

# FY 2011-12 NBPB

Commonwealth of  
Pennsylvania

Office of Children,  
Youth and Families



**NEEDS BASED PLAN AND BUDGET  
NARRATIVE TEMPLATE**

## Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the 2011-2012 Needs Based Plan and Budget. All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the Needs Based Plan and Budget Bulletin, Instructions & Appendices.

**The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch.**

**Note:** On the following page, once the county inserts its name in the gray shaded text, headers throughout the document will automatically populate with the county name. Enter the county name by clicking on the gray shaded area and typing in the name.

# Jefferson County

## Needs Based Plan and Budget FYs 2009/10, 2010/11, and 2011/12

Version Control	
Original Submission Date:	8/16/10
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

## Section 2: NBPB Development

### 2-1: Executive Summary

- Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county, particularly those which impact all outcome indicators.

Jefferson county continues to work on goals in line with the state as identified in the bulletin. The agency does continue to see improvement in most areas. There still is some challenges realized by the county within the last year.

The agency continues to see success in working with children safely in the community with reduction in out of home placements. The overall amount of children remained relatively the same as last year although an increase in days of care was realized in foster care for dependent youth. It is expected this trend will continue those children who require out of home placement may remain in placement longer as the family situations are typically more of a chronic nature with in-home services exhausted prior to removal from the home.

One challenge faced by both the CYS agency and JPO in this last year was staff retention as CYS saw turnover in 4 caseworker positions out of a total of 8 positions. JPO also saw turnover of two positions out of six total positions. The reason for the turnover within CYS was each caseworker took different jobs.

There also was turnover in a supervisor position as one supervisor left employment with the agency for employment with the CAO. Not only does the loss of a supervisor present a challenge in itself but it is especially challenging as this was the county safety lead. This has presented a challenge for the agency in implementation of the safety assessment process.

As a PPI county Jefferson county still seeks to focus on the utilization of FGDM and we currently plan to serve 40 families in 10-11. This is also going to be expanded to appropriate JPO cases in the coming year.

FDC is also still a focus as we have completed one class in 09-10 and have begun a second class as of April 2010. The agency plans to fund two classes within the fiscal year 10-11.

Jefferson County

**2-2a. Collaboration**

<b>Entity</b>	<b>County Engagement</b>
<b>County Children and Youth Agency Staff</b>	Staff from CYS are provided opportunities to identify service needs in a variety of ways. This is accomplished through formal staffing, court staffing, and supervision. There is also opportunity to collaborate daily with all other staff within the agency as the agency is small enough to accomplish this.
<b>Juvenile Probation Staff</b>	Juvenile Probation is able to do the same within the office as described in the CYS section. There is also nearly daily contact between the two offices. The Judge in the county is also readily available most days.
<b>Juvenile Court and Family Court Judges and Legal Counsel for Parties</b>	The Judge within our county is readily available most days. Jefferson County is also active in the roundtable initiative and the participants listed are all an active part of the roundtable.
<b>Family Members and Youth, especially those who are or who have received services</b>	Efforts are still underway to increase the participation of tis group. The agency has seen success in working with the IL group within the county who are very active and interested in providing feedback regarding agency provided services
<b>Child, Parent, and Family Advocates</b>	We do not have recognized advocates within the court system. The agency, however continues to work closely with an education advocate especially through monthly meetings with her for our cross systems administrative meeting.
<b>Mental Health and Mental Retardation service system</b>	MHMR is also actively involved with the cross systems meetings. Also within a small county system direct contact between administrators is easily accomplished and continues to occur regularly. We are also a joinder county for MHMR services and we have started to have administrator meetings with all categorical administrators
<b>Drug and Alcohol Service System</b>	As a newly recognized CTC county our SCA is the administrator of the grant. The agency also participates in the Drug Free Communities Coalition.
<b>Early Intervention System</b>	The agency continues to work with EI on case by case basis. The EI within our county is under MHMR also.
<b>Local Education System</b>	Education personnel are well represented in the roundtable initiative and it is especially gratifying to have representation from all major districts at our last roundtable meeting in April.
<b>Community Organizations which provide support and services to children and families</b>	Several of these organizations are well represented in the efforts listed previously especially within the CTC process along with the dfcc which is our collaborative board.
<b>Current Service Providers</b>	Regular contact with in-home providers occur as part of case practice. There also is nearly weekly contact at an administrative level.

Jefferson County

**2-2b. Data Collection Details**

<b>Resource</b>	<b>Data Collected</b>	<b>Date of Data</b>
US Census	Population; poverty statistics	2008
Community County Services	Family preservation, truancy prevention, aftercare, FSS, fgdm	2009-2010
County department of Development	Unemployment statistics	June 2010
CAPS system	Trend data, ppi reports	July 1, 2010

## 2-3: Meeting Mandates

### 2-3a. PA Rules of Juvenile Court Procedure

- What steps are the county taking to address this mandate?

If there are further changes in court procedure we work with the judge to accomplish changes in procedure. As far as the original changes to juvenile court procedure there was little impact realized through the mandate as we are a one judge county. There are no masters working in juvenile court.

### 2-3b. Truancy

- What steps are the county taking to address this mandate?

The agency through the roundtable is in the process of finalizing a new protocol within the county. This process should be completed within two weeks prior to the new school year. We have had meetings with school personnel and the district judges within the county to get feedback.

This process is going to take into account recommendations from the truancy report as developed by the roundtable committee on truancy. One part important to the development of our counties truancy protocol is the agreement by parties involved that the development of a truancy elimination plan as part of intervention prior to a child becoming habitually truant. The district Judges in our meeting last week agreed the TEP is a requirement before they will hear a case involving truancy in their court.

Truancy was identified by the Jefferson County Roundtable as a priority for this coming school year. It is also important to mention data obtained through PDE reports show our worst district shows a percentage of 3.55% truant of the overall student population.

The truancy subcommittee from the roundtable is committed to tracking data locally in order to reduce truancy within the county. A goal of reducing truancy complaints to the district Judges by 20% was accepted at the meeting with district judges on August 6. We also have a goal of reducing referrals to the agency by 40% as we attempt to intervene with increased utilization of the TEP at the school level. Schools have developed their own individual goals relating to the overall reduction of truancy within their district. Data collected so far relates to baseline data from the agency along with the district judges.

### 2-3c. Quality Assurance Process

- What steps are the county taking to address this mandate?

The agency continues to follow recommendations as outlined in the IV-E review process. The supervisory review has just been added as part of the process for quality assurance. This process is completed by our county fiscal tech along with the our fiscal assistant assigned as an eligibility worker.

## Jefferson County

Regarding the process of RMTS accuracy, the agency provides specific dictation attached to the RMTS in order to assure accuracy. Specific dictation is marked in the electronic record as RMTS verification for the specific activity identified in the time study. These functions are accomplished through the caseworker along with a clerk/typist who assures the completion of the RMTS. Supervisors also are aware of the process and assist in assuring accuracy in the dictation.

### 2-3d. Fostering Connections

- What steps are the county taking to address this mandate?

Policy has been developed regarding the mandate.

The county also has received specific training from SWAN on the implementation of the mandate. It is important to mention this training was not only for casework staff, along with LSI paralegal, but the training was also opened up to attorneys working in the county representing children/families. The county GAL along with our most often appointed attorneys for parents were present for the training.

This mandate is often a focus of conversation during court staffing as we attempt to insure all parties are aware of what the agency has accomplished prior to cases are brought to court.

The LSI paralegal is responsible for the searches for family in our county. This is after caseworkers have attempted to gather as much information regarding family connections both prior to and after placement of a child.

The agency also attempts to maintain connections to the community and school as placement becomes necessary in some cases. We have had success in the last year in keeping most children within their home communities as we have been successful in finding foster parents scattered effectively throughout the county. We have been able to keep children within their home school districts also. We have also worked closely with the schools to keep children in their school if at all possible. The schools have been helpful in allowing children to remain in their original elementary school if they remain in the district.

We have had success in keeping sibling groups together for the most part. We have had some who have not been able to remain together because of certain circumstances especially relating to behavioral issues. When this has occurred we have been able to maintain contact between siblings with the exception of cases where visitation is not feasible.

### 2-3e. Safety Assessment

- What steps are the county taking to address this mandate?

The agency continues to focus on best practices relating to meeting this mandate. We have continued to ensure caseworkers are trained in the process prior to handling a caseload alone.

Supervisors make this the focus of case decisions in all cases. We have attempted to ensure the safety discussion occurs within 24 hours. This is one area where we continue to monitor closely as we may decide supervisor on call may need to occur as a best practice. As it stands now within the agency supervisors/director are available for safety decision making in on call situations on an informal basis. It may require on call if the current system becomes burdensome on those at a supervisory level.

The agency has had specific safety support sessions through the CWTP in June and July as we worked to improve on implementation. These sessions may continue on a as needed basis.

### 2-3f. Children & Family Services Act of 2006

- What steps are the county taking to address this mandate?

At this time The agency along with JPO have made changes in order to meet the mandate. Both agencies exceed the requirements within the mandate at this time as it is set in policy that children are to be seen monthly face-to-face in the foster home.

### 2-3g. Development Evaluation & Early Intervention Referral

- What steps are the county taking to address this mandate?

At this point the agency has obtained training to perform ASQ as an in house function instead of paying a provider to perform this function. This training was completed in July.

The agency continues to make referral to EI for children under the age of 3 who have been the victims of an indicated abuse.

EI referrals are also made under the age of 5 as part of assessment of GPS cases where developmental delays are recognized by the family and the assigned caseworker.

### 2-3h. CFSR Outcomes and Continuous Quality Improvement

- ❑ What steps will the county take to develop or enhance a continuous quality improvement process related to the CFSR outcomes and themes?

The agency is planning to look at CQI in two phases. First of all we are committed to focus on regulatory compliance as we are developing a system to be reviewed prior to scanning of files into the system. This process will be a clerical function in reviewing a checklist established for the purpose of ensuring accuracy of the file. This should ensure cases have regulatory components completed timely. This also is important to the rest of CQI as it allows for supervisors to focus on quality of services within their case supervision.

Efforts are underway within the county to make improvements in the areas identified. FGDM has been an important part of youth and family engagement. Since the onset of the PPI in Jefferson County we have seen improvement in timely permanence. Assessment process has improved also in order to focus on underlying issues within the family. Transition planning is a major focus of the IL program within the county regardless of whether a child is going to age out of the foster care or remain in the family home.

### 2-3i. Shared Case Responsibility

- ❑ What steps are the county taking to address this mandate?

JPO and CYS have met to establish a plan for implementation. Our goal is for implementation to be completed by September 22 as this is our scheduled court for both CYS and JPO in the month of September.

We have began the process of identifying true shared cases on the existing caseloads at this point and activities in those cases have truly been shared. This would effect 5 active cases at this point.

As part of the identified plan we have begun a process for direct communication between the agencies for reporting of referrals to each office.

There are plans to address CYS attorneys after our next regularly scheduled court on August 25. The bulletin will be disseminated to the attorneys for their review prior to that date. This meeting also may involve the judge based on his availability on that day. The same will occur with JPO attorneys at their next scheduled court staffing.

A combined staffing between JPO and CYS is also going to be planned prior to full implementation.

It is also planned for an additional caseworker to be hired before implementation in order to allow for a existing experienced caseworker to have a focus on working with shared cases as part of their job duties.

## Jefferson County

The implementation of changes for scheduling of court is possibly going to be our most difficult aspect of implementation as our current court schedule has Dependency and Delinquency court scheduled on different days.

The relationship between caseworkers and JPOs is positive which should allow for the transition to implementation to occur.

In meetings with JPO chief and agency director the concept is viewed as a positive step forward in serving the children with the county.

2-3j. The Child Abuse Prevention and Treatment Act (CAPTA) – Guardian Ad Litem training

- What steps are the county taking to address this mandate?

The agency's only solicitor is actively involved with the committee charged with the development of the training. We are hopeful she remains with the agency and the issue will have little impact. If there is a change in GAL with the county we expect little impact regarding the training requirement.

2-3k. Chafee Foster Care Independence Program (CFCIP) - National Youth in Transition Database (NYTD) – Baseline Survey

- What steps are the county taking to prepare to address this mandate?

The agency currently purchases IL services through a contracted provider. This reporting essentially will be handled by the provider. The agency will plan along with the provider for the reporting requirement. As a small county the amount of children in this population will not be a difficult group to report on.

2-3l. Emergency and Disaster Planning

- What steps are the county taking to address this mandate?

In the area of establishing the ability to operate remotely the agency has made great strides in the last year. We are now able to access all files from remote locations through the internet and the utilization of data plans through our wireless provider. Through the use of CAPS we are able to track all current cases through this system.

We have completed a project to scan all old files and ensure those are now preserved electronically. This has just been completed in the last month. This also is accessible remotely.

We also continue to work with county EMA to complete the county plan for continuance of county operations in the event of a disaster. This is believed to meet the mandate for the federal disaster planning requirement as it will provide guidance in the event of a disaster for the ongoing operation of the agency.

2-3m. Time Limited Family Reunification (TLFR)

## Jefferson County

- What steps are the county taking to address this mandate?

Jefferson County does not participate.

If your county is currently receiving Federal IV-B TLFR grant funds and you are requesting a continuation of TLFR program with state funds please answer the following questions:

- 1) The desired outcomes for the TLFR program may include a combination of the following:
  - a. Reduce the length of time that children spend in foster care.
  - b. Reduce the re-entry rates for children returning to county custody.
  - c. Reduce the number of placement moves for children in foster care.
  - d. Increase the stabilization of families who have a child in foster care in order to facilitate reunification with the family within 15 months.
  - e. Increase the rates and timeliness of reunification of children with their families.
  - f. Increase the success in locating absent parents as permanent resources for their children.
  - g. Enhance the working relationships between the CCYA and other agencies and service providers at the county and community levels to support families.
  - h. Enhance the CCYA's use of child profiles and child preparation for children in placement with a goal of reunification.

Each CCYA must select a minimum of three outcomes. Identify and describe the outcome goals for your grant program from SFY 2008-2009 to SFY 2010-2011. Identify and describe if you plan to make any changes to your goals for SFY 2011-2012.

- 2) Identify and describe the results of the program during the grant funding period. i.e. How many children were reunified within 15 months? How many placements did the children experience?
- 3) What services and activities do you plan for SFY 2011-2012?
- 4) What changes, if any, will you be making to the program at the conclusion of the grant funding?
- 5) Did you realize any under spending of TLFR funds during any SFY?
  - a. If yes, please explain what changes, both programmatic and administrative, that you have made to ensure that you do not have under spending for SFY 2011-2012.

## Section 3: General Indicators

### 3-1: County Information/Background

#### □ Population and poverty trends

Jefferson County continues to show a decline in population. As of the 2009 projection population is estimated at 44,634. This is down from 45,932 in 2000 which represents a change of -2.8%. The overall population of children under age 18 is estimated at 9,239(20.7%.) All population growth estimates are below the state averages for the same measures within the county.

Persons living below poverty within the county are estimated at 12.6%%. This is based off 2008 estimates. This represents .5% above the state average of 12.1%.

According to SAIPE estimates from 2006 total population living in poverty is at 14%. When looking at children under the age 18 the percentage of children living in poverty the percentage increases to 21.2%. This stat comes from SAIPE 2005 estimates.

The current unemployment rate for Jefferson County is 10.2% for non seasonally adjusted figures. The seasonally adjusted numbers for Jefferson county was 10.5%. This is based off June 2010 figures. This ranks Jefferson County at 48<sup>th</sup> in the state. Both statistics also exceed state and national averages.

#### □ Issues in annual licensing review and/or the Quality Services Review

During license inspection in March there were concerns noted in the safety assessment process within the agency. We have since began participation in the safety support sessions offered through the CWTP.

It was also noted that several citations were repeated from the previous LIS in 2009. It is believed this issue can be resolved with the planned hiring of two caseworkers in the near future.

