Westmoreland County

2010 - 2011

Integrated Children's Service Plan

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Executive Summary

Westmoreland County continues to work towards the creation and implementation of an integrated system of services for children, youth, and families and recognize the need for a system that is strength based and one that partners with families and youth at every level of planning and implementation. Our vision statement continues to be as follows: **To provide children, adolescents, and their families, who are involved in any public system, a continuum of care that assures safety, well being and healthy development by improving access to appropriate services and resources to meet their needs, as well as appropriate service planning and development of prevention strategies that will encourage healthy development and stability".** The designation of being a Tier One County has allowed our county to take significant steps to move to full integration with the development of a common assessment tool, a continuum of care at every level of system involvement, and reorientation efforts that focus on the effective engagement of family members and individuals thereby promoting self-sufficiency and advocacy from a strength based perspective. Westmoreland County remains committed to an integrated services system that promotes the health, safety, and well being of children and families. This commitment is supported by the efforts made towards family and youth involvement in the planning and development of this year's Integrated Children's Services Plan. Based upon feedback from the Department of Public Welfare, Westmoreland County has increased efforts of engaging and involving parents, family members, youth, professionals, and community members; this involvement will be reflected in this year's plan and proposed strategies. The process of progressing towards full integration will be enhanced

as the Child and Adolescent Needs and Strengths (CANS) tool will be used by over fourteen (14) providers and across three child serving systems, the enhancement of the CASSP system with the introduction of new members including youth representation, court appointed advocates, and community resources such as the Elks Home Nursing Program. To offer a full continuum of care for youth and adolescents, we are anticipating the addition of a mental health/drug and alcohol outpatient facility that will examine the complex needs of the multi-system youth and be centrally located within the county juvenile detention and probation facility.

With the 2010/2011 Integrated Children's Services Plan proposal, our focus will continue to be the expansion of a system that is strength based, partners with families, youth, and community members to improve the delivery of services across various disciplines such as child welfare, juvenile justice, education, mental health, drug and alcohol, early intervention, and the medical community. Our focus for the 2010/2011 plan will be as follows:

- A hospital transition coordinator to increase family engagement and follow through with recommended services following a child's inpatient hospitalization

- Ongoing Integrated Children's Service Planning meetings to work towards full integration through discussions regarding centralized intake, integrated case manager approaches and single service planning. The workgroup will also be influential in the planning of a Parent Mentor program which was proposed in the 2009/2010 plan as well as the goals identified for this year's plan.

- An analysis of discharge planning, transitional services, and aftercare for youth returning from a residential treatment facility or placement and the development of a specialized CASSP team for this targeted population.

- Examining the relationship between school districts and their communities; specifically the resources that exist within each community and how to increase the youth involvement in positive and healthy after school activities.

- Integration of the physical health and mental health communities to promote healthy development for all children, birth to eighteen, and to increase collaboration and communication.

- Integration of the faith based community and mental health services to strengthen community outreach efforts with an emphasis on suicide prevention and awareness and mental health service delivery.

- Expansion of school based outpatient services that will include mental health and drug and alcohol treatment services to junior and high school students.

Description of Stakeholder/Family/Youth Input

Westmoreland County continues to embrace a cross system approach for planning of the Integrated Children's Services Plan; this year, efforts were expanded to capture a broader and more comprehensive cross system representation. To address feedback from the Department of Public Welfare in the area of family and youth engagement and involvement, Westmoreland County convened a workgroup to assist in the planning phase of this year's plan by extending invitations to all CASSP Advisory group members, all school district superintendents, guidance counselors, and teachers, and the student assistance program liaisons and supervisors. The workgroup response was overwhelming with representatives from nine school districts and three SAP liaisons. This workgroup included representatives from child welfare, juvenile justice, education, student assistance program, mental health, early intervention, and numerous private social service agencies that serve children and families. The planning workgroup met often; these efforts generated much discussion and served to identify strengths and needs within current service delivery system (Appendix B-1). To engage families and youth in the planning of this year's plan, a parent group discussion meeting was held on June 29, 2009; this meeting was attended by seven community/family members. To encourage youth involvement in the planning phase, input from youth was sought by visiting the county's local transitional age drop in center, The Giving Tree. From this interaction, youth were able to provide input about the current service delivery for youth, suggestions to improve services for youth, and ways to ensure that the youth voice is heard and youth are included in the planning and development of services and programs. Westmoreland County will continue with each

year to reach out to those whose representation was absent in the planning process and will continue to recognize the community as an integral part of the planning process (see Appendix B-**Strategies for involving families and youth in the Integrated Children's Services Planning** and Appendix G-**2010/2011 Integrated Children's Services Planning Cross System Planning Meeting Participants**)

