CSG reserves the right to use or publish in other CSG products and services the information provided in this Innovations Awards Program Application. If your agency objects to this policy, please advise us in a separate attachment to your program’s application.

ID # (assigned by CSG): 08-E-28PA

Please provide the following information, adding space as necessary:

State: Pennsylvania

Assign Program Category (applicant): Children and Families

1. Program Name

Integrated Children’s Services

2. Administering Agency

Department of Public Welfare, Secretary’s Office of Policy Development

3. Contact Person (Name and Title)

Angie Logan, Executive Policy Specialist, Integrated Children’s Services Project Director

4. Address

332 Health and Welfare Building
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675

5. Telephone Number

(717) 772-4141

6. FAX Number

(717) 772-2062

7. E-mail Address

anglogan@state.pa.us

8. Web site Address

http://www.dpw.state.pa.us/About/Secretary/IntChildServsPlan/
9. Please provide a two-sentence description of the program.

Children’s services are typically organized in program “silos” such as mental retardation, child welfare, mental health, drug and alcohol, and juvenile justice. In order to transform the current piecemeal approach to a system that treats whole child, Pennsylvania has created and implemented the Integrated Children’s Services Planning process.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

Integrated Children’s Services has been operational since June of 2004.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

All too often, children enter service with unrecognized multi systems needs. On average sixty percent of the children/families in care are receiving services from more than one service system. It is not uncommon to have three, four, and five systems involved with one family. Recognizing that children weren’t getting holistic services, Secretary Estelle B. Richman envisioned a system where all child serving systems at the local level came together to better plan for comprehensive, effective services for children and their families. The need for an integrated system was a recognition that the current human service system at the local level was fragmented and not working. In many instances, children and families had more than one case plan and case worker solely because services were provided by different categorical programs. Because of this silo approach, coordination was not occurring and the best interests of children were not being met. The development of an integrated system was necessary because funds for human services were not keeping pace with the need for comprehensive services. Through an integrated approach, agencies can better serve children and families and avoid duplication of administrative services. More importantly, an integrated system that identifies all of a child’s needs and integrates service delivery will produce better outcomes for children and families and decrease the need for “deeper” end services such as costly out of home placement.

ICSP is unique in that it builds on the Federal Systems of Care (SOC) approach, but recognizes that children have multi-system needs regardless of child welfare involvement (SOC focuses on comprehensive needs of children within the child welfare system). The long term goal of Integrated Children’s Services is to see community level indicators related to children and families improve. Specific indicators that we are monitoring include:

- Babies born healthy
- Healthy children and families
- Child Development and Early Learning
- Healthy Youth Behaviors
- School success
- Safe and Stable Families and Communities

12. Describe the specific activities and operations of the program in chronological order.

In June 2004, Secretary Richman sent planning guidelines to all 67 counties asking them to begin the process of setting up their infrastructure to integrate their children’s services. Counties submitted the first integrated plan in August of 2004 and described what an integrated system might look like given the particulars of their respective county system. This was followed by
regional training sessions where the Department presented the concept of integration and highlighted specific examples of where integrated practice showed positive results. The next step was to have counties begin to develop a specific plan to implement an integrated system. As the process evolved, the planning document became more of an action to implement their integrated system.

Counties continue to send a plan each year that describes where they are in terms of integration and an update of their activities over the year. Cross systems integrated teams review county plans and send feedback based on their review. Counties then continue to implement their plans and if need be receive technical assistance through regional offices or through the ICSP consultant. In 2006/07, the Department awarded $933,000 to nineteen counties to support their local infrastructure and movement towards a fully integrated system.

Recognizing that counties were at different levels of integration, for the 2007/08 planning cycle the Department developed a tiered model of integration. Counties who self designate as a tier one (accelerated county) could submit a budget request that supports development of a single service plan, centralized intake, integrated data systems, integrated case management, common screening or assessments, or integrated prevention programs. Counties who are still struggling remain a tier two continuing progress county. The Department continues to work with all counties to facilitate their movement along the integration continuum. The Department awarded $2.4 million to twenty five counties to support the tiered model.

For the 2007/08 planning year, counties were asked to identify two or more outcome measures as a condition of receiving funds. The Department sent out suggested measures for tracking progress on implementing a common intake, integrated case management or single service plan process. Counties submitted baseline data and their final outcomes are due in August 2008.