## Jefferson County

### ❑ Other Changes or Important Trends

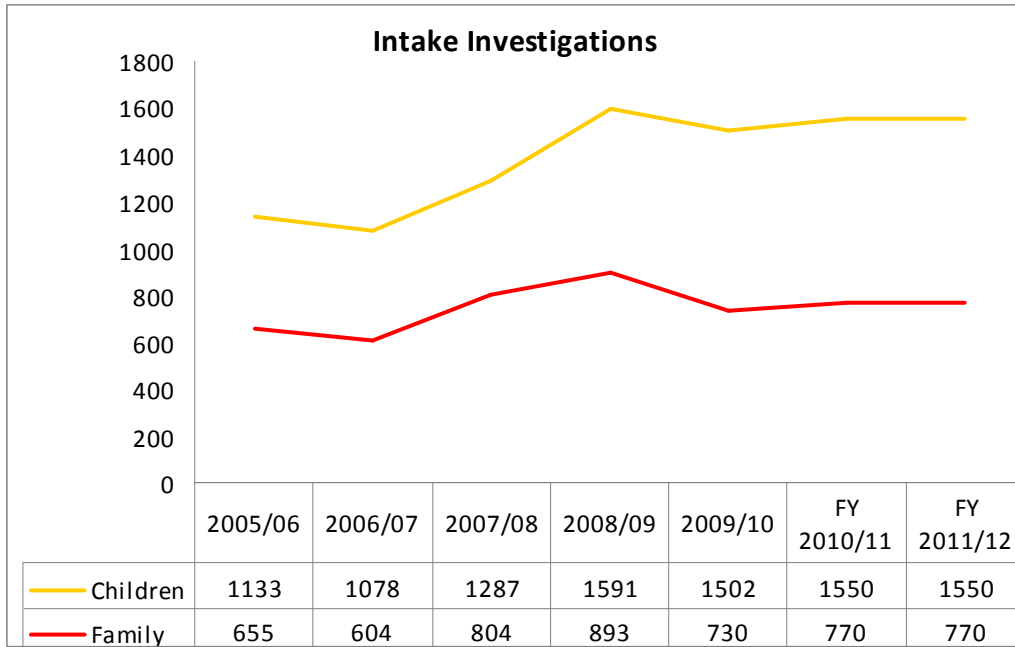
Staff turnover is still a concern as this year has seen turnover in 4 casework positions. This is also possibly resolved with additional staff being hired.

There is a short term trend that may have substantial impact on the budget relating to large sibling groups in need of placement. From April through the end of May there were 16 children in need of placement from sibling groups of three or more. It appears there is only one of these families which may be reunified within the first half of this year (3 children.)

Jefferson County

**3-2a. Intake Investigations**

Insert the Intake Investigations Chart (Chart 1) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

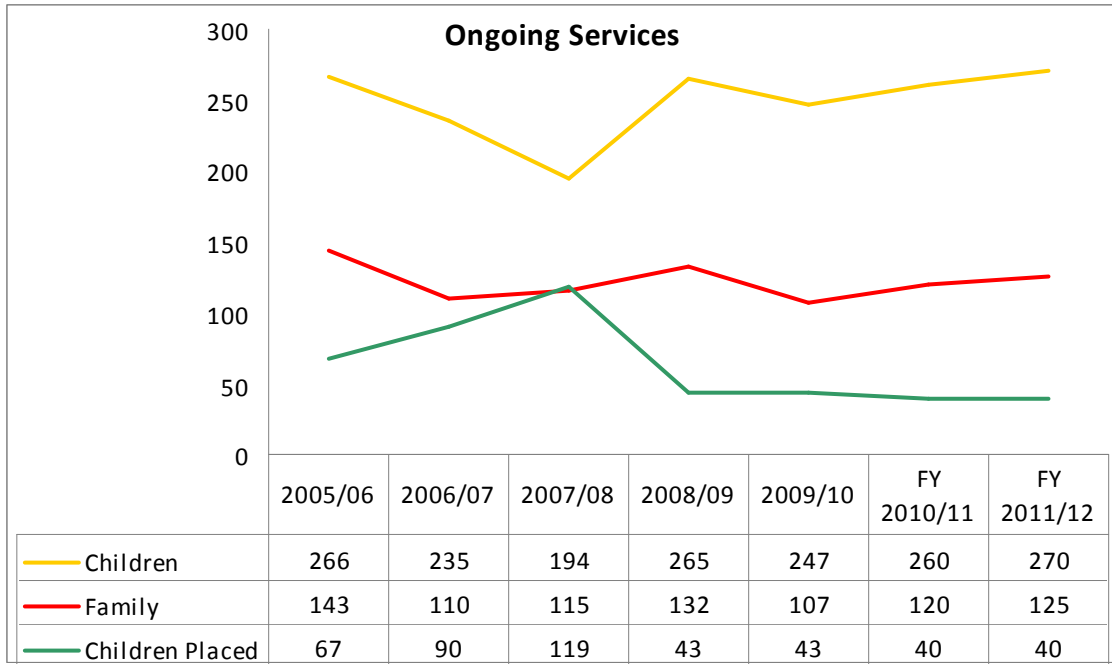


**It is expected the levels should remain relatively stable. There should be reductions in referrals relating to truancy as this is a focus for this year in the development of a new protocol. It is expected a slight increase may occur at the same time toward the numbers of 07-09. Shared Case responsibility should also have an impact on the amount of referrals to the agency.**

## Jefferson County

### 3-2a. Ongoing Services

- Insert the Ongoing Services Chart (Chart 2) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

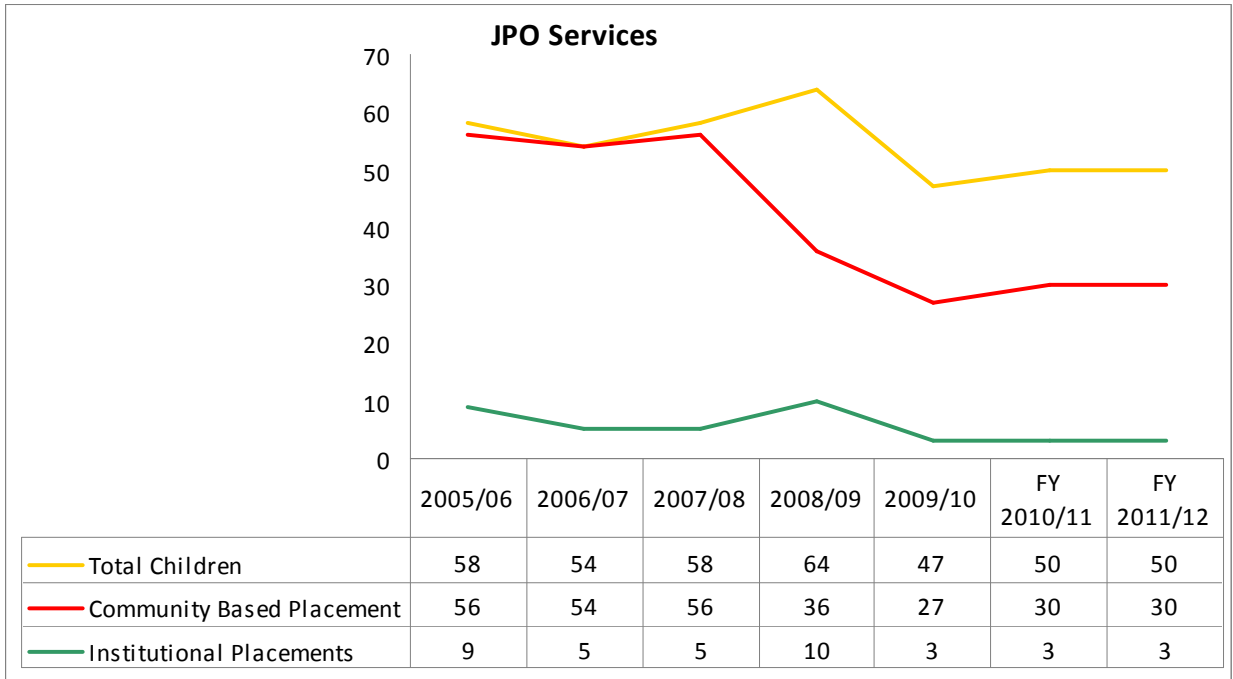


Slight increases are expected through the time period as more in-home cases are expected to be served. These cases should be prevention focused. It is also expected shared case responsibility may have an impact.

Jefferson County

**3-2a. JPO Services**

- Insert the JPO Services Chart (Chart 3) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

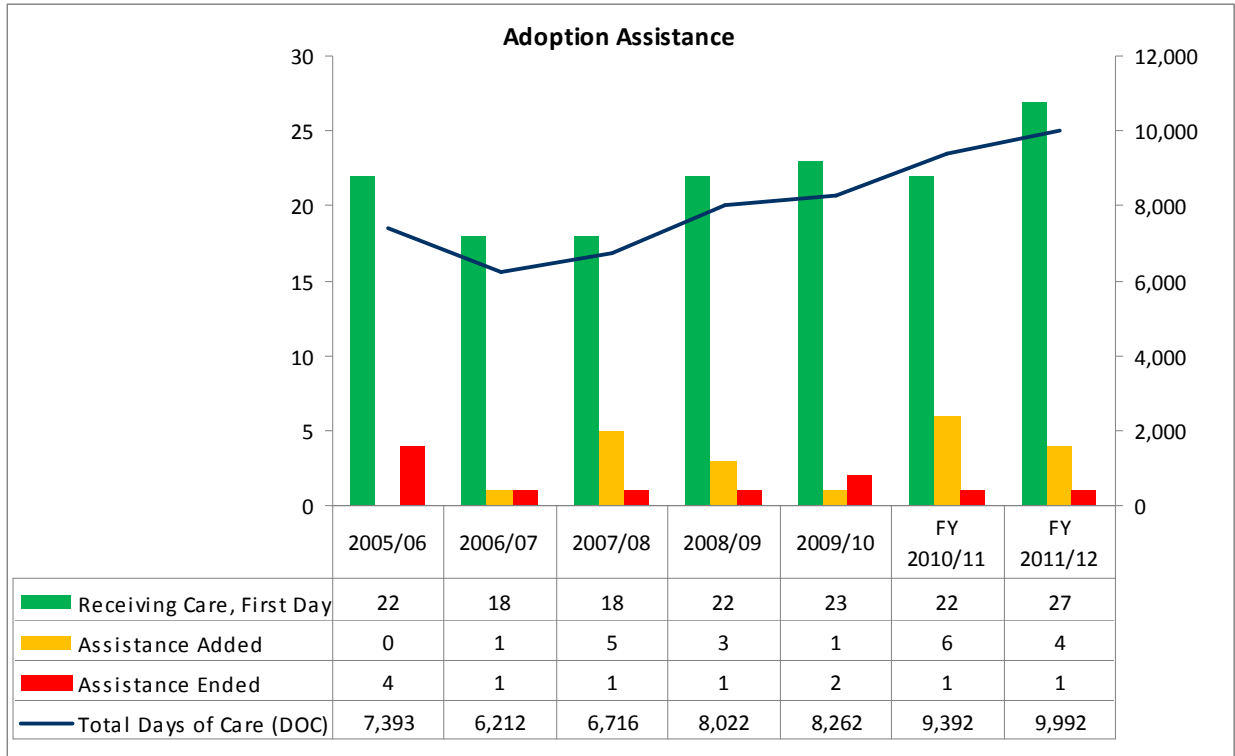


Slight increases are expected due to the fact there has been an increased number of referrals through the first 6 months of this past year. The number of referrals is more in line with referral numbers from 08/09.

## Jefferson County

### 3-2b. Adoption Assistance

- Insert the Adoption Assistance Chart (Chart 4) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

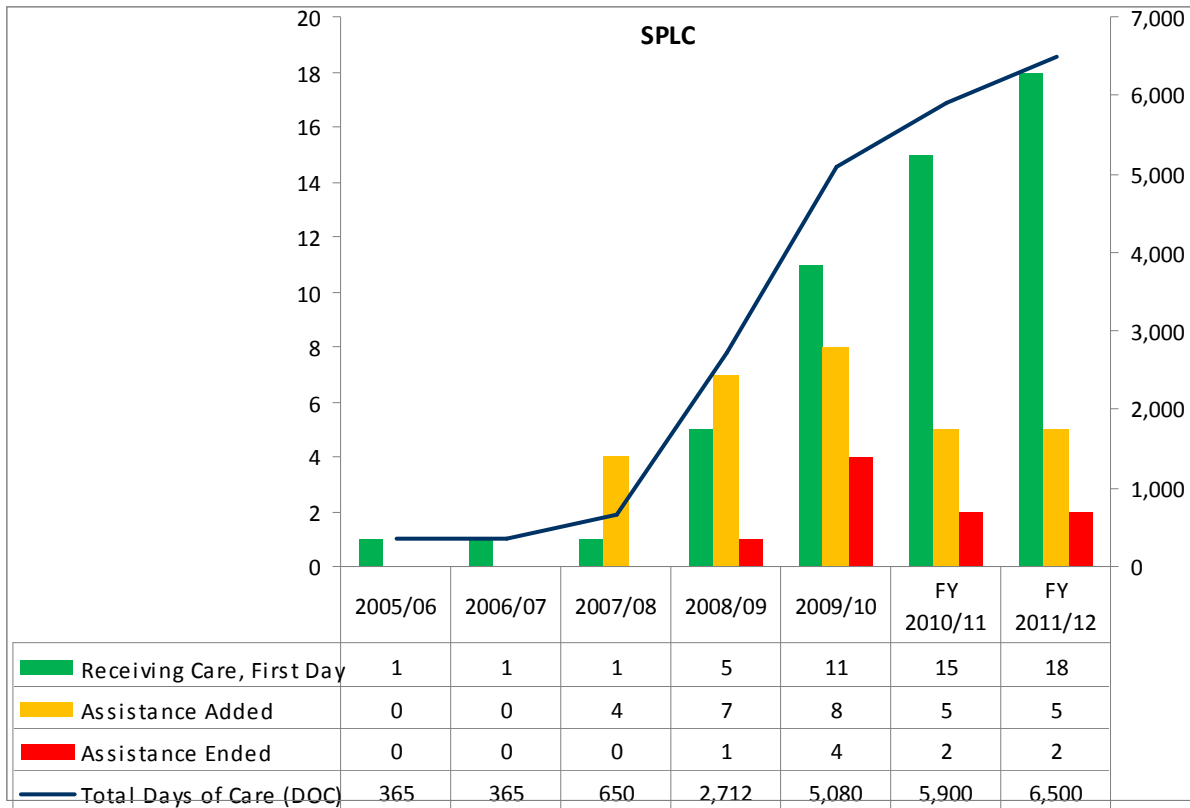


It is expected as permanency efforts continue to show improvement that need for adoption assistance should also increase.