APPENDIX B

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

Strategy for involving families and youth **is currently in place in the county**	**YES**	**NO**	**2010/11 plan will include**
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. Tips: • 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.	**Yes**		**Expansion planned to incorporate families, youth, and faith based organizations to CASSP advisory committee**
Fa' 'es/youth have more than token representation at meetings and staff are actively asking for their input at both the process and implementation stages. Tips: • 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.	**Yes**		**Family input was sought for 2010/2011 plan; efforts will continue to increase family involvement and input**
There are active working partnerships with parent groups within the county. Please list groups in your narrative section. Tips: • Ask people charged with collaborating with family groups for a list to identify groups, including the CASSP Coordinator, and Intermediate Unit staff (Migrant	**Yes**		

Strategy for involving families and youth **is currently in place in the county**	**YES**	**NO**	**2010/11 plan will include**
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.) • Typical Local PA Groups o Head Start o Family Support Alliance (formerly Parents Anonymous) o Mental Health Association o NAMI o Ahead (Autism) o Family Centers (school districts) o 21st Century Afterschool Programs			
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. Tips: - Recruit families to help develop outreach materials – newsletters, brochures and/or county website information.	**Yes-evident in this year's planning efforts**		
Families/youth who participate in planning sessions are compensated in some manor. Tips: • Pay a stipend/salary • Provide transportation, meals, child care (on site or reimbursement) • Offer donations from businesses- meals, gift cards		**No**	**Will explore existing policies to address compensation**
Meeting times and locations are flexible to meet family/ youth needs and availability. Tips: • Holding planning meetings on the evenings or on weekends	**Yes**		**Future ICSP meetings will continue to take meeting times and location into**

Strategy for involving families and youth **is currently in place in the county**	**YES**	**NO**	**2010/11 plan will include**
• In locations such as schools, community centers, churches and other settings that may be more familiar and comfortable to families/youth than state or loca office buildings. • Work with schools to develop capacity for students to use participation to mee graduation or other school requirements. • Work with JPO to develop capacity for youth to use participation to meet probation obligations including community service.			**account**
Surveys are conducted to elicit the views of a wide range of families/youth. Tips: • 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.	**Yes**		**Copies of ICSP meeting agendas and survey included with plan**
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. Tips: • Develop funding that supports the operation of these groups. Direct or in kind, i.e. invite leaders to participate in county trainings.	**Yes**		
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. Tips: • Develop process with stakeholders	**Yes**		**Youth participate at Consumer Support Program Meetings each month**

Strategy for involving families and youth is currently in place in the county	**YES**	**NO**	**2010/11 plan will include**
• Commit decisions to writing and make them public			
A process is in place to work with home-visiting programs, such as Parents As Teachers (PAT) through Family Centers or health clinics to involve families/youth who may be otherwise difficult to reach.	**Yes-this year's plan will expand in this area**		
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 childre and youth, mental health, early intervention, juvenile justice, drug and alcohol, etc to involve families who have benefited from these services.	**Yes**		
Acknowledgment of the contributions of families and youth are done routinely and publicly.	**Yes**		
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.	**Yes**		
Family and youth satisfaction surveys regarding their satisfaction with being actively involved in the ICSP process are routinely conducted.	**Yes**		**Will continue for upcoming future ICSP meetings**

Strategy for involving families and youth **is currently in place in the county**	**YES**	**NO**	**2010/11 plan will include**
County resource mapping is utilized to show what services are available, including family support groups.	**Yes**		**Ongoing development of resource grid for outpatient services; a child/youth specific resource guide is planned**
County staff have attended local family support groups to understand the services they offer and to promote integration activities.	**Yes**		
Articles about ICSP as well as meeting times and places are placed in local newspapers.		**No**	**Will explore** **For future planning**
Mailings are sent to all school administrators, guidance counselors, and Student Assistance Program representatives to be involved in the ICSP process.	**Yes-evident in this year's planning efforts**		
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.	**Yes**		