1. Common Intake:
   - Percent/Number of Children that upon initial contact with one county system are appropriately referred to another county system.
   - List point of entries within 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.

2. Common Assessments
   - 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 and 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.

3. Single Case Management
- 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.

For the past four years, counties have been struggling with sharing information and confidentiality. This has remained the number one barrier for counties moving forward with integration. In response, the Departments of Public Welfare, Education and Health entered into a partnership with the Child Welfare League of America (CWLA), the Juvenile Court Judges Commission and the Juvenile Law Center (JLC) to hold information sharing forums across the state to give counties the tools and resources to enter into local agency sharing agreements to better serve children and families. JLC and CWLA are funded through the MacArthur Foundation to develop tools and resources for local agencies struggling with information sharing and confidentiality.

The Department is currently analyzing the 2008/09 integrated plans and developing feedback to counties. Funding awards will be made in the summer of 2008.

13. Why is the program a new and creative approach or method?

Before 2004, counties submitted mental health, child welfare, juvenile justice and mental retardation plans to the Department in order to receive funding. Planning in a silo fashion doesn’t take into account the holistic needs of children. Having counties plan for all children’s services in one process helps staff look across systems to provide better services for kids.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

There were no start up costs associated with this program. Costs associated with the planning process itself are incidental and are funded through the secretary’s office. Implementation draws from the budgets of all child servings systems.

15. What are the program’s annual operational costs?

There is not a single line item to fund this program. Costs associated with the planning process itself are incidental and are funded through the secretary’s office. Implementation draws from the budgets of all child servings systems.

For State Fiscal Year 2006/07 DPW awarded $933,000 to nineteen counties to support their local infrastructure in moving towards a fully integrated county child serving system. Funds could be used for planning costs, coordinator or consultants to support ICSP, cross systems training, data or evaluation. Additionally, funds could be used to ensure meaningful youth and family engagement in developing the integrated plan.
For 2007/08 $2.4 million was awarded to twenty five counties with a condition that counties must choose two outcomes to measure and submit baseline data to support their outcomes. Funding was targeted towards integrative activities that support creating a common assessment, single service plan, integrated data management, integrated prevention programs, creating centralized intake and/or an integrated case manager approach.

16. How is the program funded?

There is not a single line item to fund this program. Costs associated with the planning process itself are incidental and are funded through the secretary’s office. Implementation draws from the budgets of all child servings systems.

In 2006/07 $933,000 in awards were released to nineteen counties to support their local infrastructure. Berks County, for example received $50,000 to support shared case managers and to develop a county wide integrated data system. Lackawanna County used their $60,000 to develop a common intake, common assessment and integrated case management.

In 2007/08 $2.4 million was given to twenty five counties to accelerate their integration activities.

Funding decisions for 2008/09 will be made after the state budget passes in July 2008.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No, this is an Initiative developed by the Secretary. Support and buy in has been growing over time.

18. What equipment, technology and software are used to operate and administer this program?

At the state level we help facilitate individual counties who are integrating their local data systems to implement either centralized intake, common screening or assessments tools, or other projects aimed at a seamless delivery system. For the 2007/08 plan cycle, we awarded over $1 million to thirteen counties who were implementing local integrated data systems. McKean ($262,000), Venango ($74,400) and Sullivan ($81,150) counties proposed development of integrated data systems that would link all human service categorical programs together under one database. These counties are working with the same vendor to customize their software to the particular needs of their county. Berks County was awarded $50,000 to develop a data warehouse to better allow the county to use data for integrated program planning. Adams County received $133,500 to develop a data system that would enable the county to implement a centralized intake process and to generate a community report card based on their progress. In total, thirteen counties were awarded funds to support integrated data systems.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

Integrated Children’s Services originated in the Commonwealth of Pennsylvania and is the vision of Secretary Estelle. B. Richman.

Secretary Estelle B. Richman
20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No. When envisioning this model, we did look at the Federal Systems of Care initiative. However, Systems of Care is built around providing comprehensive services for children in the child welfare system. Integrated Children's Services is about children who enter any service arena regardless of whether child welfare is involved. On an ongoing basis, we review the literature around systems change and have found some states and localities engaged in some form of integration but no other state led initiative that is similar in scope.