## Jefferson County

### 3-2c. Subsidized Permanent Legal Custody (SPLC)

- Insert the SPLC Chart (Chart 5) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

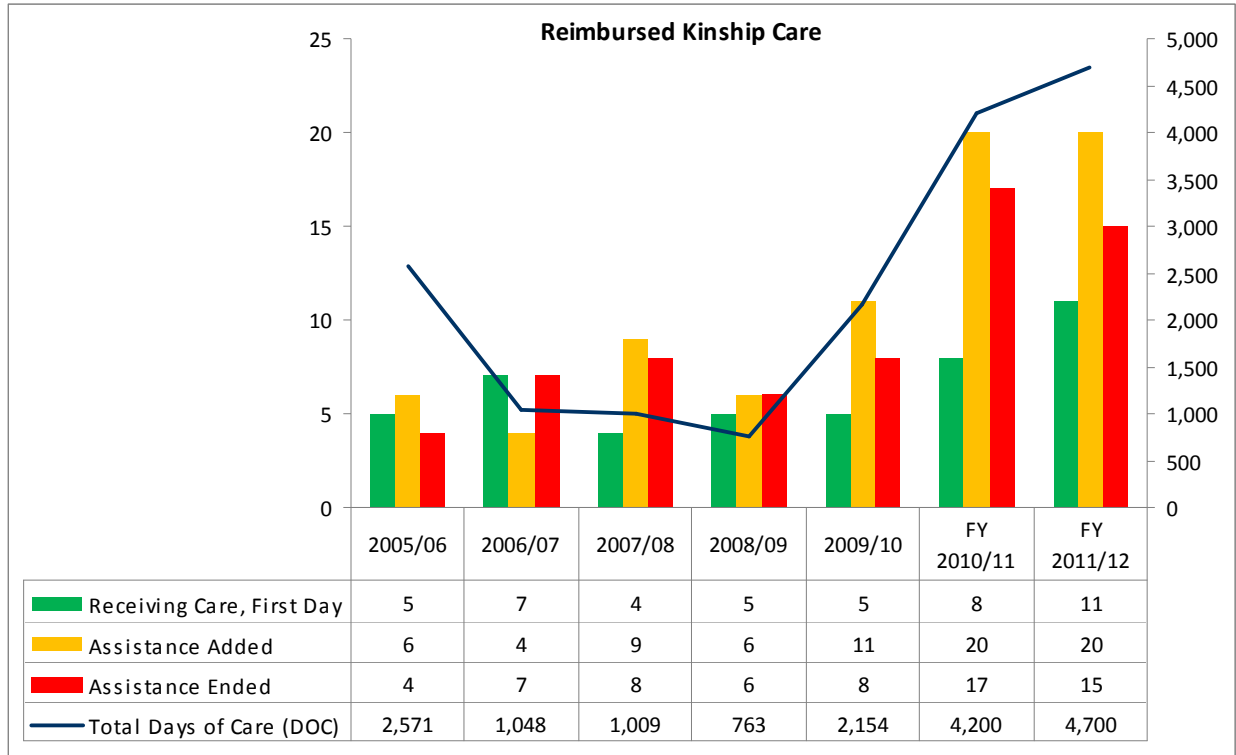


SPLC is anticipated to continue to increase as it has since 08/09.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

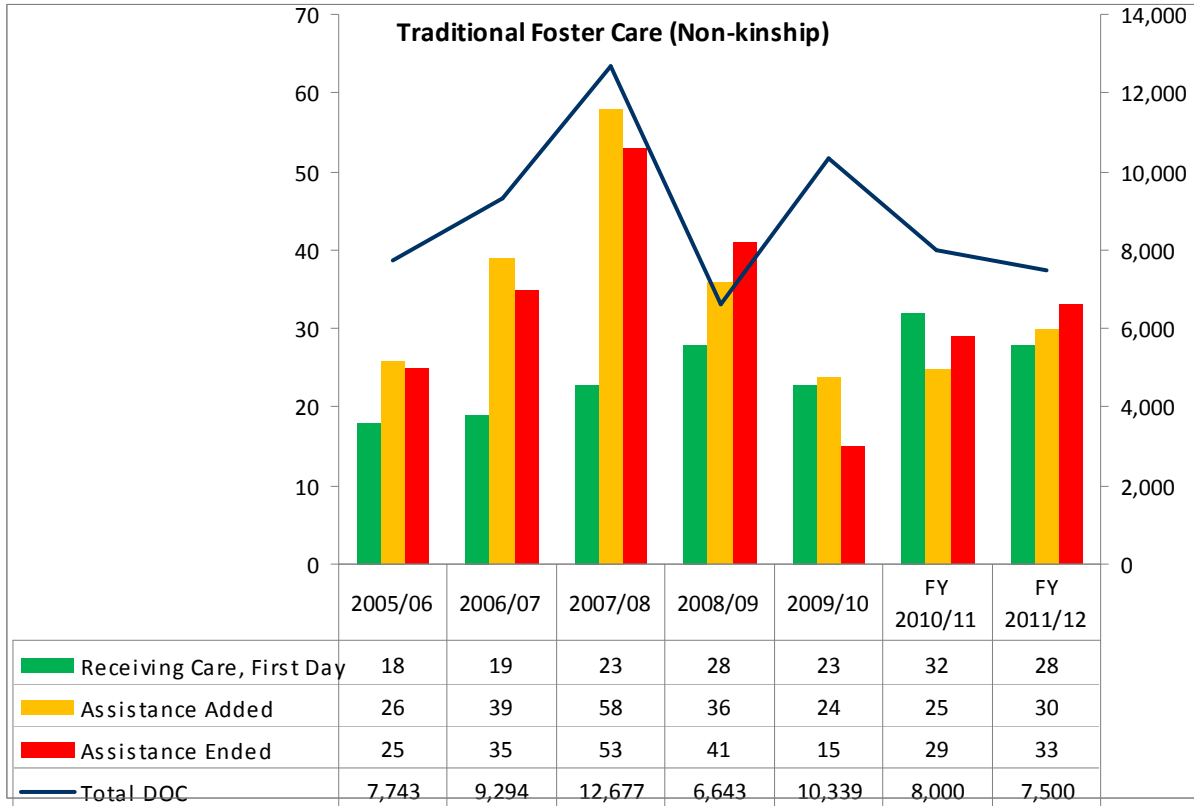


Kinship is expected to increase also as this is a goal of the county as a result of the roundtable initiative. It is also expected as the county continues to improve efforts to meet the Fostering connections mandate the amount of children served in kinship should increase. It is expected the amount of children served in both kinship and traditional foster care should decrease as we are able to locate kinship at the time of placement.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

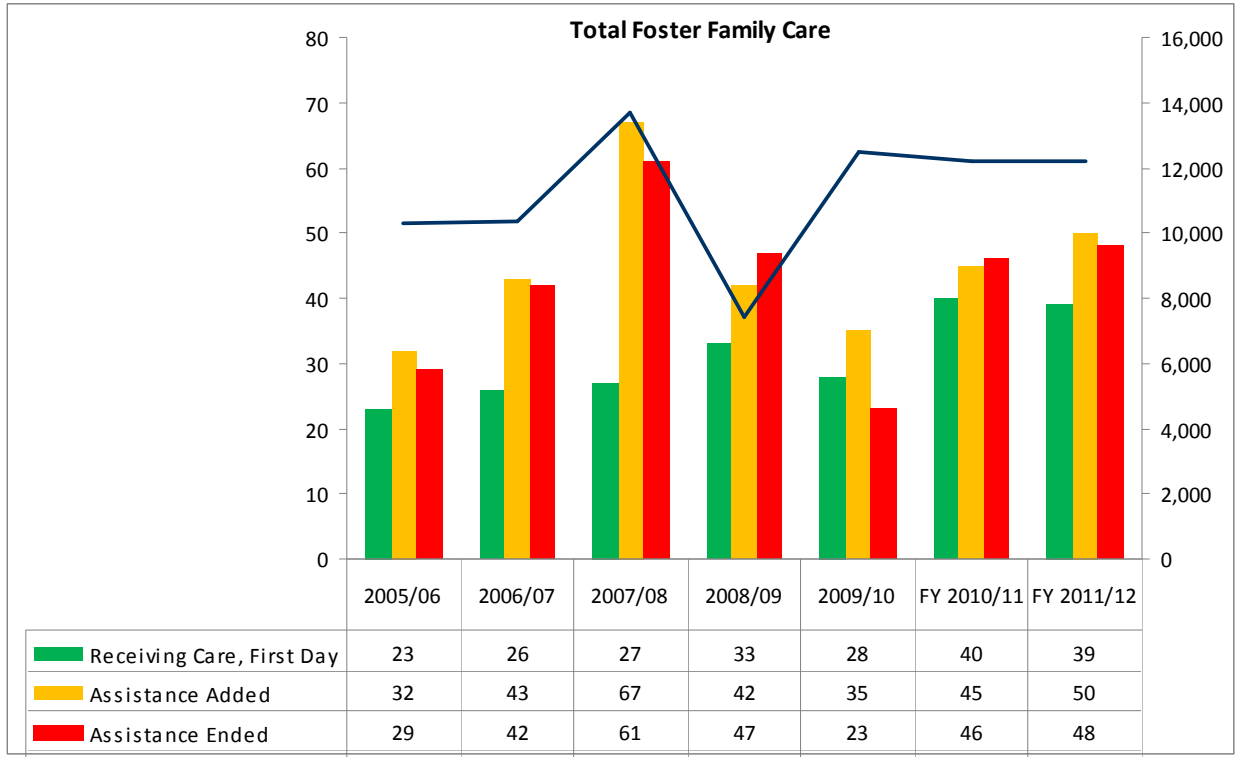


It is expected the trend of substantial reduction of placement realized during 08/09 cannot be maintained and placements should not return to the levels of 07/08.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

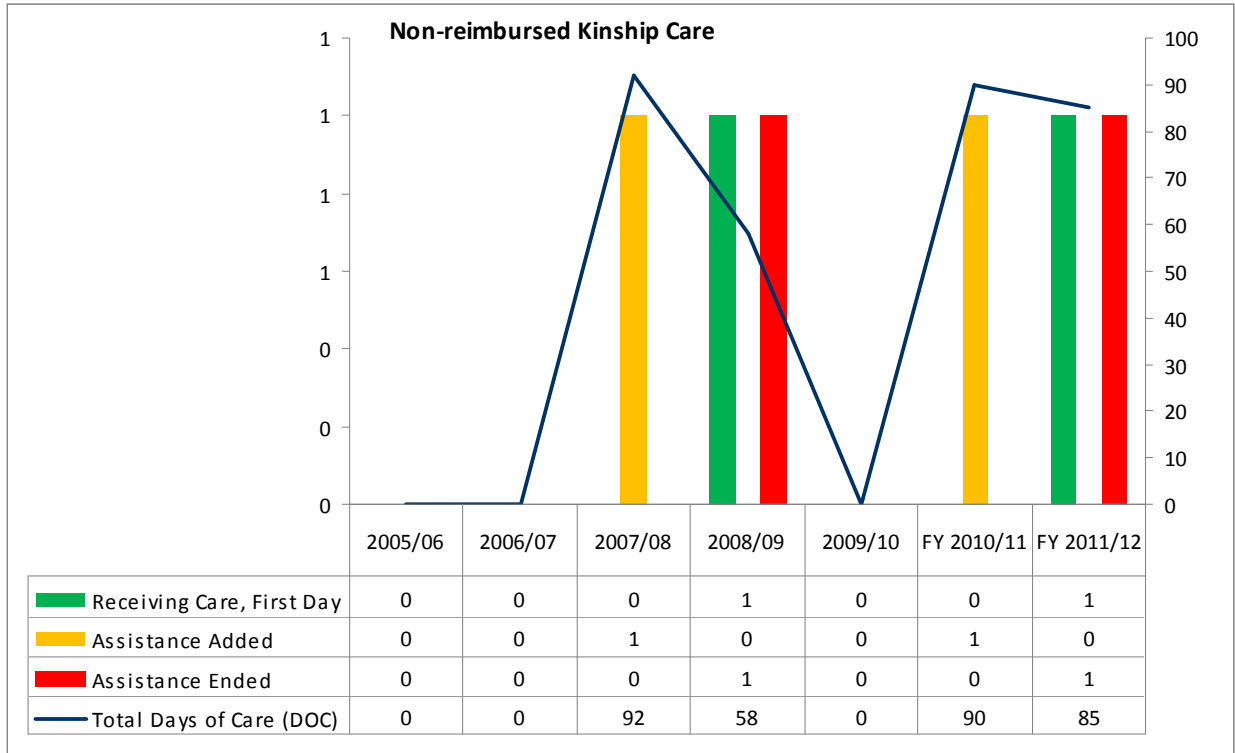


It is expected to follow the trend more close to the 06/07 numbers.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

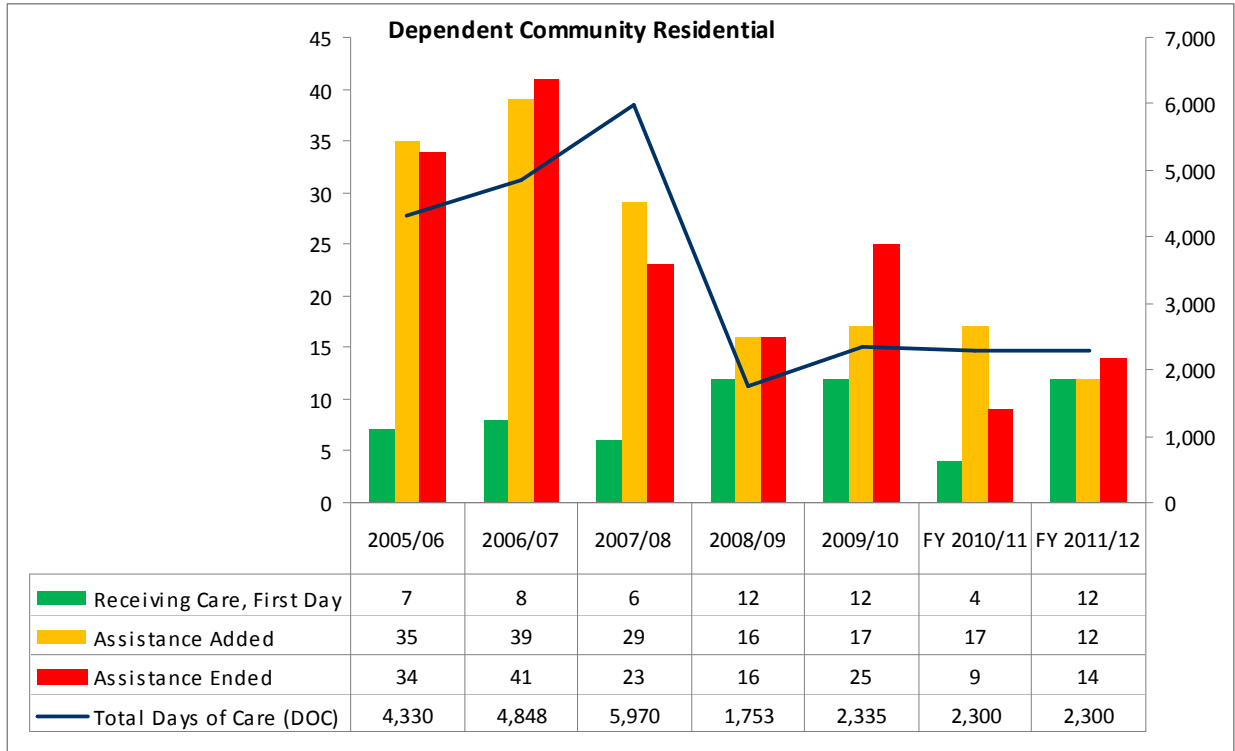


This is based on a trend evident in the tracking period of a child being placed in NRK every couple years.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