Strategy for involving families and youth is currently in place in the county	YES	NO	2010/11 plan will include
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	Agree		
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.	Yes		
OTHER: We ,noreland County has a population over 300,000 people and is considered a third class county; the county is made up of several cities and townships but remains largely a rural county with a unique culture in each region. Westmoreland County has been impacted by the economic downturn and there is a greater demand for services especially services to meet basic needs of families. In response, many programs and services have expanded to allow for easy access to these needed services but reaching these families continues to be a challenge. This year's cross system planning approach was broaden based upon feedback from the Department of Public Welfare regarding our 2009/2010 ICSP; their suggestions were incorporated into this year's planning efforts and include the following systems and strategies: **Child & Adolescent Service System Program (CASSP) Involvement:** Historically, Westmoreland County has embraced the CASSP principles and continues to have a strong CASSP team presence. There are three levels of CASSP in our county; they include: three CASSP core teams, CASSP Advisory Committee, and the CASSP Directors. The first CASSP team originated in Greensburg; to accommodate families in the rural parts of the county, CASSP teams were established in the northern (New			

Strategy for involving families and youth is currently in place in the county	YES	NO	2010/11 plan will include
Kensington) and southern (Monessen) regions of the county. The CASSP Advisory committee meets monthly and many members participated in this year's ICSP planning. The CASSP Director's committee, which meets quarterly, has also been influential in the planning process this year. **Student Assistance Program (SAP) Involvement:** The Student Assistance Program in Westmoreland County remains a strong component in identifying at risk youth in our seventeen school districts. The Student Assistance Program Liaisons are dually trained in mental health and substance abuse issues; liaisons are employed by three separate outpatient clinics in the county. This year, SAP liaisons and supervisors were included in the planning meetings in addition to their attendance at SAP thematic workshops that occur throughout the year. This year liaisons were also involved in the planning and development of the plan. **Education involvement:** To increase involvement from educators and school districts, each school district received an invitation to participate in planning meetings. These invitations were ex ded to school superintendents, school administrators, principals, guidance counselors, and teachers. The response from educators exceeded our expectations and we are pleased to report that nine school districts responded; this included school administrators, principals, guidance counselors, and teachers. **Family involvement:** To increase family voice in the planning process a "town hall" approach was developed. This approach was conducted to enhance family involvement in the ICSP planning process. To educate parents and the community about the ICSP plan, a fact sheet abou the ICSP was developed and a group "town hall" discussion was conducted in the evening hours. To reach as many parents and family members as possible, collaboration between numerous child serving agencies occurred; agencies were asked to distribute copies of the ICSP fact sheet and invitations for the group meeting. Severa agencies also posted the invitation in their waiting rooms; overall, some agencies that assisted in this distribution of ICSP meeting information included: Westmoreland Case Management & Supports, Parent-to-Parent, Local Interagency Coordinating Council, Family Services of Western Pennsylvania/ParentWISE program, county parent support groups, and all Westmoreland County Mental Health and Mental Retardation providers While the group meeting was not well attended, significant dialogue was held with			

Strategy for involving families and youth is currently in place in the county	YES	NO	2010/11 plan will include
those present about the plan goals and community needs. We plan to continue reaching out and seeking new ways to engage family members and involvement throughout the year in the planning process. **Youth Involvement:** Westmoreland County sought out to increase the youth voice as well in the planning process for this year's plan to strengthen that venue of input as well. This year, approximately one dozen youth were interviewed and asked specific questions about the quality of services, specific youth focused services that they would like to see in the future, and ways in which youth voice could be expressed. Many of the youth responses focused on issues such as housing, employment opportunities, college studies, skill building, and socialization. To continue encouraging the youth voice, a youth forum is being planned; youth will be invited to be involved in the workgroup and planning stages for this forum.			

