

Integrated Children's Services Plan

For

McKean County

2007-2008

2008-2009 Integrated Children's Service Plan Cover Page

All categorical programs and other participating entities should sign on to the plan. A strong ICSP will also include family and youth signatures.

County Information			
County/Joinder		Submission Date	
McKean County		August 15, 2007	
ICSP Contact: Name	Charlotte Chew-Sturm		
Title	Administrator		
Signature		Date	
Street Address	17155 Rt. 6		
City, State, Zip	Smethport, PA 16749		
Phone Number	814-887-3350		
Fax Number	814-887-3228		
Email Address	ccsturm@mckeancountypa.org		
Signatories (use additional pages if needed)			
Program Name	Duane Wolfe	Program Name	Teresa Willcox
Director	CYS	Director	Juvenile Probation
Signature		Signature	
Date		Date	
Program Name	Bonnie Leposa	Program Name	Community Support Program
Director	Community Services	Director	
Signature		Signature	
Date		Date	
Program Name	Linda Gault	Program Name	
Director	MH/MR	Director	
Signature		Signature	
Date		Date	

Vision:

McKean County remains on course as a Tier One Accelerated Integration County. We have taken advantage of our newness to create culture change in the county. Our providers are well aware that we are serious and committed to accountability, responsibility, and the delivery of quality care.

Through our daily routine, department heads in the Department of Human Services have discovered their global purpose thereby dissolving the traditional categoricals. This has been a natural progression. The providers of all services in the county have adjusted well to this and truly see this department as unified.

With the event of Community Care Behavioral Health managing the Medicaid program, the notion of “no wrong door” was driven home to providers. McKean County did not need to make any adjustments to the Base Service Unit process when HealthChoices began in January 2007; that was a concept that has been in existence.

We continue to see the need for a centralized data base. This data base will not only help direct care case workers but will help all providers of service with a resource to coordinate care for families. Despite the controls managed care has on the system, it is imperative that we, the county, have a way to measure outcomes, work toward quality management goals, and increase the communication among the providers and the county.

We remain focused on having a central data base. This data base will store data on everyone entering the system from Children and Youth to Mental Health to Mental Retardation to Early Intervention. This resource will be available to providers, the courts, and juvenile and adult probation. A single, coordinated care plan will allow us to track access to treatment and eliminate duplication of services.

Our weakest area has been getting children and families involved in the planning process. This will be addressed through a focused master's of social work internship. This intern's responsibilities will be to find youth and family groups interested in being integral participants in planning and development.

Executive Summary

This has been a year of development and design in our software program. We have been working with TechS2 out of Ithaca, NY. TechS2 delivered the product to a server in our office in Smethport in April 2007. A multidisciplinary team has been customizing the product to meet our department's needs and wants. The system has a tentative go live date of September 2007.

The Department of Human Services developed an all inclusive Quality Management program that looks at high risk, low volume activities that need to be addressed. This program is one of many steps we have taken to insure accountability and quality services. We are in the process of hiring a Contract Manager who will audit all of our providers (mental health, mental retardation, early intervention, and human services development fund providers).

The department itself continues to struggle to find family and youth willing to participate in the development of the Integrated Children's Services Plan. The University of Pittsburgh at Bradford's Masters in Social Work program is going to be providing an internship opportunity whose goal is to get family and youth input and involvement. We feel that this provides a great opportunity for both the student and the county. Feedback from an evidenced based program will provide us with the most up to date research as well as interested and motivated participants in the process.

Human Services department heads have been participating in the Juvenile Justice Aftercare Program. The Court has been successful in getting the schools involved. This has enhanced communication and understanding of the system.

Stakeholder/Family/Youth Input

We have very strong and positive relationships with all of our providers of services. At the beginning of the year, we met with all of our providers to get a sense of what they needed from this administration. They requested that our bimonthly provider meetings make a revival. These meetings have been very helpful in communicating the changes in the various departments at the State level, new initiatives, and what are struggles for providers. This is an open forum and we find that providers are very willing to share.