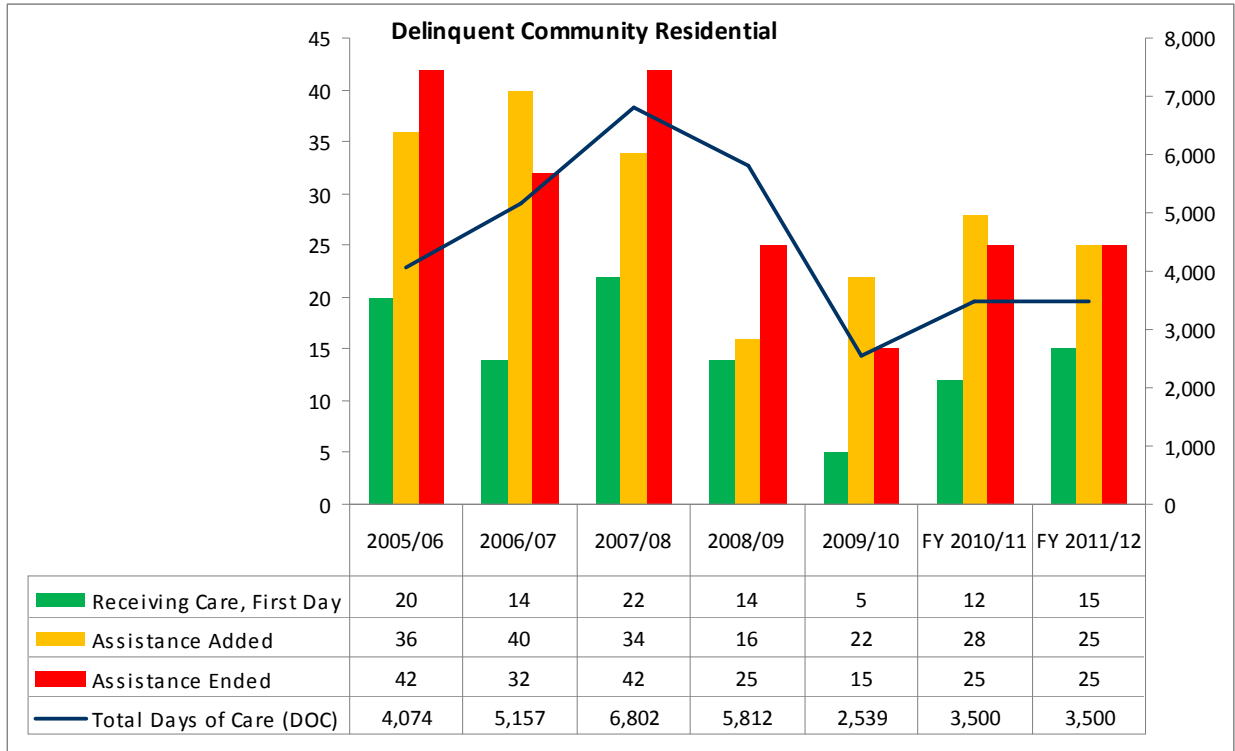


It is anticipated with the practice of putting in-home services in to support foster care placements the number of children needing group home placement should remain relatively unchanged over the next two years outlined.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

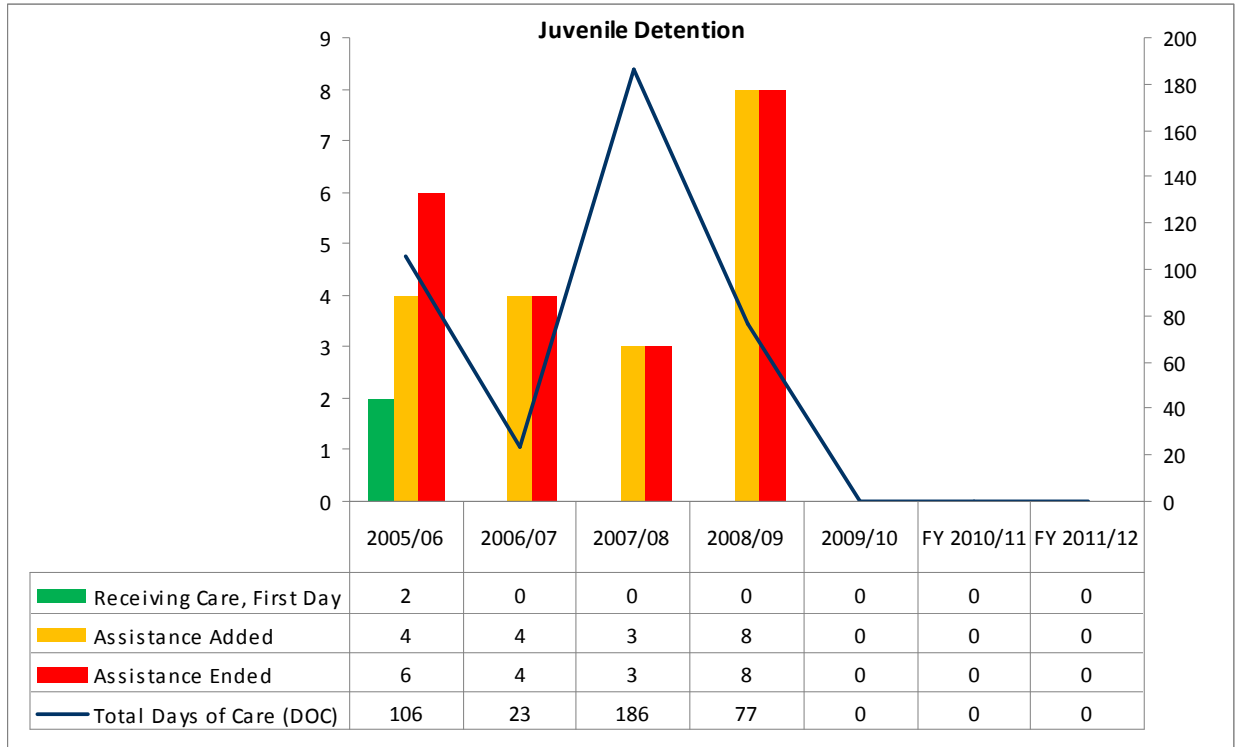


Slight increases in placement should be anticipated as it relates to placement rates at the end of FY09-10. It is also of note overall delinquency referrals are up again at this point relative to 07-09 numbers.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

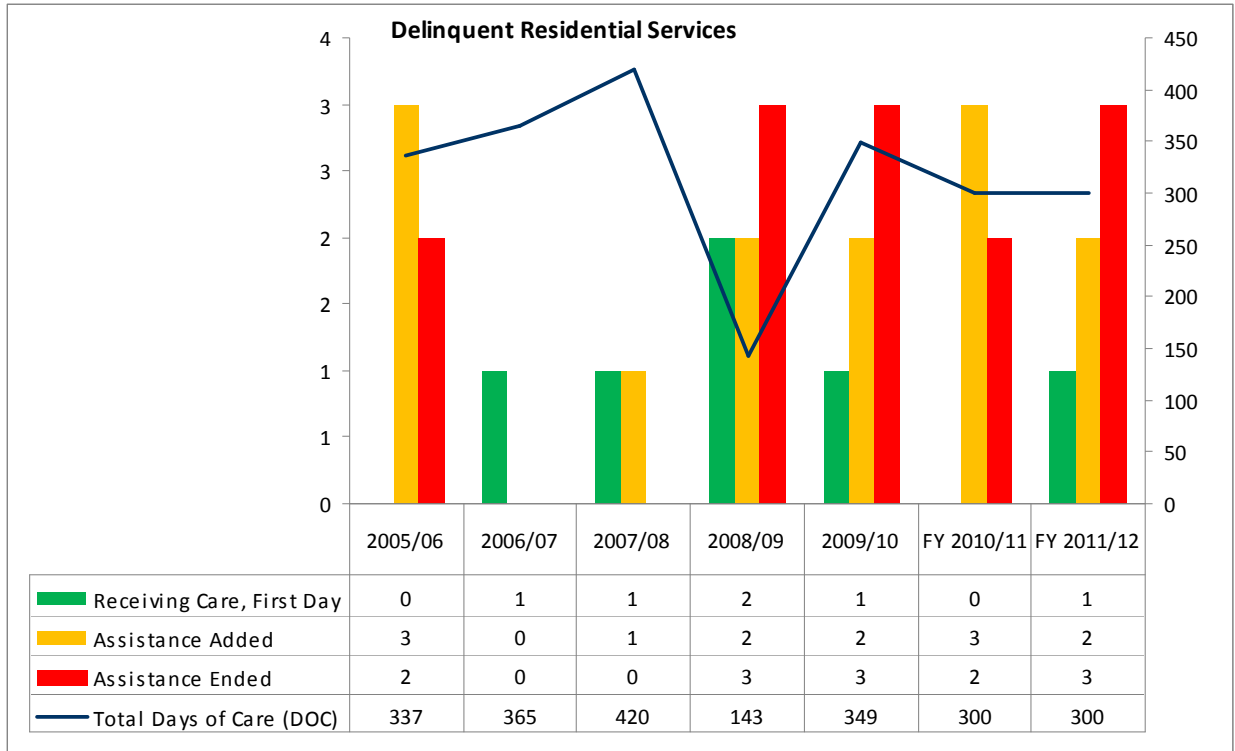


It is anticipated the trend of detention should continue as it relates children being placed in group homes in lieu of detention is a practice JPO plans to continue.

## Jefferson County

### 3-2d. Out-of-Home Placements: County Selected Indicator

- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.

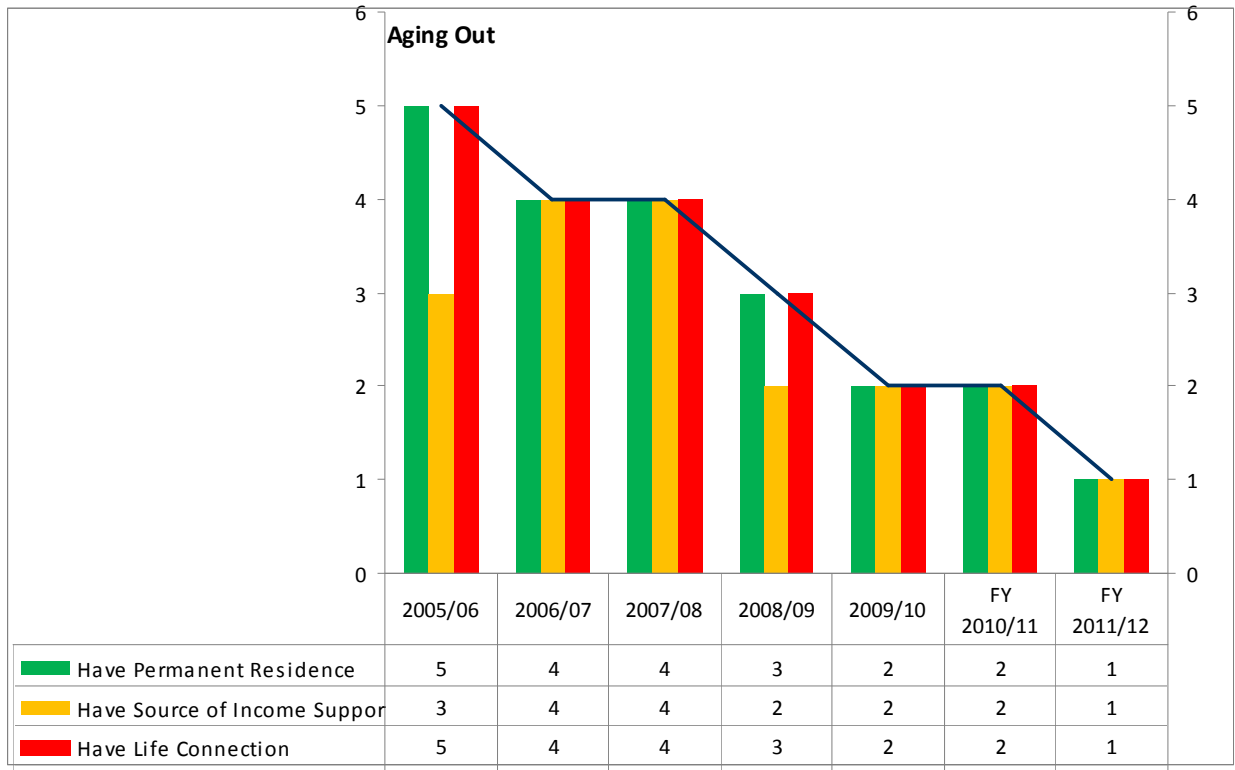


These numbers continue to remain stable through the reporting period and it is anticipated this should remain true through the next two years.

## Jefferson County

### 3-2e. Aging Out

- Insert the Aging Out Chart (Chart 14). If the county does not have sufficient data to analyze trends, describe how the county plans to track this data in the future.



As permanency continues to improve within the county the number of children aging out should reduce. The trend has shown this has occurred.

## Jefferson County

### 3-2f. General Indicators

- Insert the complete table from the *General Indicators* tab. No narrative is required in this section.

3-2: General Indicators								
Type in PURPLE boxes only (blue for Excel 2007 users)								
County Number: <input type="text" value="33"/>			Class <input type="text" value="6"/>					
Jefferson County								
3-2a. Service Trends								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	% Change
<b>Intake Investigations</b>								
Children	1133	1078	1287	1591	1502	1550	1550	32.6%
Family	655	604	804	893	730	770	770	11.5%
<b>Ongoing Services</b>								
Children	266	235	194	265	247	260	270	-7.1%
Family	143	110	115	132	107	120	125	-25.2%
Children Placed	67	90	119	43	43	40	40	-35.8%
<b>JPO Services</b>								
Total Children	58	54	58	64	47	50	50	-19.0%
Community Based Placement	56	54	56	36	27	30	30	-51.8%
Institutional Placements	9	5	5	10	3	3	3	-66.7%
3-2b. Adoption Assistance								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	% Change
<b>Adoption Assistance</b>								
Receiving Care, First Day	22	18	18	22	23	22	27	4.5%
Assistance Added	0	1	5	3	1	6	4	#DIV/0!
Assistance Ended	4	1	1	1	2	1	1	-50.0%
Total Days of Care (DOC)	7,393	6,212	6,716	8,022	8,262	9,392	9,992	11.8%
3-2c. SPLC								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	% Change
<b>Subsidized Permanent Legal Custodianship</b>								
Receiving Care, First Day	1	1	1	5	11	15	18	1000.0%
Assistance Added	0	0	4	7	8	5	5	#DIV/0!
Assistance Ended	0	0	0	1	4	2	2	#DIV/0!
Total Days of Care (DOC)	365	365	650	2,712	5,080	5,900	6,500	1291.8%

# Jefferson County

3-2d. Placement Data								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	% Change
<b>Traditional Foster Care (non-kinship)</b>								
Receiving Care, First Day	18	19	23	28	23	32	28	27.8%
Assistance Added	26	39	58	36	24	25	30	-7.7%
Assistance Ended	25	35	53	41	15	29	33	-40.0%
Total DOC	7,743	9,294	12,677	6,643	10,339	8,000	7,500	33.5%
<b>Reimbursed Kinship Care</b>								
Receiving Care, First Day	5	7	4	5	5	8	11	0.0%
Assistance Added	6	4	9	6	11	20	20	83.3%
Assistance Ended	4	7	8	6	8	17	15	100.0%
Total Days of Care (DOC)	2,571	1,048	1,009	763	2,154	4,200	4,700	-16.2%
<b>Foster Family Care (Total of 2 above)</b>								
Receiving Care, First Day	23	26	27	33	28	40	39	21.7%
Assistance Added	32	43	67	42	35	45	50	9.4%
Assistance Ended	29	42	61	47	23	46	48	-20.7%
Total Days of Care (DOC)	10,314	10,342	13,686	7,406	12,493	12,200	12,200	21.1%
<b>Non-reimbursed Kinship Care</b>								
Receiving Care, First Day	0	0	0	1	0	0	1	#DIV/0!
Assistance Added	0	0	1	0	0	1	0	#DIV/0!
Assistance Ended	0	0	0	1	0	0	1	#DIV/0!
Total Days of Care (DOC)	0	0	92	58	0	90	85	#DIV/0!
<b>Dependent Community Residential</b>								
Receiving Care, First Day	7	8	6	12	12	4	12	71.4%
Assistance Added	35	39	29	16	17	17	12	-51.4%
Assistance Ended	34	41	23	16	25	9	14	-26.5%
Total Days of Care (DOC)	4,330	4,848	5,970	1,753	2,335	2,300	2,300	-46.1%
<b>Delinquent Community Residential</b>								
Receiving Care, First Day	20	14	22	14	5	12	15	-75.0%
Assistance Added	36	40	34	16	22	28	25	-38.9%
Assistance Ended	42	32	42	25	15	25	25	-64.3%
Total Days of Care (DOC)	4,074	5,157	6,802	5,812	2,539	3,500	3,500	-37.7%
<b>Juvenile Detention</b>								
Receiving Care, First Day	2	0	0	0	0	0	0	-100.0%
Assistance Added	4	4	3	8	0	0	0	-100.0%
Assistance Ended	6	4	3	8	0	0	0	-100.0%
Total Days of Care (DOC)	106	23	186	77	0	0	0	-100.0%
<b>Dependent Residential Services</b>								
Receiving Care, First Day	0	0	0	0	0	0	0	#DIV/0!
Assistance Added	0	0	0	0	0	0	0	#DIV/0!
Assistance Ended	0	0	0	0	0	0	0	#DIV/0!
Total Days of Care (DOC)	0	0	0	0	0	0	0	#DIV/0!
<b>Delinquent Residential Services</b>								
Receiving Care, First Day	0	1	1	2	1	0	1	#DIV/0!
Assistance Added	3	0	1	2	2	3	2	-33.3%
Assistance Ended	2	0	0	3	3	2	3	50.0%
Total Days of Care (DOC)	337	365	420	143	349	300	300	3.6%
3-2e. Aging Out Data								
Indicator	FY	FY	FY	FY	FY	Projected		2005-09
	2005/06	2006/07	2007/08	2008/09	2009/10	FY 2010/11	FY 2011/12	% Change
<b>Aging Out</b>								
Number of Children Aging Out	5	4	4	3	2	2	1	-60.0%
Have Permanent Residence	5	4	4	3	2	2	1	-60.0%
Have Source of Income Support	3	4	4	2	2	2	1	-33.3%
Have Life Connection	5	4	4	3	2	2	1	-60.0%

## Section 4: County Programs & Services

### ➤ 4-1: Children/Families not Accepted for Service

- How does the county determine a child/family is not accepted for service?