Self-Assessment of Community Level Outcome Indicators

To capture an accurate analysis of the community needs for Westmoreland County and to gather a cross system perspective, several workgroup discussions were conducted that generated a number of prevention strategies for children and families. Participants of this workgroup included representatives from child welfare, juvenile justice, mental health, early intervention, education, drug and alcohol, family and youth, community members, and several child serving agencies. Much of the workgroup discussion focused on transition or aftercare services and engaging the child and family through the use of mentoring. After review of HealthChoices data, it was decided to direct prevention efforts towards children and adolescents that experience a psychiatric hospitalization, and re-admission, by employing a hospital liaison and transition coordinator approach. This approach would address the following goals: early engagement of the family upon admission; enhance the participation of families during the inpatient hospitalization period; enhance systems coordination for the discharge planning process; assist with the coordination of recommended services; and increase the likelihood that after care treatment services are obtained to prevent a future crisis situation and hospital readmission. In order to process this initiative, Westmoreland County was not able to select from the community indicators provided in the plan guidelines; however we feel that the indicators developed meet the plan's criteria which include:

1) The county has current data on the indicator and can measure it at least annually, and

2) The data can be compared with other similar counties in Pennsylvania

The outcome selected for these indicators will be Healthy Children; the indicators developed for the 2010/2011 plan include:

1) Child/Adolescent Psychiatric Hospitalization Rates

2) Children/Adolescent Psychiatric Hospitalization Re-Admission Rates

3) Family engagement and rate of follow up services after a hospital discharge

Appendix C

Self-Assessment of Community Level Outcome Indicators

Westmoreland County

Outcome Area: Healthy Children

Indicator:

- Children/Adolescent Psychiatric Hospitalization Rates
- Children/Adolescent Psychiatric Hospitalization Re-admission rates
- Family engagement and the rate of follow up services after a hospital discharge

Discussion:

Westmoreland County has over 84,000 children and approximately 23,300, or 27 percent of these children are enrolled in the medical assistance program. Many of these children receive developmental, emotional or behavioral health services however these statistics do not reflect those who are in need of the above mentioned services, lack health insurance, or those receiving services through private insurance. Sadly, many children and adolescents will experience a significant mental health crisis that will result in psychiatric hospitalization which can be a very stressful time for the child and family. The discharge process can bring additional stressors for the child and family as they prepare for transition back to their home or another recommended placement; unfortunately, there are times in which the family does not follow through with the treatment prescribed upon discharge. Some of the reasons for this could be a lack of understanding of the recommended services, poor discharge planning, lack of family engagement; child behavior improves upon return home, lack of transportation, and lack of insurance. Regardless of the reason, the child is at greater risk for readmission should another mental health crisis occur.

During planning meetings and surveys completed for this year's Integrated Children's Services Plan aftercare/reintegration services were identified as a top priority area as any psychiatric hospitalization has a direct impact on the youth's emotional, social, and academic development. The planning workgroup also identified parent mentoring and advocacy services as a top priority with the belief that family engagement is essential for a child's development, health, and well being. These discussions generated an analysis of the hospitalization and

hospitalization readmission rates for HealthChoices children and adolescents (up to 18 years of age) and our continuum of care to enhance the discharge planning process to ensure that children and adolescents can access aftercare treatment services when recommended. These discussions and analysis have resulted in the proposal of a hospital transition coordinator position that promotes family engagement upon hospital admission, identify community and natural family supports and strengths, assist in linking the family to recommended services, and enhance the collaboration of discharge services to decrease the likelihood of future psychiatric hospitalizations.

Westmoreland County Hospital Admission/Readmission statistics

In 2007, a total of 296 children, 18 years and under, were admitted to a psychiatric hospitalization. Of these 296 children, re-admission rates are as follows:

Zero to seven days: 18 children (6 percent)

Eight to thirty days: 39 children (13 percent)

Thirty-one to sixty days: 27 children (9 percent)

In 2008, a total of 290 children, 18 years and under were admitted for psychiatric hospitalization; this is a slight decrease from last year. Of these 290 children, re-admission rates are as follows:

Zero to seven days: 7 children (2 percent)

Eight to thirty days: 25 children (8 percent)

Thirty-one to sixty days: 20 children (7 percent)

These statistics only represent those children enrolled in Health Choices and do not represent those children with private insurance. Regardless of insurance funding sources, the number of children readmitted is considered to be of concern. Also of interest and concern is that for both years, the highest age category for hospital admissions were children ages 13 to 18 years. This age group is considered to be at a higher risk as they move through adolescence and prepare for transition to adulthood.

For both 2007 and 2008, children diagnosed as having a "relationship disorder" accounted for the largest diagnostic category. This supports the need for a stronger family engagement component during hospital stays and upon discharge when the caregivers may be experiencing the highest degree of stress.