We have received assistance from the Western Region Community Support Program to help us make our Community Support Program stronger. This active group of consumers, family members, providers, and community members meets monthly. Our annual plans from each categorical are reviewed with this group. This group provides plenty of feedback on service access and barriers to recovery. This group provided information for the request of proposal for the Community Integration Program offered by the Office of Mental Health and Substance Abuse Services. McKean County was awarded this consultation opportunity. The team will be looking at housing and transportation issues as the many barriers families and individuals face in their recovery and quest for a good life.

Getting family and youth involved in the process continues to be a struggle for us. Our licensing reviews, in particular our recent Early Intervention cited our lack of family participation in the Local Interagency Coordinating Council (LICC). We recently used our provider meeting forum to generate ideas of how we can

find youth and family interested in partnering with us as we move toward integration. A rather extensive list was developed. The issue then became who and when will these groups be contacted. Our local university, the University of Pittsburgh at Bradford has a Masters in Social Work program that is offering this opportunity to a graduate student internship. Appendix D and the list generated from our providers have been given to our intern. She has first hand knowledge of the children's system and experience working with families. It is our intention to connect the intern with the Consumer Family Satisfaction Team being established as a result of HealthChoices. The results of these surveys will be used to generate discussion with our youth and family groups to assist providers in making the most effective changes.

Participation with the local educational system is not easy for anyone. We have been and will continue to collaborate with Community Care Behavioral Health in discussions about care delivery.

We continue to participate in the McKean County Collaborative Board but have found that their focus is very broad. We continue to share our progress and direction with them as they represent a decent cross section of the community at large.

Dates of the meetings with the various stakeholders are listed below. The dates reflect activity during fiscal year 2006-2007.

- McKean County Advisory Board: 8-15-06, 11/14/06, 4/13/07, 7-13-07
- Community Support Program: 7-7-06, 8-4-06, 9-8-06, 10-6-06, 11-3-06, 12-1-06, 1-5-07, 2-2-07, 3-9-07, 6-14-07

- Juvenile Justice Aftercare Team Meeting: 2-8-07, 4-18-07
- McKean County Provider Meeting: 3-22-07, 5-24-07
- McKean County Collaborative Board Meeting: 7-11-06, 9-6-06, 11-1-06, 1-3-07, 3-8-07, 5-2-07

Members of our Department of Human Services and the Juvenile Probation Office reviewed the Mental Health/Juvenile Justice Organizational Self-Assessment in conjunction with the discussions that came from the Juvenile Justice Aftercare meetings and concluded that this questionnaire was similar in content to the one the aftercare group completed. The results below are from Teresa Wilcox, Director of Juvenile Probation. The italicized responses indicate what is in place on the mental health side.

2007 Mental Health/Juvenile Justice Organizational Self-Assessment

I. County

McKean County _____

II. County Team Coordinator/Leader or Contact Person:

Charlotte Chew-Sturm _____

III. e-mail address of County Team Coordinator/Leader or Contact Person:

ccsturm@mckeancountypa.org _____

IV. Please check the all of the entities that participated in the MH/JJ Organizational Self-Assessment within your county.

- Judge
- Juvenile Probation
- Children & Youth
- Mental Health

- Drug & Alcohol
- Juvenile Detention
- Managed Care Organization
- District Attorney
- Public Defender
- Law Enforcement
- Victim Advocate
- Education
- Family Members/Advocates
- Other (please specify): _____

For each statement below, please indicate the response that best describes the status quo in your county.. Please provide any additional information in the comments section that helps to understand circumstances in your county, including any efforts that are in the initial stages of development.