Children/families not accepted for services are determined at two levels within the agency. The screen out process and the accepted for ongoing services process.

The agency screen out process is determined through collaboration between the call screener, intake supervisor, and the agency director. Factors attributing to screen outs are based on whether there is allegations of abuse/neglect or a general lack of information that will not allow us to find children/families for assessment.

For children/families not accepted for ongoing services the agency also looks at factors relating to safety of the child along with referral for services to other agencies such as mental health.

## Jefferson County

### ➤ 4-2: New/Enhanced Programs

- ❑ Briefly explain requests for funding of new programs or enhancements to existing programs. The explanation must include why the county is seeking funding for the new/enhanced program and how it relates to needs identified in the county.

Jefferson County is not requesting new or enhanced programs at this point.

- ❑ In the specific budget adjustment forms for new initiatives or services, identify cost savings and reduced rates, and provide evidence that the new program is less expensive or more effective than the current service.

- ❑ For enhanced programs, describe how the program is effective.

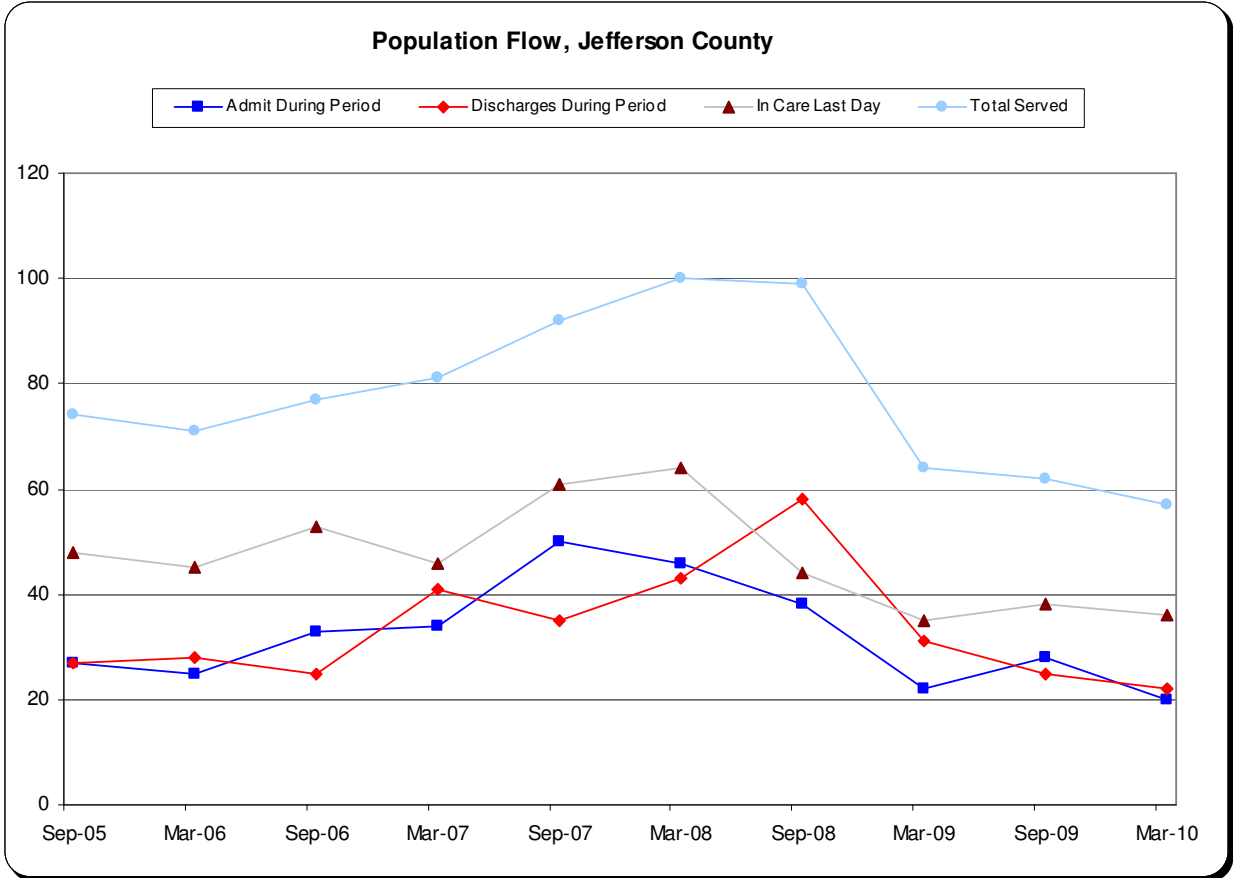
- ❑ For enhanced programs, discuss the expected level of program improvement, and describe how the program will reduce costs or the rate of future cost increases.

**Section 5: Outcome Indicators**

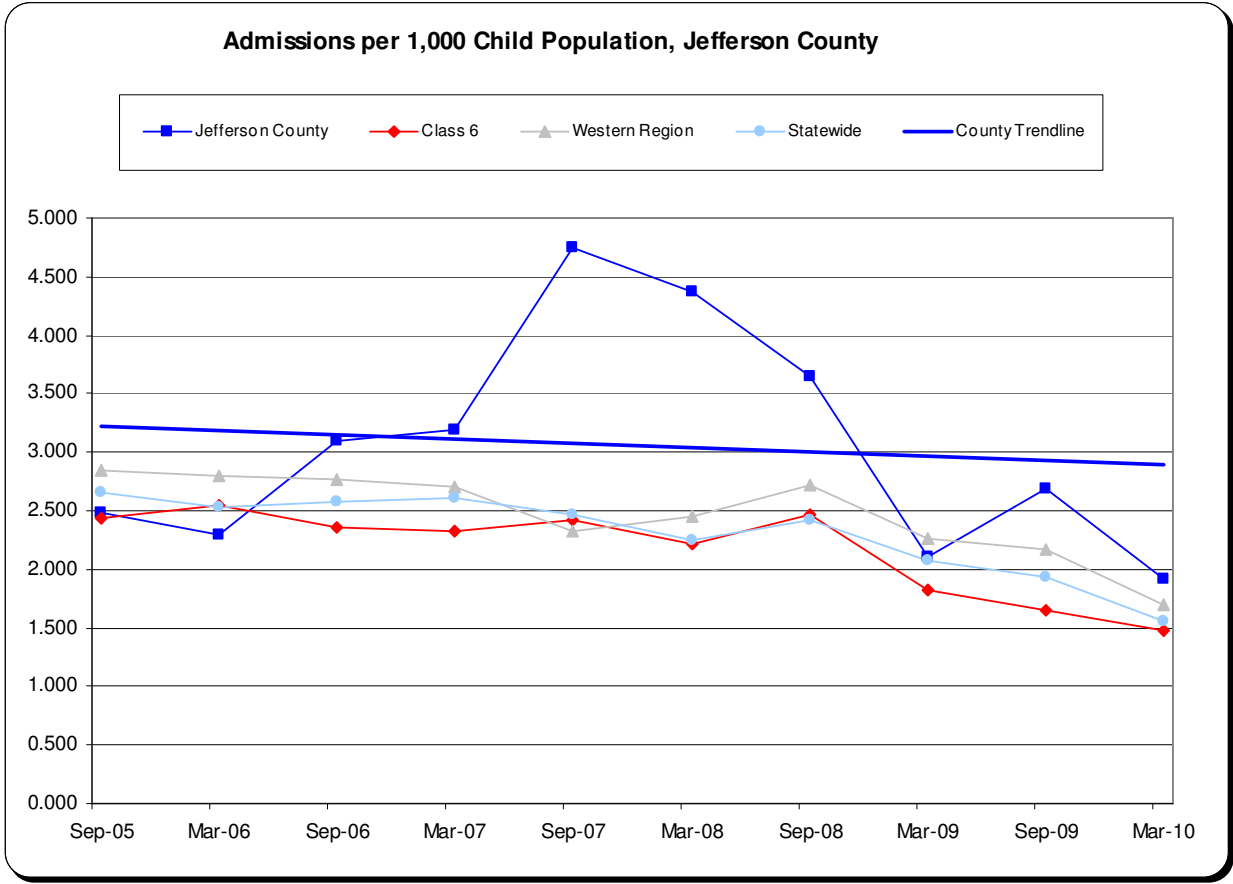
**5-1a. Foster Care Population Flow  
(See HZA Data Package)**

On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page.

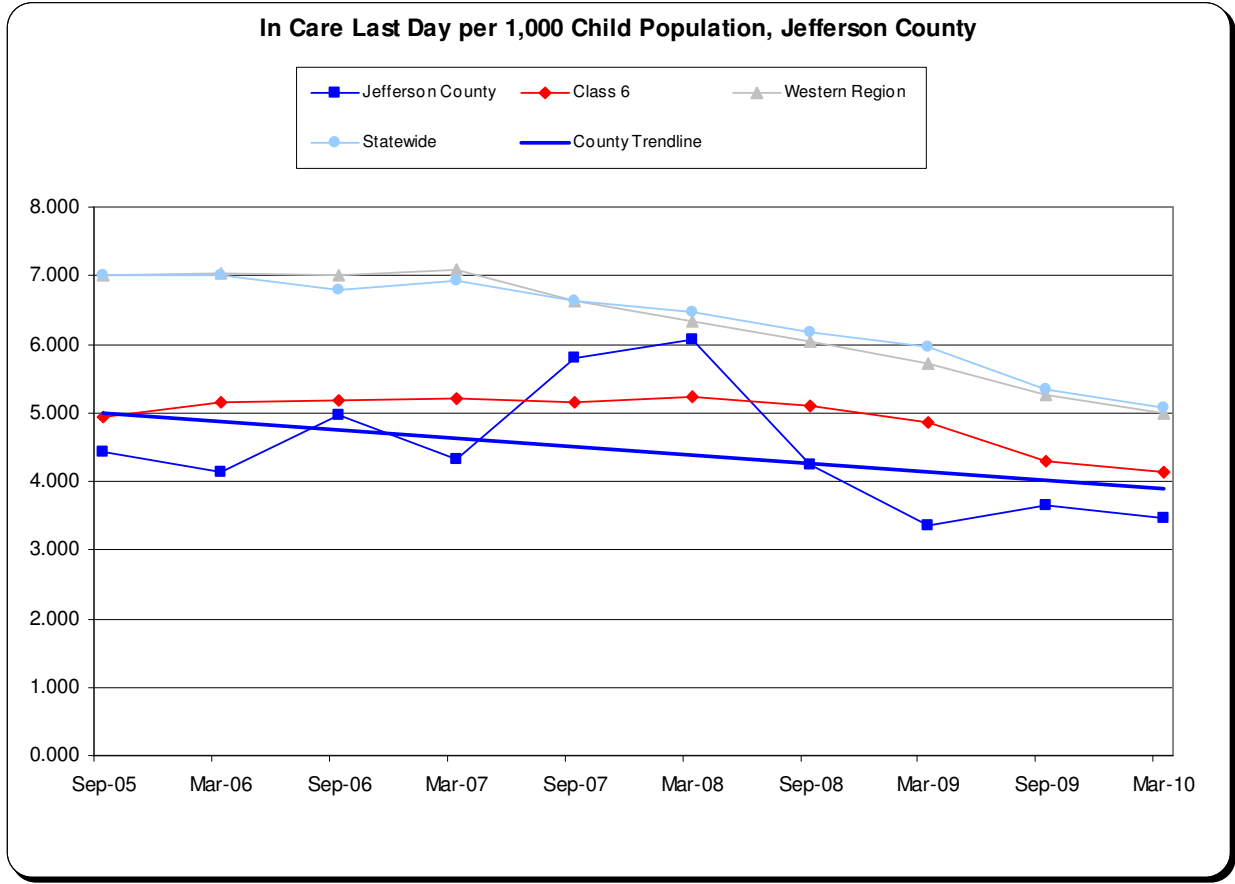
Click to Paste HZA chart



# Jefferson County



## Jefferson County



□ Is the overall trend in the number of children being served or in care in the county different than that in the state as a whole? In counties of the same class? Jefferson County does comparatively have less children in care than both the state and counties of similar size. Admissions in the current report period are going to be up as 16 children were placed from 4 large families in the months of April and May 2010.

□ Please describe what demographic factors, if any, have contributed to changes in the number of children being served or in care.

This change is due to a concerted effort on the part of the county to safely reduce placement.

## Jefferson County

- ❑ Please describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children served or in care and/or the rate at which children are discharged from care.

The priority of reducing placement is the leading cause of the reduction in children in care.

- ❑ Are there any demographic shifts which impact the proportions of children in care (for example, are younger children making up a larger proportion of admissions than in years past)?