ICSP is unique in that it builds on the Federal Systems of Care (SOC) approach, but recognizes that children have multi-system needs regardless of child welfare involvement (SOC focuses on comprehensive needs of children within the child welfare system).

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Because this project is about major systems change – moving from a categorical approach to one that focuses on best serving a child based upon their needs – it is evolving over time. Each of the 67 counties within the Commonwealth are at different stages of integration. Our goal is that in the next three years, all counties will have achieved significant movement in integrating their children's systems. At the state level, we have fully implemented the process for reviewing county plans and providing technical assistance as requested by counties. We have created a cross systems integrated management team that coordinates technical assistance, makes funding decisions and develops the guidelines counties follow in the planning process. We also have a 75 member advisory committee made up of parents, youth, providers, judges, counties and staff from all child serving systems.

Our state agency partners represent all child serving and eligibility and benefit systems will continue to work with counties to move them towards full integration. We are doing this through identifying and promoting promising practices including movement towards evidence based practice and addressing state policy or regulatory barriers counties may perceive as problematic. In many instances, the success of the program is the ability to highlight the successes that some counties have achieved and sharing their experiences with other counties that are struggling with integration. Systems change is a never ending long term effort.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

PROS

The major results of the ICSP at the county level are an increase in the number of clients served, substantially less confusion for clients needing to access the system and a major expansion in the range (number) of services available to residents. The most unexpected and perhaps most
welcome result has been the high level of service integration that has been achieved without a single change in state law or regulation or the addition of new state dollars. The implementation of the ICSP represents a major departure for the delivery of county administered social services which are tightly controlled both by legislative mandates and state regulations. While the professional literature is replete with discussions of integration, the Pennsylvania ICSP is the only model that empowers its counties to change its delivery system in the best interest of the child/family.

The first two years of ICSP were spent working with counties to develop their local infrastructure to integrate their systems. The last two years of the project have been geared towards moving from infrastructure building to showing a direct impact on the lives of children and families. As a direct result of ICSP, counties have begun to implement evidence based programs that are proven to show positive impacts for children.

- 37 counties have implemented or are in the process of implementing Multi-Systemic Family Therapy
- 12 counties have or are in process of implementing Functional Family Therapy
- 43 counties are implementing Family Group Decision Making
- 16 counties are developing or have developed common assessments for serving children with multi-systems needs

We know that when children receive comprehensive integrated services, they are more likely to get well faster. Comparing state data since the inception of ICSP we have seen an improvement in child outcomes:

- Substantiated reports of child abuse rates have declined 10% since 2004
- Children in subsidized child care has grown 8% since the inception of ICSP
- Children covered by CHIP and MA has grown significantly from 880,393 to 969,133
- Children receiving services in their own home versus high end residential placement has also grown from 244,000 to nearly 255,000
- We have also significantly affected our juvenile justice population with 75% of the youth not reentering the system; and 254 kids receiving high school diplomas or GEDs in 2006/07.

Children and families with complex needs are getting better, more integrated care.

All 67 counties have made progress in integrating their child serving systems, some counties have merged two systems, and some are close to integrating all systems. On average sixty percent of children need multi-system services to meet their treatment needs. Without an integrated system these children would need to go through lengthy referral processes, with multiple case managers and jump through numerous hoops to get the appropriate treatment they need.

Clarion County

As a direct result of ICSP the county has developed a common referral form streamlining the intake procedure when consumers request additional services. Prevention programs have been initiated through the cross systems collaborative using a private non-profit as the lead agency to reduce the cultural stigma Appalachian people face as they are hesitant to use governmental programs. Systems change in Clarion County has had a direct impact on the number of referrals to children and youth services (CYS) and creates alternative programs for families so they do not become part of the county service system. In one case, a pregnant twenty-four year old mother (who had previously lost four children to CYS) has now become a very attentive mother with a healthy, thriving two month old baby boy, and reports that she intends to stay off alcohol and
drugs to be a better mother. The county has also implemented Family Group Decision Making as an alternative service for families in the child welfare and juvenile justice system. As a result of implementing this model, the county has seen several successful family preservation meetings.