Screening and Assessment

1. *Mental health and substance abuse screening is available as needed at key transition points in the juvenile justice system to identify conditions in need of immediate response.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Usually only happens when the child is in crisis but not at intake for initial settings

2.a. *Instruments used for **screening** are standardized, scientifically-sound, contain strong psychometric properties, and demonstrate reliability and validity for identifying the mental health and substance abuse treatment needs of youth in the juvenile justice system¹.*

Never	Occasionally	Usually	Always
1	2	3	4

¹ Definitions for screening and assessment can be found in “Screening and Assessing Mental Health and Substance Abuse Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners”, (Pgs. 2-3)

Comments: Unaware of the screening tools used. Probation is going to begin using the Maysi-2 this fall. *CYS is going to be using the Maysi 2 as well. MH providers currently follow the screening procedures required by HealthChoices.*

If **screening** instrument is used, please identify: _____

*2.b. Instruments used for **assessment** are standardized, scientifically-sound, contain strong psychometric properties, and demonstrate reliability and validity for identifying the mental health and substance abuse treatment needs of youth in the juvenile justice system².*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: See 2A

If **assessment** instrument is used, please identify: _____

*3 a. Safeguards ensure that **screening** is used to divert youth out of the juvenile justice system and into mental health and/or substance abuse treatment when appropriate, and information and/or statements obtained from youth are not used in a way that violates their rights against self-incrimination.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Probations usually offers informal adjustments to kids who have serious Mental Health or Drug and Alcohol issues but never totally diver cases out of the system by screening.

*3 b. Safeguards ensure that **assessment** is used to divert youth out of the juvenile justice system and into mental health and/or substance abuse treatment when appropriate, and information and/or statements obtained from youth are not used in a way that violates their rights against self-incrimination.*

² Definitions for screening and assessment can be found in “Screening and Assessing Mental Health and Substance Abuse Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners”, (Pgs. 2-3)

Never	Occasionally	Usually	Always
1	2	3	4

Comments: See above

4. All youth (involved in the juvenile justice system) identified as in need of immediate assistance receive emergency mental health services and substance abuse treatment.

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Probation usually calls Mental Health Crisis Hotline in these situations. *McKean County has a 24 hour hot line. If a delegate is needed, one is dispatched immediately. We have providers who can get those in crisis in to see a therapist the next day. Our Crisis service does follow up the following day.*

5. All youth (involved in the juvenile justice system) identified as in need of further evaluation receive a comprehensive assessment to determine their mental health and substance abuse treatment needs.

Never	Occasionally	Usually	Always
1	2	3	4

Comments: However comprehensive assessments can take 30-60 days to get an appointment. What is Comprehensive?

6. Youth (involved in the juvenile justice system) are not subjected to unduly repetitive screening and assessment.

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Usually youth are subjected to repeat screens and assessments. Providers are mandated by licensing to do assessments to get into services and to have services continued.

7.a. All personnel who administer **screening** instruments are appropriately trained and supervised.

Never	Occasionally	Usually	
Always			
1	2	3	4

Comments: Would hope, but no one checks on this. Screenings are done by a licensed provider who must have training and supervision in place. McKean will have a contract manager who will also be checking on this during their audits.

7.b. All personnel who administer **assessment** instruments are appropriately trained and supervised.

Never	Occasionally	Usually	Always
1	2	3	4

Comments: See 7a

Continuum of Services

Diversion:

8. Youth and their families have timely access to evidence-based treatment in their communities, such that youth do not have to enter the juvenile justice system solely in order to access services or as a result of mental illness and co-occurring substance abuse disorders.

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Much better now with CCBH. However still a push with mental health and drug and alcohol to have the youth court ordered so he/she cannot leave.

9. *Diversion mechanisms are in place at every key decision-making point within the juvenile justice continuum such that youth with mental health needs and co-occurring substance abuse disorders are diverted from the juvenile justice system whenever possible and when matters of public safety allow, including into the dependency system as appropriate.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Usually not diverted, never diverted to CYS.

10. *Juvenile justice professionals, including judges, prosecutors, defense attorneys and probation officers, receive training on how youth with mental health and co-occurring substance abuse disorders can be diverted into treatment.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Only if such choose to go to trainings.

11. *Youth who have been diverted out of the juvenile justice system are served through effective community-based services and programs.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Unknown, usually not diverted. Those on informal supervision usually receive outpatient services.

12. *Diversion programs are evaluated regularly to determine their ability to effectively and safely treat youth in the community.*

Never	Occasionally	Usually	
Always			
1	2	3	4

Comments: Never saw an evaluation

Short-Term Interventions and Crisis Management:

13.a. *Secure detention facilities have services adequate to provide short-term interventions and crisis management to youth with mental health needs and co-occurring substance abuse disorders, in order to keep them safe and stable while awaiting a permanent placement.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: They are monitored for such services.