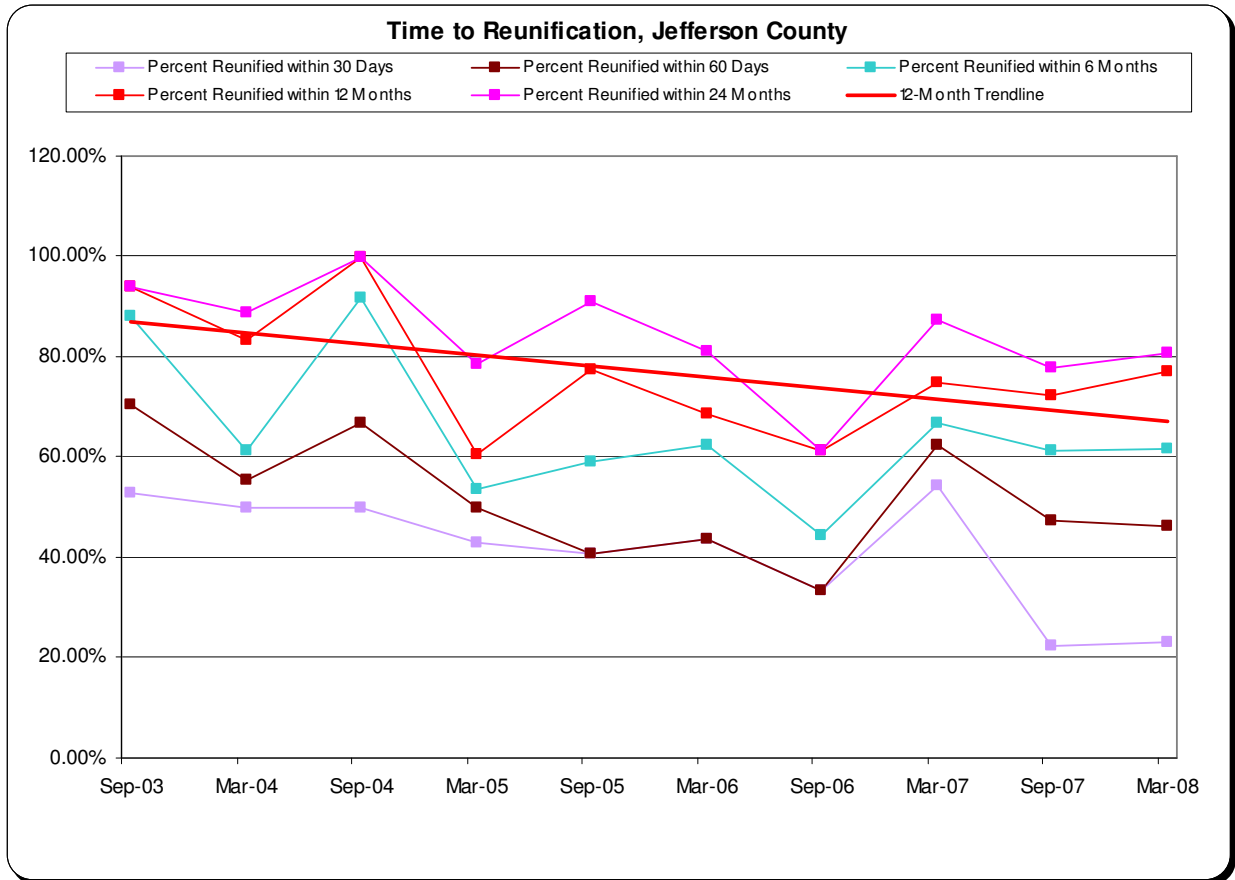
The shift toward larger sibling groups needing out of home care is a current concern.

- ❑ How has the county adjusted staff ratios and/or resource allocations (both financial and staffing, including vacancies, hiring, turnover, etc.) in response to a change in the foster care population? Is the county's current resource allocation appropriate to address projected needs?

It is planned to further enhance a reduction in out of home placement by hiring two more casework positions in order to safely reduce out of home placements.

## Jefferson County

### 5-1b. Reunification Survival Analysis (See HZA Data Package)



- ❑ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

The reunifications within 12 months have improved as we continue to focus FGDM as a reunification tool.

The agency chose to focus efforts to reduce 30 day placements in the last two years. We have accomplished through concerted efforts to offer in-home services in lieu of 30 day voluntary placements. We also have attempted to change practice regarding placement during investigation as a practice.

- ❑ If there are fewer reunifications within 12 months of the child's removal, what is happening to those children? Are they returning home later or eventually being discharged in some other way?

The number of reunifications within 12 months has increased during the last three reporting periods.

- ❑ Are children being reunified more quickly, or more slowly, than in past years? Does the timeliness of the reunifications reflect the changing needs of families in the county? Among

## Jefferson County

children reunified in less than 30 days, were the services provided sufficiently to alleviate the concerns that led to the child's removal? What services could have prevented removal of children who were reunified within 30 days?

With few exceptions if reunification has not occurred within 12 months other permanency is being found for these children. There are some cases still where children's behavior have been the leading barrier to reunification which take longer for reunification.

- ❑ How does the county's data compare to other counties of the same county class size? To the statewide data?

With the exception of the data on reunification within 30 days Jefferson county exceeds the comparisons.

- ❑ If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

The county continues to focus efforts towards services within the family for the purpose of reunification.

*Or*

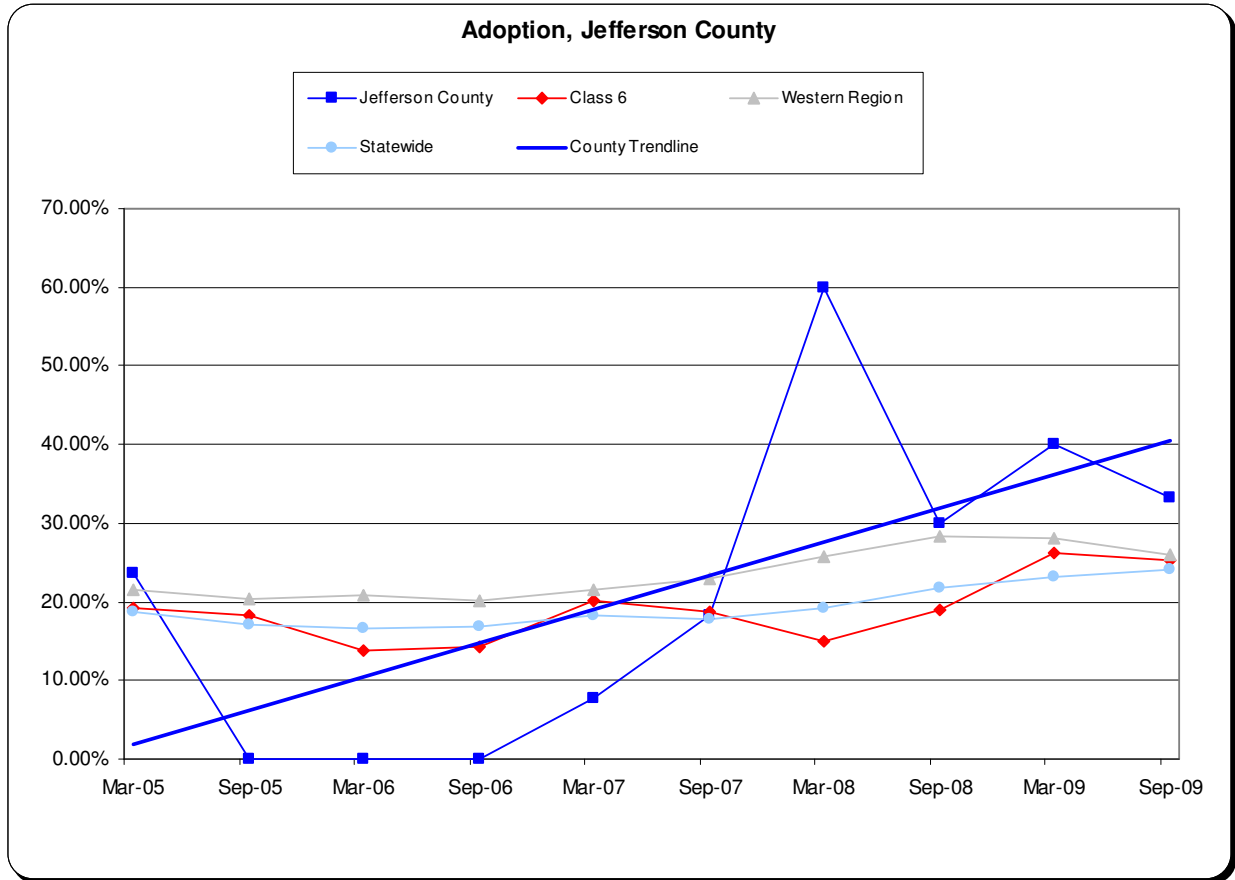
If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

- ❑ Are there certain populations which are disproportionately represented in this measure? What actions is the county taking to address that population's needs?

Older children are often those who are placed on VPA within the county usually due to behavior concerns. The county has taken an approach with parents of these children that placement is not the first option and in home services are insisted upon. Effort still needs to be made in this area in order to reduce this population.

## Jefferson County

### 5-1c. Adoption Rate, 17 Months (See HZA Data Package)



- ❑ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

The county's performance has improved through efforts made at all levels of the dependency system. This has included not only efforts by the agency but also through the courts with the GAL parent attorneys and agency solicitor acting together as permanency is established.

- ❑ Do current policies of the agency or courts serve affect the timeliness of adoptions? Do the delays tend to occur between removal and TPR, between TPR and pre-adoptive placement, or between pre-adoptive placement and finalization?

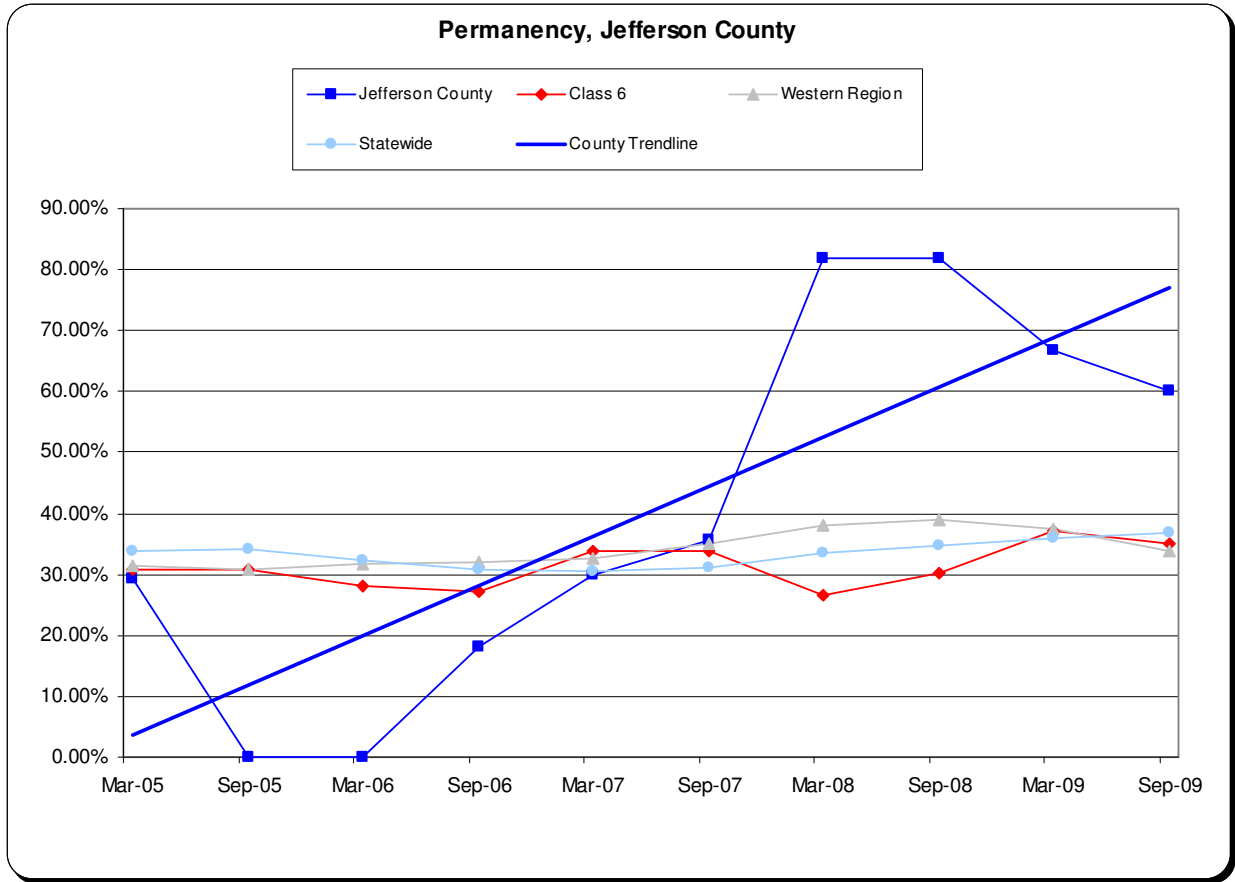
I don't believe we have any delays in the system at this point. Appeals are even handled more expediently than in the past.

## Jefferson County

- ❑ Which group of children represent the largest proportion/share of children for whom performance is below the national standard? What actions is the county taking to address that population's needs?

## Jefferson County

### 5-1d. Permanency, 24 Months (See HZA Data Package)



- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

Trend for the amount of children in this population is a decrease. Finding permanency for these children has increased over time.

- Which group of children represent the largest proportion/share of children in care more than 24 months? What are the most frequent permanency goals for these children? What are the most frequent actual discharge destinations for these children?

Children with substantial MH issues or behavior issues. Most often these children have been discharged to their homes after extended periods. Some have aged out of the system.

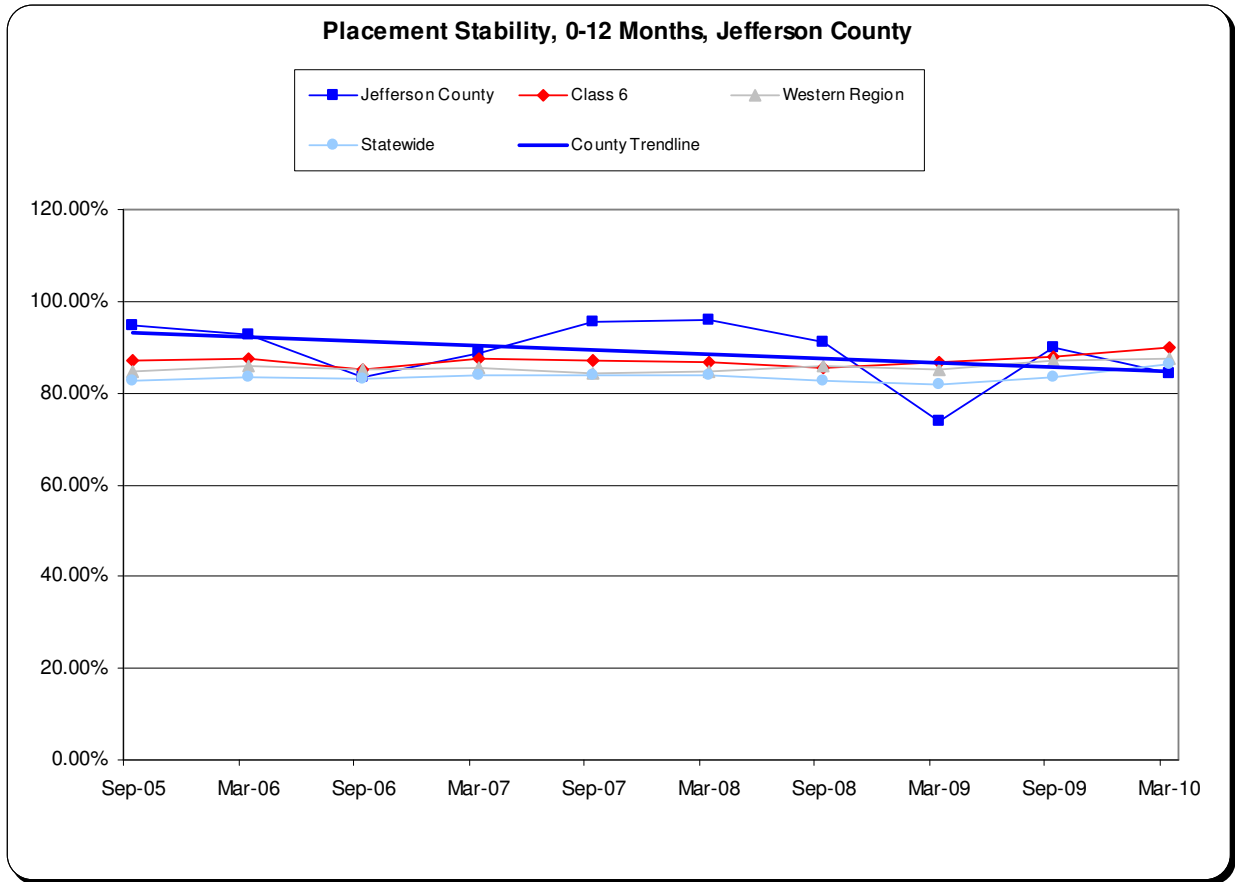
- What steps is the county taking to achieve permanency for these children? What are the barriers to achieving permanency?

## Jefferson County

The agency has referred for SWAN services as appropriate. The barriers to permanency have been chronic behavioral issues with the child.

## Jefferson County

**5-2a. Placement Stability, Less than 12 Months (CFPS Measure 4.1)**  
 (See HZA Data Package)



□ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

The performance remains relatively consistent over time.