Discharge recommendations and follow up treatment

At the time of discharge from inpatient hospitalization, it can be expected that treatment recommendations are developed and should be reviewed with the family in the form of a discharge plan; what is not as clearly reported or identified is the family's perception of the discharge planning process, the degree to which they were included in the discharge treatment goals, the degree to which they understand the discharge recommendations, and their plans to follow through with the recommended treatment services. A 2008 review conducted by Value Behavioral Health showed that the percent of members who had follow up within 7 days of discharge ranges from 38.3% to 99.6%; however, these statistics do not distinguish between children and adult members. Since discharge treatment recommendations vary from member to member, this area will require additional outcome reporting. It is also unknown if the member had been involved with treatment services prior to admission; additional outcome reporting is needed in this area as well.

Regional and Statewide data:

County data for this proposal was obtained from the Southwest Behavioral Health Management Inc. who provides oversight to the contracted managed care organization, Value Options of Pennsylvania. This oversight is also provided to other counties such as Butler, Washington, Venago, Crawford, and Mercer; hospitalization rates could be obtained for comparison purposes but these counties are not in the same class size as Westmoreland County, therefore, the data cannot be compared equally. A similar challenge presents when you analyze Pennsylvania counties and their contracted managed care organizations which vary according to the HealthChoices zone; these barriers make it difficult to obtain statewide statistics for child and adolescent hospitalization rates.

The importance of family engagement has been stressed and reiterated a number of times during this year's planning process; Westmoreland County continues to incorporate parents/families as partners at every level of planning and this includes events such as their child's inpatient hospitalization. We also desire to build stronger relationships within the hospitals and communities to support families and to decrease the inpatient recidivism rate for children, adolescents, and transitional age consumers. At the national, state, and local levels, parent involvement is a key component to a child's safety, health, and overall well being. We also feel, based on parent and professional discussions, two key components should be enhanced in the mental health service delivery system, specifically the inpatient process; these include viewing parents as partners in the treatment team and discharge process and that

service delivery should be family-friendly. We are defining family friendly as consisting of three elements: family involvement, family empowerment, and family cultural characteristics. To promote these elements during a child's inpatient hospitalization, we are proposing the utilization of a hospital transition coordinator with the expected outcome of increasing family engagement at the onset of hospitalization to assist with the treatment planning, decrease readmission through the use of parent education, advocacy, and provide follow up care post discharge.

Proposed Strategies to improve the outcome area: Westmoreland County is proposing the development of a hospital transition coordinator to enhance the continuum of meaningful family engagement and to increase the family's ability to be restored and maintained as a family unit following a child's inpatient hospitalization. Since families have the most knowledge of their family's lifestyle, what informal resources and support systems are available and what is most important to them, the coordinator's role will be to work closely with the **child and the family** in collaboration with the hospital staff to increase the level of information that is disclosed and ensure that all team members are invested in making the child's service plan successful. To accomplish this task, the coordinator will create a written "family story" narrative which details the family's history and provide information that the family can take with them upon discharge to reduce the "re-telling" of information and history. The coordinator will also provide support to the family beyond the discharge in the form of phone contact and collateral contacts with proper authorization to ensure that services were accessed in a timely manner and assist the family in minimizing any barriers to these services.

The introduction of a transition coordinator is not to replace or duplicate the discharge planning process that occurs in the hospital setting; the purpose is promote family engagement at the onset of a hospital admission, engage the child and family in the treatment planning phase, provide education about psychiatric diagnosis and treatment options, and provide follow up and monitoring services following discharge should the family require additional supports in accessing services to assure necessary follow through.

The services of the transition coordinator would be voluntary and offered to families whose child may be identified as at risk for re-admission, such as those children targeted for inpatient hospitalization with no prior mental health history, adolescent children with a diagnosis of relationship disorder or history of family dysfunction, children who are re-admitted within 30 to 60 days of discharge, and children that the hospital social worker feels may benefit from these services. Because family members are the persons responsible for carrying out the treatment recommendations for the child, they need to be involved in understanding the hospital's

discharge plan, determining how treatment services would be best delivered according to their lifestyle and cultural needs, and in choosing mental health services for their child.

