practice model. We have been very fortunate to have parents at the table with the professionals from the beginning of our integrated services planning efforts. Listening to these parents has

helped us to determine the course we want to take in this area. Parents have stressed that the one area that seems to fall through the cracks when their child is involved in more than one system is the area of accountability. Parents have also expressed that what needs to be different for the multi-system child from the current practices is that all participants must be working from the same plan and that one person is accountable for that plan. We addressed the first part of this recommendation in the previous section by proposing to use a single plan of care for children involved in more than one system. We plan to address the second part in this section with the use of an integrated case manager.

We have opted to use the concept of an integrated case manager for this effort instead of a lead case manager as we are building a culture of integration in our county. The concept of an integrated case manager in Chester County is one of an enhanced single point of contact for multi-system children or more simply put children involved in more than one system. For our System of Care Pilot Project, this integrated case manager will be an administrative person and not a direct service worker for the family although this individual may have direct interactions with the child and family. This would be in keeping with our plans to integrate functions across the child-serving system in Chester County.

We do not want to minimize the role of or create duplication for the existing staff involved with multi-system children, such as Intensive Case Managers, Juvenile Probation Officers, or caseworkers. We also are not ready to jump into the concept of a lead case manager at this point. We believe we need to look into this concept more and move slowly with changes in this area. Over the past two years that we have been developing our System of Care practice model, we have overcome many barriers and grown to respect each other, whether parent or professional. Relationships have been built and difficult decisions have been made. Through it all, we have continued to move forward to the point where we are almost ready to implement the System of Care Pilot Project. However, the one area that continues to be most challenging in our integrated planning efforts has been this area of a lead case manager.

We have struggled with the need to respond to parents' urgings to ensure accountability and staff's concerns about defining roles and responsibilities for children involved in more than one system. To this end, we have developed the concept of an integrated case manager. In Chester County, we will first begin to test the use of an integrated case manager with all the children involved in the System of Care (SOC) Pilot Project. This individual will be the SOC Coordinator who will serve as the single point of contact for the staff and families involved in the Pilot Project and be responsible for ensuring accountability across all systems and departments. As defined above, this integrated case manager will be an administrative position and will sit within the Department of Human Services. However, the individual will have the ability to "go to the top" of any of the human services departments or Juvenile Probation Office to ensure that people and departments are being held accountable to carrying out the Single Plan of Care.

We believe that the use of an integrated case manager during the current fiscal year will allow us the time to work through some of the problems that parents have voiced and learn from the SOC Pilot Project how the use of an integrated case manager has helped to move us forward in our integrated planning efforts. This experience will help us to better identify and understand how a lead case manager could be used in Chester County. We will then be able to educate parents and professionals about the concept of a lead case manager during the 2007-08 fiscal year.

Training was one area that respondents to the Survey of Unmet Needs labeled as severe. We anticipate as more and more parents and professionals are educated about our integrated planning efforts, we will be able to better understand how to proceed in the use of a lead case manager. In the meantime, we will use the System of Care Pilot Project to lead us over the next year or so. As we learn from the SOC Pilot Project, we will be better situated to outline our plans for moving forward in our use of a lead case manager in Chester County. Therefore, we will need to update our plans in this area in mid-year of the implementation of the

2007-08 Integrated Children's Service Plan. We will be requesting funds for training to address the challenges we face in this area as will be reported in the next section of this Plan.

INTEGRATED PREVENTION PLANNING

Chester County has developed and implemented a number of prevention activities that have assisted us in our integrated planning efforts in the past and we have plans for new ones to be carried out over the next few years. One of our original prevention planning activities was the institution of the Communities That Care (CTC) model in the county. Initially, the Department of Human Services took the lead in coordinating this prevention planning effort, but in 2003 this initiative was moved over to the Department of Drug and Alcohol Services to be integrated into their overall prevention planning efforts. After starting with two school districts in 1999, we have grown to six school districts in Chester County that have instituted the CTC model of prevention in their communities. All six of these school districts have been able to sustain the services of a Community Mobilizer and the community-specific prevention programming even after the federal and state funding was gone.

Another prevention planning activity that we have carried out over the past few years and will continue to do so in the future is the "Accessing the Child Serving Systems Training." Staff from the Departments of Children, Youth and Families, Drug and Alcohol Services and Mental Health/Mental Retardation, Juvenile Probation Office, and the Youth Center developed this training curriculum. The training is presented three times a year by representatives from each of the aforementioned departments and is open to parents, providers and county staff. The training has been well attended and attendees have responded positively to it. During the training, participants are also informed of our countywide Information and Referral (I&R) network where residents can personally access I&R services at any of seven provider locations throughout the county or at our online I&R system. We believe access to services is as important as the services

themselves, so we continue to improve and enhance our I&R system in Chester County as part of our integrated prevention planning efforts.