13.b. *Shelter care programs have services adequate to provide short-term interventions and crisis management to youth with mental health needs and co-occurring substance abuse disorders, in order to keep them safe and stable while awaiting a permanent placement.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: See Above

Evidence-Based Treatment:

14. *Assessment data is used to develop comprehensive treatment plans for adjudicated youth as part of their disposition.*

Never	Occasionally	Usually	Always
1	2	3	4

Comment: However, assessments are usually done post-disposition. *Treatment plans are reviewed at interagency meetings regularly and changes are made depending on successes toward goals.*

15. *Representatives from all relevant child serving systems (i.e., juvenile justice, child welfare, mental health, substance abuse, education) and families engage in the development and implementation of comprehensive treatment plans.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Usually multiple plans are developed.

16.a *If diversion out of the juvenile justice system is not possible, youth are treated in the least restrictive setting possible with access to evidence-based, developmentally-appropriate treatment services.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments:

16.b. *Services are tailored to reflect the individual needs and variation of youth based on issues of gender, ethnicity, race, age, sexual orientation, socio-economic status, and faith.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments:

17. *Qualified mental health and substance abuse personnel are in place to provide treatment to youth in the juvenile justice system.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: One would hope, however, probation does not see their qualifications outside their credentials.

18. *In-state capacity (i.e. support for program development, training, on-going technical support) provides support for evidence-based treatment programs and their proliferation*

Never	Occasionally	Usually	Always
1	2	3	4

Comments:

19. *Mechanisms are in place to continually measure and evaluate the effectiveness of various treatment modalities, as well as the quality of service delivery.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Unsure, probation does not measure or evaluate. Goals are evaluated at interagency meetings and adjustment to treatment plans are made accordingly.

Continuity of care/aftercare:

20. *Representatives from all relevant child serving systems (i.e., juvenile justice, child welfare, mental health, substance abuse, education, etc.) and families are engaged in the development and implementation of comprehensive treatment plans to ensure continuity of care as youth move to new juvenile justice placements, and to appropriate aftercare when youth are released from placement to the community, and to aid in the youth's transition to adulthood.*

Never	Occasionally	Usually	Always
1	2	3	4

Comments: Usually multiple plans instead of comprehensive treatment plans.

Family Involvement

21. *Families engage with all relevant child-serving systems in the development and implementation of comprehensive treatment and aftercare plans for their children.*

Never	Occasionally	Usually	Always
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1 2 3 4

Comments: Families are engaged but again not comprehensive plans.

22. All services are child-centered, family focused, community-based, multi-system and collaborative, culturally competent and offered in the least restrictive/intrusive setting as possible, and these CASSP principles are followed in all treatment planning and implementation.

Never Occasionally Usually Always

1 2 3 4

Comments: *Mental health providers and the county children's system always follow the CASSP principles.*

Funding

23. Sustainable funding mechanisms are identified to support screening and assessment, evidence-based treatment practices, and cross-training of professionals from the various child-serving systems.

Never Occasionally Usually Always

1 2 3 4

Comments:

Legal Protections

24. Policies control the use of pre-adjudicatory screening and/or assessment information, as well as information gathered during post-disposition treatment, to ensure that information is not shared or used inappropriately or in a way that jeopardizes the legal interests of the youth as defendants, including their constitutional right against self-incrimination.

Never Occasionally Usually Always

1 2 3 4

Comments: Court is currently working on this issue to protect disclosures during pre-adjudicatory screens/assessment.

Please describe the process involved in the completion of the Organizational Self-Assessment:

The Juvenile Justice Aftercare group met twice to discuss the goals of that initiative and to complete a questionnaire that very much emulates this questionnaire. It was clear that there is a lack of understanding about the Juvenile Justice System. It was then decided that Juvenile Probation would complete this questionnaire.