Measure of Short Term goal:

- Decrease number of children who are re-admitted for psychiatric hospitalization
- Increase family involvement in the treatment and discharge planning process
- Develop tracking report to reflect reasons child enters inpatient (danger to self/others, parent/child conflict, increase in psychiatric symptoms) and discharge recommendations (outpatient, case management, partial, residential treatment)
- Assess parent satisfaction with the inpatient hospitalization process including degree to which they were involved in treatment planning, understand recommended services and accessibility to services
- Develop method to track whether child and family accessed recommended treatment services following discharge from hospital
- Identification of barriers that prevent recommended treatment services from being obtained by child/family

Requesting ICSP funds to implement this plan? Yes

2009/2010 Integrated Children's Services Plan Successes, Challenges and Barriers

In the past year, Westmoreland County has taken steps to be as fully integrated as possible given the demographics of the county and the implementation of the 2009/2010 plan will further these efforts. The 2009/2010 plan identified cross system training, a truancy task force, family developmental credentialing, common assessment consultation, prevention strategies, family and youth engagement, and aftercare as our tasks as we progress towards full integration. There have been early successes in the areas of family developmental credentialing, common assessment consultation, and family and youth engagement. The most notable event in the past year has been the degree to which multiple agencies are working together, the outreach to community based providers, and the inclusion of parents and youth in the planning and development of programs and services. As we proceed with this year's plan, the integration efforts and participation of these systems, agencies, community and family members will serve as the foundation for new ideas and also reflect the dedication to children and families.

Early Successes: Westmoreland County strongly endorses family engagement and family empowerment with all child serving systems and providers and has recognized this as an essential component when working with children. To promote these skills, family development credentialing training was provided to sixty (60) workers from child serving providers. The initial feedback from those completing this program was positive and encouraging. To compliment integration efforts, the Child & Adolescent Needs and Strengths (CANS) tool has been developed and is now being implemented in Westmoreland County. This assessment tool

will serve as the foundation for the next phase of integration. There are a total of 34 certified trainers in over sixteen agencies using this common assessment tool. The Westmoreland County Children's Bureau has also begun implementation of a new safety assessment tool; this tool, used by all caseworkers, is completed at each contact with a child to assess safety, risk, and overall well being. In addition, juvenile probation officers and detention staff continue to utilize the MAYSI-2 for potential substance abuse or mental health problems.

Challenges: A few challenges with the early implementation of the 2009/2010 Integrated Children's Services Plan have been discovered and are being addressed. Most notably, the truancy task force that was part of the proposed plan for last year will be placed on hold temporarily. Earlier in the year, Westmoreland County Juvenile Probation began the process of transferring their dependency referrals to the Westmoreland County Children's Bureau; these referrals include truancy matters. The matter of truancy was identified as a top need in our ICSP planning meetings this year and the task force will be formed once these two systems have identified a protocol for serving dependent youth which often involve truancy matters. The opening of the centralized and comprehensive outpatient clinic has been delayed due to construction. The clinic is expected to serve children and adolescents by the end of the calendar year, 2010.

Barriers: In the past year, there has been an emphasis on meaningful engagement and partnership with other child serving systems, school administration and providers; these efforts have resulted in productive workgroups and new practices. However, the past year has proved to be an extremely busy time for all child serving systems and providers with the introduction of new training opportunities and assessment tools. As a result, front line workers and

therapists have gained new skills to better serve children and families but it has limited the amount of time for other endeavors such as cross system trainings, common intake or referral forms, or a lead case manager approach.

Westmoreland County remains committed to an integrated approach and is continually seeking ways to ensure that each child and family receives programming that can meet them where they are at and help them get where they want to be. There are many new programs and services within the county and new approaches have been taken to include parents, youth, and providers at each step of development, planning, and implementation. To continue our progress towards full integration, we will be examining other Pennsylvania counties' integration efforts in the areas of centralized intake, integrated case manager and single service planning; results of this examination will be brought to the planning workgroup for discussion and consideration. Westmoreland County is committed to reducing these barriers and challenges by increasing partnerships, communication, and collaboration efforts with child service systems and agencies to promote integration approaches and to practice cross system trainings. In conclusion, regardless of the challenges and barriers that exist, Westmoreland County remains positive and is encouraged by the steps taken to promote safe and stable families, child health, safety and well being.