In an effort to improve the way families are served in the county and address the increased number of children diagnosed with Autism Spectrum Disorders, Chester County developed the CATCH Team within the past year, which stands for the Child Autism Team Check. This is a collaborative effort between the Chester County Intermediate Unit, Mental Health/Mental Retardation Department, Department of Human Services, Early Intervention, Children's Hospital of Philadelphia, providers and Community Care Behavioral Health, our managed care entity. The CATCH Team provides the opportunity to integrate functions across a number of systems and streamline diagnosis and access to services for children with autism. In addition, the child-serving systems are able to reduce the costs of assessment by ensuring one assessment with all the necessary systems represented and the family leaves the assessment with the next steps to services. During the first year of operation, the CATCH Team has assessed 40-50 children. We will continue to advance the work of this Team as part of our integrated planning efforts over the next few years.

Similar to the CATCH Team, the Chester County Self-Determination Action Team, formerly the Family-Driven Committee, is comprised of parents, providers, educators, advocates, self-advocates and county staff. This collaborative group works to implement changes to the Mental Retardation system through education and identification of needs by challenging barriers that limit funding and community resources. This Team, which meets monthly, is a very collaborative active group. It has coordinated training events, published training brochures and literature, formed ongoing partnerships with state and local committees and advocacy groups, sponsored self-advocates to attend conferences and assisted in the development of Best Practice Guidelines on Relationships and Sexuality and related training curricula. The CATCH Team and Self-Determination Action Team are just a few examples of our existing integrated prevention planning efforts that will continue to grow over the next few years.

One of the integrated prevention planning efforts that we anticipate developing and coordinating over the next two fiscal years is to further assess the training needs of parents and professionals across the child-serving system. Once identified, we plan to implement a curriculum of training to address these needs. The Survey of Unmet Needs that was administered as part of the planning to write this Integrated Children's Service Plan revealed training as the number one unmet need for parents and professionals in Chester County. However, due to the low response rate from parents and the general nature of the survey, we were not able to hone in on the specific type of training that is needed. Overall, respondents indicated that they were interested in training about systems as well as specific groups, such as co-occurring issues, autism, deaf and hard of hearing, sex offenders, cultural competence and developmental disorders.

We plan on further investigating these unmet needs throughout the 2006-07 fiscal year by administering additional surveys and working with Child and Family Focus, our contracted provider of Family Support Services. We want to ensure that we have equal parent and professional representation in determining the unmet training needs in Chester County. Once the training needs have been further refined, we will use the Chester County Family and Community Partnership (Partnership) to help us develop the curricula and identify consultants to provide the training during the 2007-08 fiscal year through funding requested in this Plan. We will also work with the Cultural Competency Committee of the Partnership to ensure that trainings are available to non-English speaking parents and professionals.

Another area that we plan on expanding our integrated prevention planning activities during the next two fiscal years is to better understand levels of care and unmet needs through the use of a common assessment tool. As described earlier in this section, we will be using the *Child and Adolescent Needs and Strengths* (CANS) as a common assessment tool across the human services departments and Juvenile Probation Office. The CANS will be implemented to the clients involved in the SOC Pilot Project and identified populations within the Department of Children, Youth and Family and the Juvenile Probation Office during the 2006-07

fiscal year. Then in mid 2007, we anticipate expanding its use to the Departments of Mental Health/Mental Retardation and Drug and Alcohol Services. We propose to use the results from all of these CANS assessments to move us forward in the next phase of our integrated planning efforts – using data to develop quality improvement activities for the child-serving system. In other words, assist us in building on the momentum and activities we have already accomplished in using the CANS as a decision support tool and move us into using it to define quality improvement. This will help us plot the course in taking the next steps to move us toward developing an integrated children’s service system in Chester County.

The CANS tool is an excellent foundation to start this next phase of integrated planning in Chester County as its use is founded on the principles of “planned incrementalism” as Dr. Lyons states. It is a communitric tool, an information integration tool based on communication that makes no assumptions about cause and effect. In this way, it can be used not only for decision support, as we will be using it during the 2006-07 fiscal year, but also as an integrated planning tool. In this effort, we will engage the services of Dr. John Lyons from Northwestern University, who is the developer of the CANS. Dr. Lyons has worked with counties and states to develop and institute integrated planning across the child-serving systems. Our plan is to hire Dr. Lyons as a consultant to Chester County in mid-to late- 2007 to begin this effort.