**Tioga County**

Tioga County in North Central Pennsylvania with a population of about 41,000 has one of the lowest median incomes in the state but covers the second largest geographic area in the Commonwealth. Tioga suffers from a host of social problems ranging from child abuse to domestic violence; indeed the county has one of the highest rates of verified child abuse/neglect in Pennsylvania. In an effort to deal more effectively with these problems as well as manage its resources more effectively, the Tioga County Human Services System fully integrated its management and services to provide comprehensive, family-based services through an integrated administrative structure with de-categorized as opposed to categorical service divisions. Single case-management was developed in an effort to reduce the duplication of administrative and case-management services when the categorically funded human services are delivered to clients by numerous providers who respond to a variety of funding authorities. The hallmarks of this service system are a centralized administration, a fully integrated financial management system, common data base, centralized intake, and a single case-manager system that brokers all the categorical services through cross-trained case-managers. The de-categorized model has created, in essence, a one-stop-shop for accessing services. The end result is that the consumer, as well as his or her family, is treated holistically with one case-manager assessing the entire family’s needs.

**Breaking down the silos between different systems at both the state and county**

**Columbia County**

Columbia County is part of a four county mental health and mental retardation joinder, the counties decided from the outset to establish a core working team with individuals representing the child serving systems of the four counties. Through quarterly four county meetings the four counties have improved collaboration, communications and processes to better integrate services.

**Lehigh County**

In 2006 Lehigh County combined all human services fiscal offices into one agency so one Fiscal Manager could provide a single perspective of all offices needs to the Director of Human Services (DHS). The DHS Fiscal Manager is involved in the budgeting process of each agency and is responsible for ensuring a budget structure to support integration.

**Berks County**

As a direct result of the ICSP, Berks County has implemented integrated drug and alcohol and mental health assessments at their Youth Detention Center, ensured that all County department service plans include space to record services that are being provided by other County and community agencies, and has begun work on an integrated data management system.

**Children and families, along with other stakeholders, are part of the decision making process.**

**Fayette County**

Fayette County has achieved a number of positive outcomes through their Collaborative for Families. In 2006-07, the county implemented certification classes for a Family Development credential. To date, the county has trained and certified eighteen staff from all systems that encounter children and families. In 2007, the county hosted a series of five community meetings
to solicit feedback from parents, teachers, clergy and other community stakeholders on the needs of children and families in their communities.

_Crawford County_

Crawford County lies in the Appalachian Plateau with an estimated population of 89,890. The County vision includes one comprehensive assessment for all potential strengths and needs of each family, timely assess to every categorical service, increased parental involvement and treatment, increased early identification of child/family risk factors coupled with more preventative programs, and pooled funding so that every child has access to any service regardless of categorical involvement. The county vision for integration holds that regardless of the presenting issue, children and families should undergo one assessment only, which would screen for any potential system needs including mental health, mental retardation, early intervention, drug and alcohol, child welfare, housing and/or public assistance needs. The county is developing the concept of integrated case management for children/families with multi-system involvement. Lastly, the belief that parental involvement and treatment is paramount to each family’s success drives programming.

**CONS**

One area that continues to be problematic is how to balance handling and sharing confidential information related to drug and alcohol services but still maintaining an integrated system. Based on existing policies and current regulations, integrating children’s services can create a conflict with state drug and alcohol regulations. Counties that are moving forward with integrated or lead case management have difficulty in entering into information sharing agreements based on the state rules. Currently, there are proposed amendments to Pennsylvania’s drug and alcohol regulations to enable information sharing to be more consistent with other states and the federal drug and alcohol regulations. We have also entered into a partnership with the Child Welfare League of America and the Juvenile Law Center to hold information sharing forums across the state to give counties mapping tools for entering into information sharing agreements and to give them the resources to understand all the federal and state rules pertaining to confidentiality.

Another area that remains a barrier to integration is categorical funding rules. Each child serving system is governed by both federal and state regulations. Encouraging integration often is stymied by the inability of counties to blend and braid funding to support integrated services because of federal and state rules. Funding barriers (either categorical rules or lack of funds) will always remain a challenge, but some counties have figured out how to integrate some funding to do this. Over the last two years, the Commonwealth has been able to use diversified funding sources to support county integration efforts by awarding counties more than $3.3 million in grants to support integrative efforts.