□ How does the county's data compare to other counties of the same size? To the statewide data?

During the last report period the measure dipped below the class average.

□ If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

**Or**

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

## Jefferson County

The county still continues to look at changes in policy relating to rejection by county run foster homes.

Focused efforts to maintain children in the original placement through in-home services within the foster homes either through purchased services or through other community resources.

- ❑ When compared to class and state performance on each of the measures, at what point does placement stability tend to break down– the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?

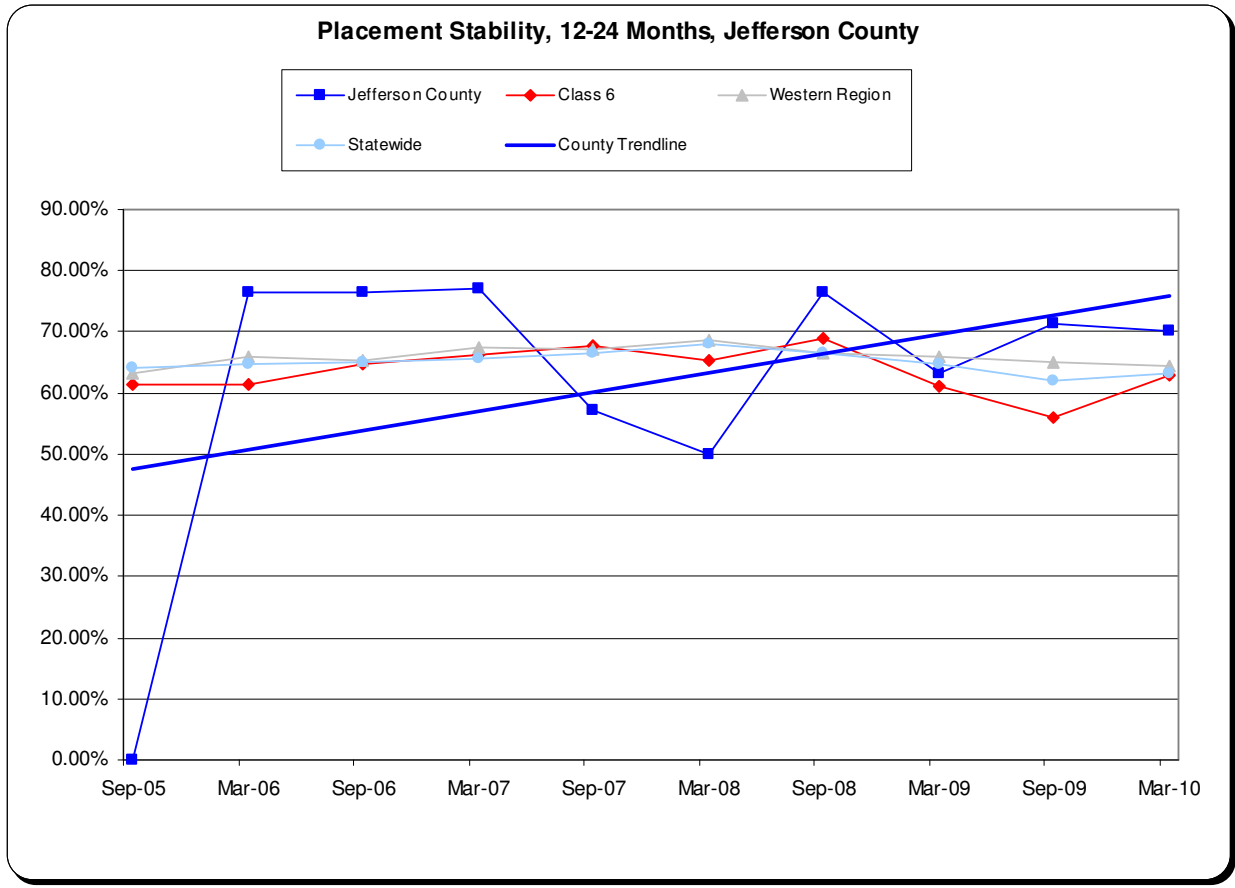
In the most recent report period the county was below the average in the 0-12 moth time frame.

- ❑ Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?

Improvement still needs to be made to find kinship at the time of initial placement.

## Jefferson County

**5-2b. Placement Stability, 12 to 24 Months (CFSR Measure 4.2)**  
 (See HZA Data Package)



Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

The performance has improved over time especially the last 2 reporting periods.

How does the county's data compare to other counties of the same size? To the statewide data?

At this point the county has exceeded all comparisons during the last 2 report periods.

If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

Kinship homes have been the most stable of the placements in traditional foster care. Finding the kinship at the time of placement may have the most impact on the report measure.

*Or*

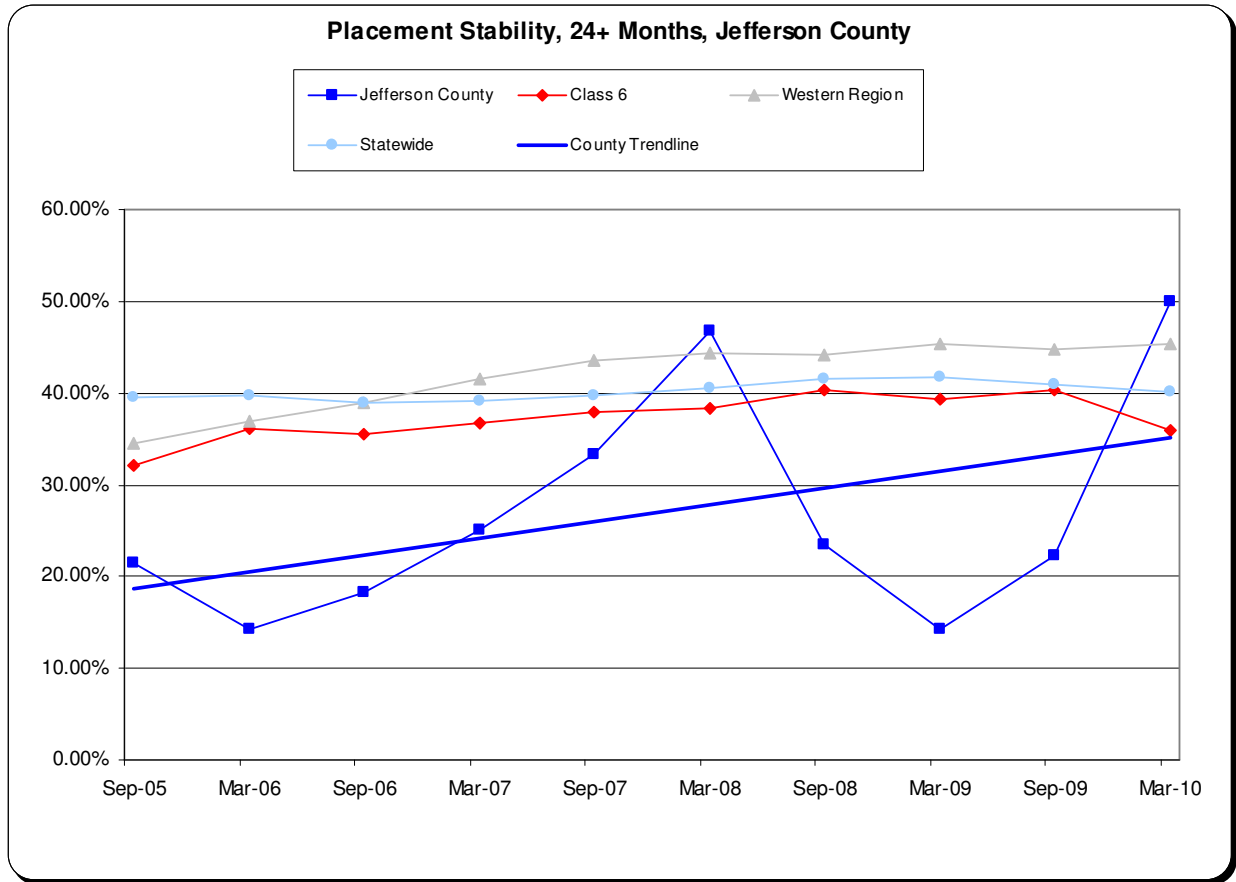
## Jefferson County

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

- When compared to class and state performance on each of the measures, at what point does placement stability tend to break down— the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?
  
- Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?

## Jefferson County

**5-2c. Placement Stability, More than 24 Months (CFSR Measure 4.3)**  
 (See HZA Data Package)



- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends?

There was improvement in the last reporting period. The three prior periods show substantial problems regarding the measure.

- How does the county's data compare to other counties of the same size? To the statewide data?

At this point the measure has improved to exceed the comparisons.

- If the county's performance exceeds comparable county and/or statewide performance, what policies or practices does the county believe have contributed to this result? What actions is the county taking to maintain or improve its performance?

*Or*

## Jefferson County

If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

- When compared to class and state performance on each of the measures, at what point does placement stability tend to break down— the first, second, or third year? What is the county doing differently than the class, region, or rest of the state?
  
- Describe the relationship between actions taken in the first 24-72 hours of a child's removal and the on placement stability? How often does the child's first placement become the placement in which the child remains while in care? What steps is the county taking to increase that proportion?

**5-3a. Prevention Services**

- Briefly describe prevention programs, including services to be provided and what will be prevented (i.e., child abuse, child neglect, truancy, delinquency).

Family Preservation is a program utilized by the county in order to prevent neglect, abuse, and delinquency. This is done through assisting the family in setting structure within the home in order to prevent delinquency. Abuse and neglect are prevented through the same program by working with the family to identify underlying issues within the family related to the abuse/neglect and assisting families in finding appropriate resources to alleviate the problems associated with the abuse/neglect.

The aftercare program is more focused on prevention of delinquency. This program is focused specifically as an after school program between the hours of 3 and 6 o'clock. The focus of the program follows barj principles in that accountability and competency development are the primary focus. The program is group focused and short term. Pre delinquent youth are also identified and referred to the program also.

The truancy prevention program is focused on the issue of preventing truancy. The program is currently more of a reactive program after a child is identified by the agency as a potential truant child. This is going to change as part of the new protocol developed at this time as the program is going to be able to intervene at the time of the development of the TEP with the school.

FGDM is also designed to prevent all of the identified issues above. It has been utilized predominately to prevent abuse/neglect but is to be expanded through practice to focus on the prevention of truancy and delinquency on a case by case basis.

# Jefferson County

**5-3b. Previously Introduced Outcomes**

- ❑ For each outcome introduced by the county in past budgets, describe the activities, programs, or services implemented in order to achieve the outcome and results.

In last years Submission Jefferson County identified Permanency Outcome 2 as identified for improvement. Some improvement has been evident in the past year as there has been more children placed in Kinship care. Siblings have been placed together in most cases. There have been few exceptions to this in the past year and the only factor affecting this has been when the foster family has not had the space for multiple siblings.

Improvement is anticipated to occur this year in this year as it is the intention of the agency to utilize family finding as part of the permanency Initiative.

The agency also chose to focus on improving on safety outcome 2. The amount of placements experienced by the agency due to safety concerns is alarming. There is going to be a change in focus to ensure family preservation services are put into place at earlier points in cases especially in calling out family preservation staff upon initial referral in some cases to address these needs.

County Casework staff also play an important part in this as they will need to change thinking regarding the issue of ensuring safety through the use of alternatives to placement. This will also involve the previous paragraphs regarding use of family supports in order to accomplish this.

The agency also plans to focus on improving safety as evidenced by the commitment to utilize the safety help sessions to ensure successful implementation.

- ❑ Describe whether the county will continue its efforts to improve outcomes, or if the county has analyzed needs and chosen to address different outcomes.

It is obvious the focus should still be on these outcomes. There also is a need to focus on placement stability through improved efforts to find kinship placement at the initial placement.

- ❑ Discuss whether the outcome has been achieved, and reasons for that status. Provide specifics on the activities, programs, or services that affect the targeted outcome (county provided and/or purchased).

Continued focus on utilization of the family preservation services.

## Jefferson County

- ❑ For continuing or newly targeted outcomes for FY 2009-10:
  - ❑ Identify specific activities [planned] and services to improve the outcomes.

The county plans to continue to focus on the outlined outcomes through efforts with caseworkers through training. Continued efforts for family finding prior to placement.

- ❑ Provide timeframes for measured improvement.

Measurement for improvement should occur at the end of second quarter.

- ❑ Describe the process for data collection/measurement.

Data collection can be accomplished through CAPS system.

**5-4a. Family Engagement in Case Planning**

- Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.

The agency has utilized FGDM as a method to engage families in the case planning process. This has allowed for some success in the practice within the county as we have now served 38 families over the last 20 months. Improvement can still be accomplished as we look to expand the population served in the coming year.

We have also been committed to the Family development Credentialing process and this is also an engagement focus.

**5-4b. Youth Involvement in Case Planning**

- Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.

Youth have been involved with FGDM also as we continue to establish the practice within the county. The youth have also become more involved in the process through the IL program within the county as we try to improve this service as well.

**5-4c. Transition Planning & Preparation**

- Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.

The Independent living provider has also been very involved in the process and this has been valuable. The plan for this year is to begin utilization of the template for all transitional planning.

**5-4d. Implementation of Concurrent Planning**

- Assess performance to determine if improvement in this area is needed in the county, describe previous efforts which the county believes have had a positive impact, and any new initiatives to improve this area.

AS the agency continues to strive to improve this the agency has begun the process of identifying to the parents the need for concurrent planning and explaining the process of permanency has been beneficial as families are given notice at a much earlier stage of the case we are planning for permanency truly at the same time we are focusing on reunification.

**Section 6: Administration**

**6-1b. Employee Benefit Detail**

- ❑ Submit a detailed description of the county’s employee benefit package for FY 2010-11. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

**2010**

**Employee Benefits**

Available at the End of Probation  
(Insurance Benefits begin the first of the month following the end of Probation)

**Pension:** All full-time and regularly scheduled part-time employees are required to Participate in the Pennsylvania Municipal Retirement System. Required contribution is 7% of gross wages. (The employee may elect to contribute up to 10%)

**Hospitalization: Cost to employee:**

- Employee Contribution
 

Individual	\$18.64/pay	(24 Pays per Year)
Parent/Child	\$44.91/pay	(24 Pays per Year)
Husband/Wife	\$50.12/pay	(24 Pays per Year)
Family	\$57.36/pay	(24 Pays per Year)
- ***Deductibles (\$250/\$500)***
- ***Co-Payments***

\*\*\*As per the County Personnel Policy, Hospitalization is available through the Probationary period on a self-pay basis\*\*\*

If you elect to waive the hospitalization insurance because you are covered through other insurance, \$600.00 will be added to your annual compensation. \$150.00 will be paid at the end of each quarter.

**Dental:** Available at your own cost through payroll deduction  
 2010 Rates: Individual \$11.41/pay (24 Pays per Year)  
 Family \$35.95/pay (24 Pays per Year)

**Vision:** Available at your own cost through payroll deduction  
 2010 Rates: Individual \$2.74/pay (24 Pays per Year)  
**Family \$7.96/pay (24 Pays per year)**

**Life Insurance:** The County provides \$20,000 Life, Accidental Death and Dismemberment Insurance for each full-time employee. (Employees may purchase Dependent Life Insurance for \$2.15/Month)

Jefferson County

**Deferred Compensation:** Nationwide Retirement Solutions or AIG VALIC  
- More information available on request

**Credit Union:** Jefferson County employees are eligible to belong to Priority First Credit Union and PSECU. More information available on request

**Vacation**

After working for a period of six (6) months, paid vacation days are granted on a pro-rata basis and will apply as follows: Ten (10) days per year for the first five (5) years of service. Vacation schedule shall increase commencing with the six year of service.

**Sick Leave**

Paid sick leave will be granted to full-time employees upon completion of his/her probationary period.