Notification of Intent to submit as Tier One

Westmoreland County has been designated as a Tier One county since the 2008/2009 Integrated Children's Services Plan; this status remains in effect for this year and there have been no changes otherwise.

Planning for Full Integration of Children's Services

Centralized Intake, Lead/Integrated Case Manager, and Single Service Planning: On July 23, 2009 this year's ICSP planning workgroup examined the county's current status in each of these areas examining strengths and barriers. With the implementation of the common assessment, Westmoreland County is prepared to move towards the next step of integration. In order to accomplish this task, the CASSP Coordinator will examine other counties in Pennsylvania that are utilizing these integration concepts and use existing programs as a foundation for implementation in Westmoreland County.

Centralized Data Management System: With the introduction of a common assessment tool, we recognize the importance and need for a centralized database system to avoid duplication of services and efforts; our goal will be to explore current data management systems that could capture pertinent information, especially information about the multi system involved child.

Centralized Intake/Shared Referral Forms: Westmoreland County child serving systems and agencies each employ their own intake process according to their policy, procedures and regulations. To address centralized intake efforts, we plan to begin with the examination of other county system programs and move towards the concept of a shared referral form for the multi system youth for the purpose of gathering important demographic information. Planning for a centralized intake process in our county will take place simultaneously with the planning of a shared referral form.

Lead/Integrated Case Manager: Currently, the concept of a lead case manager is employed as part of the CASSP meeting process; however, this lead case manager is responsible for assisting the family with the CASSP recommendations. The Westmoreland County Children's Bureau and

Juvenile Probation departments are examining shared case management duties as proposed by a draft bulleting titled "Shared Case Responsibility"; this draft bulletin was issued by Richard J. Gold, Deputy Secretary of Children, Youth, and Families. The court appointed, special advocate (CASA) program in Westmoreland County was also identified as practicing in a lead or integrated case manager role but its purpose is to monitor, advocate and make recommendations back to the courts. These two models demonstrated a step towards the employment of integrated case management for multi system involved youth. Some initial suggestions for consideration included the use of a swipe card/disc that the family retains that would store all the family's current data from each agency and could be updated as needed and the employment of a coordinator who begins with the family at intake and ends once services begin and serves as a mentor for the child and family. The integrated case manager concept will continue to be addressed as part of ongoing ICSP planning workgroup meetings.

Single Service Planning: Currently, Juvenile Probation and Child Welfare are mandated to use specific Family Service Plan, Child Care Plans, and Child Permanency Plans. Other child serving agencies utilize a service plan or treatment plan for the youth depending on the scope of services provided. Unfortunately for the multi system involved youth, this could result in having multiple treatment and service plans with numerous goals. Again, this concept will be incorporated into workgroup discussions and exploration of other programs will assist us in researching the ability to develop a single service plan approach to meet all the needs of the county's children.

Prevention and Evidence Based Programming: Westmoreland County has a wide variety of services and programs that are evidence based and grounded in prevention. For example,

Hempfield Area School District has been nationally recognized for their efforts in bullying prevention with their Olweus Bullying Prevention Program. We are also pleased to report the success of a school based drug and alcohol treatment program at the Latrobe Sr. High School and through Southwest Behavioral Human Services Inc; this program is now in its third year. Westmoreland County Juvenile Probation continues its prevention strategies with employing probation officers in eight school districts in Westmoreland County and having positive relationships with the community. The Westmoreland County Juvenile Probation office has partnered with Jeannette City Schools to begin a school based peer mediation project which is expected to begin this Fall at Jeannette Sr. High School; approximately one dozen students have completed peer mediation training.

Inclusion of CASSP in the Re-integration/Aftercare/Transition Phase: The Child & Adolescent Service System Program (CASSP) in Westmoreland County serves as the foundation for children's services and has a strong presence with three distinct levels of CASSP that include three core CASSP teams, CASSP Advisory and CASSP Director's committee. During planning discussions, it was agreed upon that any out of home placement a child experiences, regardless of the length of time, can be extremely disruptive to a child's development, education, and socialization and any planned return requires considerable planning and coordination. It was also agreed upon that discharge planning is most successful upon arrival at a placement facility and continues until the actual discharge. This year's ICSP survey of needs identified aftercare and re-integration as a top priority; the early identification of natural and community resources, timely coordination of care, educational planning and socialization were common needs expressed by many educators and providers. To address these needs and provide a continuum

of care for youth returning from out of home placement, we will be examining the CASSP team approach and consider either an expansion or a specialized CASSP team to address the complex needs of the multi system youth, specifically those anticipating a return to their community after an out of home placement.