We believe with Dr. Lyons’ assistance we can use the CANS data to assist us in defining levels of care and identifying unmet needs for children involved in the child-serving system in our county. This is a huge undertaking, but one we look forward to starting, if we are able to secure the funds through this Integrated Children’s Service Plan. This funding is essential to keep us moving in the positive direction we have been moving since accepting the challenge in 2004 to build an integrated children’s service system in Chester County. We have appreciated the state’s support through our previous Integrated Children’s Service Plans, but we cannot do this alone. Therefore, we ask that you approve our funding request to support us in implementing the second phase of our integrated planning efforts.

SECTION NINE: PROMISING PRACTICES INCENTIVE GRANTS FOR TIER ONE, FY 2007-08

PROJECT DESCRIPTION

Chester County will be requesting funds in this Plan for three areas: training, consultants and purchased services. The first area will be to provide training that was identified in the Survey of Unmet Needs that was administered to assist us in completing this Plan. Training was the number one unmet need identified in this Survey for both parents and professionals. We are proposing to facilitate three types of trainings in the 2007-08 fiscal year. The first training will be advocacy training for parents only and the second set of trainings will be specialized trainings for parents and professionals. The third training will be cultural competence trainings for providers to help them understand and develop the characteristics and internal processes needed to ensure an agency is culturally competent. Culturally competent services and services for undocumented residents ranked fourth in our Survey of Unmet Needs. The consultants who will provide the cultural competence and specialized training have yet to be identified, but the organization providing the advocacy training has been identified.

The advocacy training, entitled PEAK: Parent Empowerment for Advocacy through Knowledge, will be provided by the Mental Health Association of Southeast Pennsylvania. This is an eight-week series of training workshops that teaches parents/caregivers how to effectively advocate for their children, how to increase their knowledge and better access the child-serving systems and how to enhance their ability to communicate with professionals. We are proposing to present one 8-week session during the 2007-08 fiscal year with 15-20 parents (See Appendix "F" for Program Description). In addition, we are proposing to administer trainings throughout the 2007-08 fiscal year on specific topics including co-occurring issues, autism, deaf and hard of hearing, sex offenders, cultural competence and developmental disorders. We also will be administering additional surveys during the 2006-07 fiscal year to help us further define the specialized training topics and agendas.

The second part of our request for funding will be to hire Dr. John Lyons to assist our county in moving into the second phase of our integrated planning efforts. The goal of this phase will be to use the results from *Child and Adolescent Needs and Strengths* (CANS), our identified common assessment tool, in helping us to define quality improvement activities in our child-serving system. We will move beyond using the CANS as a decision support tool to an integrated planning tool. We will engage the services of Dr. John Lyons from Northwestern University, who is the developer of the CANS, to assist us in these efforts as described in the previous section. Dr. Lyons has worked with counties and states all over the United States to develop and institute integrated planning across the child-serving systems.

The third area that we are requesting funding for in this Plan is Purchased Services. We want to purchase services from Child and Family Focus to support the use of the Family Support Advocate for one year after the System of Care Pilot Project has ended. The Family Support Advocate serves as a peer advocate to families receiving services from the child-serving system and assists them in developing a positive working relationship between families and all professional staff involved in the child's life. This person must be a parent or guardian of a child/youth with special needs that has experience successfully negotiating the Child Welfare, Juvenile Justice, Mental Health/Mental Retardation or Drug and Alcohol systems. This is an important position in our integrated planning efforts and one that we are working to institutionalize in Chester County over the next two years. Therefore, one more year of funding is needed to support this position.

Since 2004, we have come a long way in developing and building a culture of integration in Chester County – the first step in the foundation for an integrated children's service system. We feel confident that by the 2007-08 fiscal year we will be ready to move into the second phase of our integrated planning efforts. By that time our System of Care Pilot Project will be completed and our CANS Project will be in full gear. Both of these projects are concrete examples of integrating functions across the human services departments and

Juvenile Probation Office. Therefore, we will be ready to utilize data to identify unmet needs and quality improvement efforts within the child-serving system. This analysis will be completed throughout the 2007-08 fiscal year.