From this information, the following goals have been identified:

1. Establish a county wide operational definition of a “Comprehensive Assessment”.
 - a. Ask psychiatrists and other providers for their definitions and then develop one definition that all providers will agree to.
 - b. This will be a topic in family and youth focus groups
2. Develop a single plan process.
 - a. The central data base will have a “Care Plan” section where all treatment plans will be identified. This section will also house any assessment/screenings that were done on the child and/or family.
3. There is a systematic oversight to ensure that placement facilities link care to the treatment plans.
 - a. The central data base which is web based will allow facilities with the appropriate security to update the care plan. There is a section called “Case Note” which will register what service was given and when.
 - b. The contacts made with the child/family will be tied to the fiscal system when appropriate.
4. The home school district of the child promptly enrolls all youth who wish to return to public school a seamless transition.
 - a. The central data base has the ability to store all the necessary information the schools require.
 - b. The necessary reports can be generated and sent the school from the central data base.
 - c. To expedite better communication both schools and agencies will have consents for release of information on hand so parents can sign them while they are present.

Update

As a new entity the biggest lesson we have learned is the pace of government is slower than expected. The formalities and discussions that need to occur before anything can actually be done are long and grueling. Having a well thought out vision is imperative and that vision always needs to come to the forefront of every meeting and discussion. Sometimes we sound like a broken record but feel that is part of changing the culture.

With that being said, the actual start of our software development started in Winter 2006. Fortunately our software developers are talented and were able to deliver the data base to us in the Spring of 2007. A multidisciplinary team was put together to customized the system. The system has the capability of communicating with other State systems. TechS2 has been working with the powers that be that are responsible for HCSIS and EIRS to assure that this communication will happen.

The multidisciplinary information system workgroup who have been helping in the software design are learning what integration is all about. They are also learning the importance of the information we can gather and how it can improve the care they either deliver directly or coordinate.

Integration has really become part of the fabric here at the Department of Human Services. These leaders exemplify this culture and perform their daily duties in the spirit of integration.

We have established a Quality Management Program. See Appendix A.

There is a quarterly reporting requirement. These reports will be shared with our Advisory Board, Provider Group, Community Support Program, and MR Self Determination Group. When our youth and family groups are established, this information will be shared with them. These groups and information pulled from our data base will help us to identify future initiatives.

On January 1, 2007 Community Care Behavioral Health took over as the managed care organization in McKean and twenty-two other counties in the Commonwealth. For the most time, the transition has gone well. Providers have struggled with additional paperwork and needing to do their business differently. We have been careful not to add to this burden. At the same time we have taken advantage of the philosophy shift that managed care brought with it: No wrong door access and coordination of care. Managed care can be looked at as an asset to the integration movement because they realize that coordination of care and monitoring use of service not only makes sound clinical sense but maximizes shrinking dollars.

As stated in Stakeholder section, we have struggled to get youth and family input as we move deeper and deeper into integration. On the positive side, we have not had any complaints from the community regarding our initiatives to date.

We identified the planning of a common intake department as a priority area in our last plan. This continues to be important but what it will look like has yet to be determined. The McKean County Department of Human Services does not provide direct services outside of Children and Youth. Managed care

requires that counties and providers guarantee that anyone needing services can access it from anywhere. This challenge will be addressed in the Planning for Full Integration section.

The second priority area was the implementation of the Rapid Assessment Instrument. This instrument has been implemented. It has also been put into ISSIS. Children and Youth like Juvenile Probation wants to use the MAYSI-II to help with assessments. Our Director of Children and Youth has been participating on the Leadership Round Table. This is where judges, solicitors, and children/family service providers discuss joint initiatives in order to ensure collaboration and integration of services for the benefit of the family.

We are in the last legs of the Permanency Barriers Project. This group is made up of providers and school district members. A member of the American Bar Association has been working with this group to make permanency the central focus of care planning. Many processes have been put in place that has helped to eliminated barriers. We see ISSIS being an integral part of communication and making the communication more accurate and up to date.