23. **How has the program grown and/or changed since its inception?**

The program has always included all 67 counties in the Commonwealth, however in State Fiscal Year 2007/08 we implementing a tiered model of integration. Recognizing that 67 counties were in different states of integration, we developed a two tiered model of integration. Counties that opted to accelerate their integration activities were able to submit a promising practices budget request that supports either integrated case management, integrated prevention programs, integrated data systems, centralized intake or to support the development of a comprehensive screening or assessment tool. Twenty-seven counties opted to be a Tier One for 2007/08 and thirty-four counties opted to be a Tier One for 2008/09. Counties that weren’t at an accelerated...
pace, were encouraged to continue their progress and were designated as a Tier Two county. These counties can continue to receive technical assistance to encourage them to move towards an accelerated path to integration. We anticipate more counties will opt to be accelerated tier one counties for the 2009/10 planning year.

The first two years did not include any funding for counties. We were able to secure grant funds for years three and four for a total of $3.3 million in promising practices grant awards ($933,000 for 2006/07 and $2.4 million for 2007/08).

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

*Top level leadership is key* – Integrated Children’s Services is led personally by the Secretary of the Department of Public Welfare who developed the vision for the project. Having top level buy in is key for the program to succeed.

*Breaking down program silos* - One of the initial barriers other states will face relates to the acceptance from program staff who view integration as infringing on their authority or turf. Integration means that program staff must share responsibility, collaborate and be willing to change how they operate. This brings initial resistance from individuals who are afraid of change or may not understand what change will mean. To create the infrastructure the state must educate staff at all levels (state, regionally and at the local level) to ensure that integration means better outcomes for children and families, more productive work from agency staff, and often less money.

*Creating the infrastructure at all levels of government* – Integrated Children’s Services is managed through a ICSP Management Team that includes the deputies and high level staff from all DPW offices that touch the lives of children – the Office of Developmental Programs, the Office of Mental Health and Substance Abuse Services, the Office of Children, Youth and Families, the Office of Medical Assistance Programs, the Office of Income Maintenance, the Office of Child Development and Early Learning, along with high level staff from our sister agencies – the Juvenile Court Judges Commission, the Department of Education and the Department of Health (Bureau of Drug and Alcohol Services). Because Pennsylvania has 67 counties, we also have a regional office structure to provide technical assistance to counties. Lastly, we have a 75 member advisory committee that includes youth, families, providers, county child serving systems, schools, judges, etc.

*Funding* – Creating integrated systems takes time and patience and a little money always helps. The first two years of the program went slowly, with counties setting up their infrastructure to coordinate and collaborate amongst child serving agencies. In years three and four, we were able to secure some funding and the level and speed of integration changed substantially. Having a stable funding source can accelerate integration practice.

*Confidentiality* – One of the biggest barriers in all child serving systems is how to ensure confidentiality and protect the child and family but to share information that can best help different agencies meet that child’s needs. We found that many counties were misunderstanding the different state and federal regulations pertaining to information sharing, training cross systems county teams to understand the rules and giving them tools to enter into information sharing agreements will help mitigate this challenge.
Ms. Nancy Vickers  
National Program Associate  
CSG Innovations Awards 2008  
The Council of State Governments  
2760 Research Park Drive, P.O. Box 11910  
Lexington, Kentucky 40578-1910

Dear Ms. Vickers:

I am pleased to submit our proposal for the Council of State Governments Innovations Awards for 2008. We are excited by the opportunity to showcase our Integrated Children’s Services Planning Initiative. The proposal represents the collaborative effort of all child serving systems at the state and local level. As such, it reflects our recognition of an important objective of the Council of State Government’s Innovations Awards Program – to share cutting edge best practices amongst state officials.

Over the past five years, the Rendell Administration has demonstrated a strong commitment to building a system of quality supports for all children in the Commonwealth. The Department of Public Welfare has as one of its principle goals, the prevention of deep-end system involvement for all children. As we work to build the best systems possible, our ultimate goal is to prevent children from ending up abused, neglected or delinquent. By connecting families to appropriate resources we can help to elevate the stressors that lead to abuse and neglect.

The Rendell Administration has made it a priority to ensure that all systems which touch the lives of children and families are working together to provide the best services, supporting efforts to encourage healthy families clearly fits in with the mission of the Department of Public Welfare. Thank you for the opportunity to submit this application.

Sincerely,

Estelle B. Richman