School and Community Assessment: Westmoreland County invited each school district to participate in this year's planning discussions; their involvement generated a great deal of discussion around positive community resources available for youth. To gather an accurate assessment of these community resources and supports, we plan to survey school districts about their community strengths and needs. This assessment will be conducted in conjunction with the Westmoreland County Student Assistance Program and will serve as baseline information for future projects which may include youth/student mentoring and a community resource guide.

Expansion of school based outpatient services: Several school districts in Westmoreland County have expressed an interest in school based mental health and substance abuse outpatient treatment services. In response, we are examining the current outpatient services located in school buildings and working to expand this valuable service to broaden the continuum of care available for youth. The addition of school based outpatient services will increase the availability and accessibility of treatment services for students suffering from mental illness and addiction issues. For the past three years, one Westmoreland County school district has implemented a drug and alcohol outpatient treatment program which has proved to be beneficial and successful in providing students with treatment services while maintaining

confidentiality; the success of this program has resulted in additional schools seeking to add this treatment component in their buildings.

Integration of mental health and medical community: In March, 2009, Westmoreland County was informed of the closing of a community mental health outpatient clinic; this closing resulted in many children and families having to identify another provider. During this transition, we recognized the need to enhance our communication and collaboration with the medical community, specifically physicians and pediatricians that may be prescribing psychotropic medications to young children. For this year's plan, we plan to enhance our system of care by reaching out to the medical community to develop a cross system training approach and begin to explore how the medical community and mental health community can partner together to ensure that young children are being properly assessed and referred to the most appropriate behavioral health service when deemed necessary.

Integration of mental health and the faith based community: The Westmoreland County Suicide Prevention Task Force's goals for this year include community outreach and education about suicide prevention. The task force identified the faith based community as a population that provides valuable services to the community and often times, those considering suicide seek assistance and guidance from their church or synagogue. For this reason, we plan to reach out to the local ministries and religious leaders in the county for a cross system training approach on suicide prevention and the mental health resources available.

Prevention Strategies/Community Resources: In April, 2009, Westmoreland County opened its first transitional age drop in center, The Giving Tree. This drop in center is open for youth aged 16 to 26 years of age; youth must be open to case management services at the base service unit

for participation. The center's enrollment is up to approximately 30 youth; the center is open four days per week in the evening and offers youth opportunities for socialization, education, and outings. The center offers an art and craft room, homework room, computer room, pool table, coffee, espresso, and a WII system for socialization opportunities.

Transition Age Youth forum: The needs of transitional age youth (16 to 26 years of age) remains a focus at the state and in Westmoreland County. In the past several years, Westmoreland County has initiated various services specifically for the transitional aged youth. These specialized services include a mobile MISA program, housing supports, Community Outreach through Resources and Education (CORE), and a drop in center for this population. To gain a better understanding of the complex needs of this population and to examine our current service delivery, we are convening a workgroup of service providers and youth; this workgroup will meet in September, 2009. This workgroup will be given the task of examining the current continuum of care for transitional aged youth, develop a comprehensive resource guide and coordinate a Transitional Age Forum which will be held in Spring, 2010. Youth will be invited to participate in all planning phases of this workgroup and outcomes will be incorporated into next year's Integrated Children's Services Plan. In addition to these efforts, Westmoreland County Mental Health/Mental Retardation program specialists have been participating in a transitional age workgroup through Value Behavioral Health services which is examining new approaches to address the unique needs of transitional age youth, specifically youth in residential treatment facilities.

Integration Status: Since the introduction of the Integrated Children's Services Plan in 2005, Westmoreland County has made considerable strides in moving towards an integrated system

among the child serving systems. Westmoreland County remains a Tier One county; this status allows us to gain momentum towards full integration. As reflected in this plan, planning to address centralized intake, single service planning, and lead case management shall continue as will planning for this year's goals. All phases of planning will include the collaboration of many systems, family, youth, and agencies that serve children and adolescents to ensure that services for children and families is well coordinated and offers a comprehensive array of treatment services.