Planning for Full Integration

Because we are not a provider of services outside of Children and Youth, we face the dilemma of how are we going to get everyone on board. The second dilemma is once on board how can we make the process easy. HealthChoices created added work for providers. We are sensitive to that and also realize that cannot slow down progress. On the other hand HealthChoices requires a “no wrong door” approach to treatment services. This has been a tenant of the provider system in McKean. However the information obtained has always been stored at the provider. Our web based system (ISSIS) allows providers to enter data into our data base so that anyone receiving services can be counted and when entering multiple service systems, open to the multi-disciplinary treatment team.

The software has been delivered and we are in the midst of tailoring it to our needs. Time and effort has been put into making sure that information is not duplicated nor has to be entered more than once. A common application form is going to be used to collect the demographics, the reason the family is seeking services. It is our ultimate goal that a comprehensive assessment will be used. Managed care only asks that assessments ask about drug and alcohol issues on children eight years and older. Providers have already sought each other out to share assessments to insure this requirement is met.

Good treatment planning comes from a good assessment. Providers and services may need to develop their program specific treatment plans but ISSIS will store the comprehensive treatment plan. McKean County’s version of ISSIS

has a tab called "Care Plans". Care Plan is a generic name that will house the various assessments and the care plans. When this tab is selected, the various service categories are listed (housing, legal, health, mental health, early intervention, etc). Whatever service category the person is getting, that category will be hi-lited. When the user chooses one of the categories, they will see what service, who is delivering it, when, and how often. Case notes, interagency communications will be available in this section as well. At any given time, with proper security, members of the treatment team will be able to see what is going on with a particular family. The security of system will not be compromised. It will be managed by the county. Access will be given as needed and with proper consent. We will have the ability to limit any areas of system as well as read only access.

We had originally thought that we would have a single integrated case management department that would manage these cases. If they are Children and Youth cases, this will be their responsibility. The Children and Youth Caseworkers will be cross trained to understand mental health, drug and alcohol, and mental retardation needs. If the client involved in the system is an adult and not involved with CYS, the Intensive Case Manager will most likely be the lead and therefore responsible for that single treatment plan. ISSIS will never replace interagency meetings and verbal communication. It will be used to store the data collected at these meetings and allow those involved in the case get a real time picture of what is going on at any particular time.

Part of the design of this system is to integrate it with our budget system, FundWare. The State has been very open and willing to work with our software designers, TechS2, on having HCSIS, EIRS, and other state based software systems communicate. McKean County is part of the North Central Region of HealthChoices. The State holds the contract with Community Care Behavioral Health. It is too early in the implementation to initiate this discussion.

ISSIS has a report writer component that will allow us to pull data pieces to examine usage, demographics of people receiving services, and other data needed to do quality management studies, gaps in service analysis, and the like. These reports will be used to do budgets, contract negotiations, contract management, and to leverage reinvestment dollars. The report writer will also complete the required reports of the categoricals.

We have a good working relationship with our Courts. The President Judge has been kept apprised of our progress. The goal generated from the Juvenile Probation Aftercare workgroup can be achieved through ISSIS. Working out the details of who is the lead caseworker will be worked out through continued meetings. Both adult and juvenile probation and the Judges themselves will have secure access to information for shared cases. During the information system work group work sessions, caseworkers have noted that the system will allow them to spend more time on actual case work instead of paper work. This can only lead to better preparation and outcomes in court. One of the areas that is stress in the software development has been how we define "household". Because permanency is what we want for children, "household"

has been structured so we can always see what is going on there even if the child is placed somewhere else. In other words, the child may be in a foster care placement but services are being provided to the “household” to make it a safe and healthy place for the child to return. This centralized data system will allow us to see the successes while continuing to work on back up permanency plans if needed. Real time, comprehensive information at one’s finger tips. This system can be expanded to include juvenile probation. In other words, if juvenile probation wanted to develop and/or integrate their process into ISSIS, it would be accommodated. This has been offered. Once we go live with the system and our successes have been noted, the development of this module will be more appealing.