PROJECT DESCRIPTION BUDGET

Below is a breakdown of the funds requested in this Integrated Children’s Service Plan:

Training

PEAK Program (One 8-week Session – stipends, child care & snacks) (\$4,850 per 8-week session w/ 15 parents each session)	\$ 4,850
Specialized Training Consultants (Consulting Fees) (\$1,500/training x 6 trainings w/ 30-50 staff/training)	9,000
Cultural Competency Training for Providers (Consulting Fees) (\$5,000 for 3 Sessions of Training w/ 75-100 people/session)	<u>5,000</u>
Subtotal for Training	\$18,850

Consultants

John Lyons (CANS Consulting Fees) (\$1,000/day x 15 days)	15,000
John Lyons (Travel Costs) (\$500/flight x 5 flights)	2,500
John Lyons (Meals & Lodging Costs) (\$175/day x 15 days)	2,625
CANS Data Programming (Consulting Fees) (\$1,000/day x 14 days)	<u>14,000</u>
Sub Total Consultants	\$34,125

Purchased Services

Family Support Advocate (Purchased Services for one year)	\$40,350
---	----------

Total Expenses	\$ 93,325
-----------------------	------------------

SECTION TEN: EVALUATING UNMET NEEDS FOR CHILDREN ACROSS SYSTEMS

In order to better understand the scope of unmet needs across systems in Chester County, we developed and circulated a Survey of Unmet Needs for parents and staff. The definition of “Unmet Needs” was defined as “services that are needed and not currently provided in the county.” The questions in the Parent and Staff Survey of Unmet Needs were identical, but the wording was changed to address the audience it was intended to reach. A more detailed narrative explaining the circulation and tabulation methods of these surveys and a copy of the actual surveys are contained in Appendix “C” of this Plan. The Survey of Unmet Needs allowed respondents to answer open-ended questions, so the responses were varied. These responses were then grouped into similar categories for ease of tabulation.

Although most of the results of unmet needs were labeled as moderate or low, several were identified as severe. Those falling in the severe area and identified as needs across all of the systems were training, transportation and respite services. Training, although not an actual service, was selected most often by respondents and included training about the different systems as well as specialized groups, such as co-occurring issues, autism, cultural competence and hard of hearing, sex offenders, and developmental disorders. The need for respite services was identified as the second highest unmet need in Chester County. All departments identified the need for respite services, which included short- and long-term respite for children and their families involved with the Departments of Children, Youth and Families, Mental Health/ Mental Retardation and the Juvenile Probation Office. When asked to qualify the number underserved by respite services, most respondents marked the “300 or >” category.

Transportation was the last area of unmet need identified as severe by respondents to the Survey of Unmet Needs. This area was also cited as an unmet need across all of the systems. Transportation is an historic problem in Chester County due to the large size of our county and the lack of public transportation across most of it. People who do not qualify for the Medical Assistance Transportation Program (MATP) or own their own car have very few options to get to needed services in Chester County. The MATP provides about 1,500-1,800 rides a day to residents of Chester County, including children and adults. However, many families who cannot access needed

services are in the working poor bracket and do not qualify for the MATP. We have recently started a group to look at this issue, but limited funding exists to fill this very large gap.

The areas of Unmet Need that were identified as moderate are as follows: services for undocumented residents and culturally competent services; transitional-age services; independent living services; therapy services; housing options; services for co-occurring issues and community education services. All of these services were identified across all of the departments. Although some are not actual services, such as housing options or community education services, they were included as they were identified by four or more respondents and were targeted within the moderate level of unmet need. Most of the aforementioned services are self-explanatory, but several require further elaboration.

Therapy services were linked together and included services such as outpatient mental health services, speech therapy, intensive outpatient drug and alcohol services and rehabilitation services. The level of need for therapy services was identified as between 100-200 people. It was clear that some of these services already exist in the county, but more would be helpful to meet the growing needs of children. The same was true for services for co-occurring issues. These were identified as the traditional mental health and drug addiction client as well as the child who has mental health and/or drug addiction issues and is involved with the Juvenile Probation Office. The latter is a growing concern in Chester County.

Studies have shown that almost 40% of youth who are involved with the juvenile justice system also have mental health or drug and alcohol issues. Overall, there is a large unmet need in the information, research and services available to this population. In Chester County, a number of respondents identified this as an area of unmet need, but within the moderate level of need. Chester County recently received funding through the MacArthur Foundation to address this issue from the standpoint of early identification and treatment.

Services for undocumented residents and culturally competent services were also identified as a moderate level of unmet needs. Chester County has a growing Latino population, which is predominantly focused in the southern part of the county, but is beginning to spread throughout the rest of the county. Services for this population are limited and predominantly centered in southern Chester County. The number of bilingual staff across all systems is also limited. We recently developed a Cultural Competence Committee, a subcommittee of the Family and Community Partnership, which will begin to assess this issue.

The areas of unmet need that fell within the “low” level of need were parenting services, prevention services, job training, partial hospitalization services, support groups, after-school and summer programs, mentoring programs and in-county residential treatment facilities. All of these services were identified across all of the systems except partial hospitalization services which were only identified by the Department of Mental Health/Mental Retardation. Several people identified these areas of unmet need, but the unmet need was cited to be in the low range.