Time Line

Month/Year	Task
Feb 07-Sept 07	Continue customization of ISSIS per instructions from McKean County Department of Human Services.
Oct 07	ISSIS goes live. Training of CYS caseworkers and other DHS staff. CYS staff will use Care Plan section to create single plan of care for all cases.
Sept 07	<ol style="list-style-type: none"> 1. Hire Contract Manager 2. Tech S2 to begin implementing feature enhancements to ISSIS which includes: <ul style="list-style-type: none"> • perpetual risk assessment • ISSIS desktop application

	<ul style="list-style-type: none"> • reminders • outlook calendar and email integration • integration with CaseScribe (allows case workers to speak their case notes and have them automatically transcribed by the system) • integration with McKean County's financial services database (FundWare), • Client Signature Capture on consent forms (on site at client's location) • Tablet PC user interface. • Integration of PEEPS, AFCARS and eGovernment uploads. • Integration with PROMISe for payment to providers. <p>Estimated completion of these features is Feb 1, 2008</p>
Oct 07	Hire Information Systems Lead
Oct 07	Begin working on integration of Early Intervention.
Jan 08	One year of HealthChoices under our belt. Restart talks with providers about using web based system for centralized intake.
Jan 08-March 08	Customization of software to accommodate centralized intake.
April 08	Central intake to begin throughout county. Providers will

	<p>use ISSIS to log in to update their notes regarding services provided to clients, specify service codes that will automatically map to CCR-POMS codes, and signify completion and delivery of services provided to clients.</p>
<p>Throughout the year</p>	<p>Continue participation in Juvenile Justice Aftercare meetings and work with Juvenile Justice on ways software system can meet their needs. Perform any necessary software customizations.</p>
<p>Throughout the year</p>	<p>Caseworkers completing course work to educate them on assessment skills and treatment planning across the categoricals.</p>
<p>Throughout the year</p>	<p>Customization of ISSIS to meet needs. Use program writer to do Quality Management projects and required reporting to State. System will also be tied to FundWare as we progress.</p>

Promising Practices Incentive Grants

The success of integration in McKean County and throughout the Commonwealth is the ability to collect data in one central place. The McKean County Department of Human Services does not provide any services except through Children and Youth; all services are contracted. In order to be successful and to show our provider's integration is inevitable, we would like to offer them grants to make their systems compatible with ISSIS. For example, our main provider uses CMHC to collect data. TechS2 has written software to import information from CMHC to ISSIS for our CCR-POMS reports. These reports have shown that the data they are putting in CMHC is not adequate. We feel this information is important and we could offer grants for them to export other information from their system to ours that will improve the integrity of that information. We have other smaller providers who could use the to enhance their ability to integrate with ISSIS such as upgrading their internet explorer software or providing an import interface to ISSIS for their specific software application. We have six major providers. We would like to offer up to \$15000 for each provider or a total of \$90000 in grant opportunities. This grant can only be used for infrastructure and to enhance communications to ISSIS.

APPENDIX A.

**Fiscal Year 2007/2008 Identified Quality Management
Projects for McKean County**

Indicator	Goal/Outcome Desired	Group Members	Initiator (if applicable)
Restraint Reduction	Reduction of restraints for residents living at IFCMR	Ramsbottom Center Supports Coordination County	Office of Developmental Programs
Lifesharing	Mentally retarded people will have a choice of residential settings	Evergreen Elm Supports Coordination County	Office of Developmental Programs
Employment	Increase community employment opportunities for people with mental retardation	Futures Supports Coordination County	Office of Developmental Programs
Health Care Proxy	Individuals receiving Supports Coordination, living in a group home, and/or have an Intensive Case Manager will someone outside the agencies identified for health care decisions	Supports Coordination Intensive Case Management Ramsbottom Evergreen Elm Lakeshore ARC of Crawford County County	McKean County Department of Human Services
Medication Management	Medication Management programs funded by the county deliver their service safely.	YWCA Evergreen Elm Visiting Nurses Association County	McKean County Department of Human Services
IV E Funding	All IV E funding requests are complete and accurate	CYS Fiscal Department Solicitor	McKean County Department of Human Services
CYS Chart Reviews	All client/family charts will be complete	CYS Director Fiscal Department Others as needed	McKean County Department of Human Services