Seven (7) hours per month paid sick leave for each full month worked is granted to full time employees, retroactive to the first day of the probationary period.

**Personnel Leave**

Full Time employees shall be entitled to three (3) personal days during each calendar year. Said time shall be earned at 1 day per every 120 days.

*Some of the benefits listed will differ per Union Contracts*

Employee Benefit Forms and County Personnel Policy can be found on our intranet website  
**<http://172.18.0.132/forms>**

**6-1d. Organizational Changes**

- Note any changes to the county's organizational chart.

Jefferson County Children and Youth Services  
Organizational Chart  
8/13/10

**County Commissioners**

Paul Corbin, James. P. McIntyre, Jeffrey E. Pisarcik



**Director**

Brian D. Mowrey



Jefferson County

**Casework Supervisor**  
Cindy Cornwell

**Casework Supervisor**  
John Hilliard

**Fiscal Tech. Supervisor**  
Debbie Schmidt

**Caseworker**  
Leah Schurr

**Caseworker**  
Ken McCool

**Fiscal Assistant**  
April Brosius

**Caseworker**  
Carol Anderson

**Caseworker**  
Tab Wright

**Clerk Typist**  
Pam Dunmire

**Caseworker**  
Terri Wells

**Caseworker**  
Annette Town

**Clerk Typist**  
Cindy Lewis

**Caseworker**  
Traci Matko

**Caseworker**  
Casey Foringer

**Fiscal Assistant**  
Tiffany Leathem

**Program Specialist (FCC)**  
Rebecca Wallace



**Caseworker(call screener)**  
Janet Stormer



Changes in names of caseworkers are the changes, no change in structure occurred.

**6-1e. Staff Evaluations**

- Describe the method for evaluating staff effectiveness.

The agency continues to utilize the civil service provided evaluations as the only method of evaluating performance on a formal basis.

**6-1f. Contract Monitoring & Evaluation**

## Jefferson County

- Note the employee/unit which oversees county contracts. Describe the evaluation process.

A part time fiscal assistant serves as the agency contact for contract issues especially as it pertains to the process of establishing rates.

The agency has also continued to work with JPO and other counties who share providers in order to evaluate provider effectiveness. We have focused on our three major providers of placement services at this time as we work with them to improve length of stay and permanency planning.

Jefferson County

**6-1g. Largest Providers Contract Review**

Review the Schedule of Existing Purchased Services and identify the four largest providers (regardless of whether it is a CCYA or JPO provider) as follows:

- Two largest providers of In-Home Services. Include contact information.

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
<b>1: Community County Services</b>	PO Box 938 DuBois, PA 15801	Elaine Phillips	90 families	200,000
<b>2:Western Pa CARES</b>	70 Second Street Brookville, PA 15825	Patricia Berger	40 children	8,000

- Largest provider of Community Based Placement services. Include contact information.

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
<b>1: Pathways Adolescent Center</b>	370 N. Seneca St. Oil City, PA 16301	Nathan Neeley	100 Children	600,000

- The largest provider of Institutional Placement services (excluding Youth Development Center and Juvenile Detention Center placements) . Include contact information.

Provider Name	Provider Address & Phone	Provider Contact Name	# of Children Served FY 2009-10	Total \$ Amount of Services
<b>1:</b>				

## Jefferson County

- ❑ Briefly summarize the services provided by these entities, the expected outcomes of those services, and how provider performance is monitored.

Community County Services provides Family Preservation services, truancy prevention services, and aftercare services.

The truancy prevention program focuses on services relating to specific cases with truancy. They may assist families in setting rules and assisting families in getting the kids to school. Measures regarding the reduction of truancy are being established in the county's new protocol.

The aftercare program is a competency development/accountability delinquency program. They have begun working with NCJJ and PCCD in order to further develop appropriate outcome measures.

Pathways is a group home provider from Oil City.

**6-3a. Evidence Based Programs**

**Pertinent Submission Information**

This subsection of the Narrative Template is for Special Grant Initiatives (SGI): Evidence-Based Programs (EBP), Pennsylvania Promising Practices (PaPP), Housing and Alternatives to Truancy (ATP) programs. Please review Appendix 9 of the FY 2011-12 NBPB prior to completing this section or the Budget Excel File worksheets.

To ensure proper evaluation of any special grant request, counties must provide brief and sufficient explanations and justifications to the questions in the Narrative Template. Counties are advised to prepare informative responses that offer a clear understanding to help the reviewer recommend approval, rather than a denial or reduction in funds because of missing or unclear information.

Additionally, if a county is requesting a renewal or an expansion of an existing special grant and there was under-utilization and/or under-spending of the grant in FY 2008-09 and/or FY 2009-10, the county must provide detailed explanations as to the cause(s) of the underperformance and must identify measures the county will utilize to prevent the underperformance in both FY 2010-11 as well as FY 2011-12.

If a county is requesting a new grant, it must provide succinct details as to the target population, planned utilization, realistic timeframes for implementing the special grant and outcomes expected to be achieved.

In addition to the Narrative Template, the county must enter SGI fiscal information for each fiscal year in the Budget Excel File. That file will be the primary source for fiscal information. Please ensure fiscal costs in the Narrative Template match the Budget Excel File. Instructions for completing the Excel files are included in Appendix 9 and in the Excel file.

The Special Grants Budget Form for FY 2010-11 requests FY 2008-09 and FY 2009-10 actual expenditures with Needs-Based Fund adjustments and line-item budget information for each SGI in Appendix 9 with the exception of State Reintegration. CCYAs are also required to enter fiscal information in the FY 2011-12 Special Grants Funding Request Form.

Counties are also required to complete the SGI Contact List in the Budget Excel file for all SG and IL programs.

**Requests to Transfer/Shift Funds within Evidence-Based Programs and Pa Promising Practices**

The following subsections provide counties the opportunity to transfer or shift funds within the EBP and PaPP for FY 2010-11. The requests may not exceed the total allocation of the EBP or PaPP and must include detailed justification for the proposed changes. This opportunity is available only for EBP and PaPP. It is not applicable for Housing, ATP or State Reintegration.

**6-3a. Evidence Based Programs: Multi-Systemic Therapy**

Jefferson County

- Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2009-10			
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

## Jefferson County

### **If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

### **Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

## Jefferson County

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.
- **FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- **FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

Jefferson County

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3a. Evidence Based Programs: Functional Family Therapy**

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10				
New implementation for 2010-11 (did not receive funds in 2009-10)				
Funded and delivered services in 2009-10 but not renewing in 2010-11				
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						

Jefferson County

# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

## Jefferson County

### *Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

### *Response:*

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

### *Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

### *Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

### *Response:*

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

### *Response:*

- For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

### *Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

Jefferson County

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

**6-3a. Evidence Based Programs: Multidimensional Treatment Foster Care**

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10				
New implementation for 2010-11 (did not receive funds in 2009-10)				
Funded and delivered services in 2009-10 but not renewing in 2010-11				
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						

Jefferson County

# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

## Jefferson County

### *Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

### *Response:*

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

### *Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

### *Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

### *Response:*

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

### *Response:*

- For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

### *Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

Jefferson County

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3a. Evidence Based Programs: Family Group Decision Making**

- Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2009-10		y	
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		<b>85,311</b>	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.
- Yes

The rationale for the shift related to the fact FGDM was being utilized at a higher rate than expected and the utilization of funding for FFT was not being utilized because of the fact the local HMO allowed the purchase of the service.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully						

Jefferson County

completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

The program has had success in reunification cases as of the 18 referred for reunification 9 have accomplished and maintained reunification. The others involved have since had change in permanency goals 4. the remaining continue to work on their case plans with reunification as the goal.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

The county has utilized all funding related to FGDM.

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

The population will be expanded to allow for JPO cases in this year. The CYS cases have also now been expanded to utilize FGDM in non court cases.

## Jefferson County

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:* same as above

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* improved reunification. Measured monthly.

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:* same as above

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* The referral process is through the caseworker PO through request of the family. The court is also supportive of the process as it has recommended FGDM in certain cases. The Provider agency is Community County Services. We have a long standing working relationship with a variety of services.

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:* same

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* the per diem is based off the same rate of 35.65 per hour of direct service. The invoice process is monthly with family name and amount of hours per family.

## Jefferson County

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3a. Evidence Based Programs: Family Development Credentialing**

- Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2009-10		y	
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		<b>21,421</b>	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:* yes the same rationale as FGDM

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						

## Jefferson County

# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:* The program has had some success as we have been able to provide the class to 30 professionals at this point. We have also been able to have additional personnel trained as trainers in the last year.

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:* The barrier last year was layoffs caused by the budget impasse. It was also a new program and difficulty in implementing was noted because of this.

- Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:* we have spent the allotment in 09/10

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* In-home providers within the county. Expansion to include local mental health providers along with group home workers.

**FY 2011-12** Renewing counties may reply with "same as above" unless expanding or decreasing the services, which requires further information and justification. Describe the provider's capacity to serve additional youth.

*Response:* same

## Jefferson County

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* commitment from providers to provide all staff the credential.

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:* same

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* This is provided by the agency through professional services contracts with approved trainers.

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:* we intend to fund the credential for those providers willing to allow staff the training time to participate in the class.

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

## Jefferson County

*Response:* cost savings will be realized in a variety of ways. The reduction of out of home placements is an anticipated result. This can be accomplished through providers truly working with the family as opposed to a confrontational approach.

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3a. Evidence Based Programs: Family Finding**

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10				
New implementation for 2010-11 (did not receive funds in 2009-10)				
Funded and delivered services in 2009-10 but not renewing in 2010-11				

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011
Target Population					
# of Referrals					
# Successfully completing program					
Cost per year					
Per Diem Cost/Program funded amount					
# of MA referrals					
# of Non MA referrals					
Name of provider					

## Jefferson County

### **If this is a renewal of services delivered in FY 2009-10, answer the following:**

- ❑ Clearly describe the program's accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- ❑ What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- ❑ Describe the county's expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- ❑ If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in FY 2010-11.

*Response:*

### **Complete the following for each applicable year.**

- ❑ Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- ❑ Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- ❑ Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency's experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

## Jefferson County

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

Jefferson County

**6-3a. Evidence Based Programs: High-Fidelity Wrap Around**

- Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2009-10				
New implementation for 2010-11 (did not receive funds in 2009-10)				
Funded and delivered services in 2009-10 but not renewing in 2010-11				
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within EBP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

*Response:*

- **Complete the following table for each applicable year.**

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						

Jefferson County

# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

## Jefferson County

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- ❑ Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Do not describe the model. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- ❑ For FY 2011-12 Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- ❑ Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

Jefferson County

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3b. Pennsylvania Promising Practices**

The following questions must be answered for the PaPP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

**PaPP Dependent**

Program Name:

Request Type	Enter Y or N		
Renewal from 2009-10			
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within PaPP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program to another? Was this change discussed with the regional office?

*Response:*

- Complete the following table for each applicable year.

	<b>0607</b>	<b>0708</b>	<b>0809</b>	<b>0910</b>	<b>1011</b>	<b>1112</b>
--	-------------	-------------	-------------	-------------	-------------	-------------

Jefferson County

Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

## Jefferson County

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2010-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

- **FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

□

*Response:*

- **For FY 2011-12,** Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

## Jefferson County

*Response:*

- Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**PaPP Delinquent**

Program Name:	
---------------	--

Request Type	Enter Y or N		
Renewal from 2009-10			
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2010-11; and/or requesting funds for FY 2011-12. Enter the total amount of state and matching local funds. (Transfer/shifting is allowable only within PaPP funds. Counties may not transfer/shift from or to other SGI categories.)

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2010-11			
FY 2011-12			

- Did your county request and receive approval to transfer/shift funds during FY 2009-10? If YES, will the rationale for the change remain the same for FY 2010-11? Describe, briefly that rationale for the approved change and do not respond to the next question. If NO, please respond to the following question.

*Response:*

- Explain why the change is requested. What are the deciding factors to move from the originally requested program to another? Was this change discussed with the regional office?

*Response:*

- Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded						

Jefferson County

amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

**If this is a renewal of services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

## Jefferson County

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- ❑ Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2010-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- ❑ **For FY 2011-12**, Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- ❑ Identify any technical assistance needs the county or provider agency has to provide effective services.

Jefferson County

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3c. Housing Initiative**

The following questions must be answered for the Housing Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

Program Name:	
---------------	--

Request Type	Enter Y or N		
Renewal from 2009-10			
New implementation for 2010-11 (did not receive funds in 2009-10)			
Funded and delivered services in 2009-10 but not renewing in 2010-11			
Requesting funds for 2011-12 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Budget	\$ amount
FY 2010-11 Approved Budget	
FY 2011-12 Budget Request	

**If this is a renewal of Housing services delivered in FY 2009-10, answer the following:**

- Clearly describe the program’s accomplishments or results; any challenges to implementation; and the impact on service delivery for FY 2010-11. Use data/statistics to show the impact of the program services.

*Response:*

- What are the barriers to the realization of your program outcomes? Identify each year and describe the barrier/challenge to reaching the program outcomes for that year.

*Response:*

- Describe the county’s expenditures history, if any, for the program/practice. What factors contributed to the successful or underspending or under-utilization of grant funds?

*Response:*

- If there were instances of underspending or under-utilization of prior years grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2010-11 and FY 2011-12.

*Response:*

## Jefferson County

- ❑ Identify and describe the target population(s) for whom the county expects to provide these services.
- ❑ Describe the programs for dependent and delinquent youth which:
  - Prevent children from being placed, or
  - Facilitate the reunification of children with their families, or
  - Facilitate the successful transition of youth aging out, or who have aged out of placement. As of FY 2010-11, this includes all aging out youth with the exception of those who emancipate care on or after age 18, who will be funded through Appendix 8: IL Services, Room and Board.
- ❑ **FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- ❑ Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.
- FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- ❑ Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency, and their Medical Assistance approval and enrollment status. Provide a timeline for any changes or new program implementation.
- FY 2010-11** (for counties with approved allocations)

❑ *Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

## Jefferson County

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations)

*Response:*

- ❑ **FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county's successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

*Response:*

- ❑ **For FY 2011-12** Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- ❑ Identify any technical assistance needs the county or provider agency has to provide effective services.

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

❑



Jefferson County

**6-3d. Alternatives to Truancy Prevention**

The following questions must be answered for the ATP Initiative by counties with an approved allocation for the Implementation Year 2010-2011 and to request funds for FY 2011-2012. Refer to the Needs Based Plan and Budget Instructions, Appendix 9 for more information.

Program Name: \_\_\_\_\_

Request Type	Enter Y or N			
New implementation for 2010-11				
Requesting funds for 2011-12 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>

Budget	\$ amount
FY 2010-11 Approved Budget	
FY 2011-12 Budget Request	

Complete the following table for each applicable year.

	0607	0708	0809	0910	1011	1112
Target Population						
# of Referrals						
# Successfully completing program						
Cost per year						
Per Diem Cost/Program funded amount						
# of MA referrals						
# of Non MA referrals						
Name of provider						

**Complete the following for each applicable year.**

- Indicate and describe the target population for whom the county expects to provide these services. Describe how the target population was chosen and the internal and external factors influencing this decision. This may include age, location, type or reason for placement, whether it is county-wide, school district focused, etc.

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification. Describe the provider’s capacity to serve additional youth.

*Response:*

- Identify the service outcomes the county expects to achieve as a result of providing these services. Explain how service outcomes will be measured and the frequency of measurement.

## Jefferson County

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services or revising prior outcomes, which requires further information and justification.

*Response:*

- ❑ Describe how the program will be implemented or operated for services from the identification and referral process through program completion. Discuss the agency’s experience with the provider agency. Provide a timeline for any changes or new program implementation.

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2010-12** Renewing counties may reply with “same as above” unless expanding or decreasing the services, which requires further information and justification.

*Response:*

- ❑ Clearly explain the implementation year budget of FY 2010-11. Identify and discuss how the cost of services (per diem/unit or program funded) is determined and included in the budget, and provide a brief narrative description of each budget line item. Also describe the invoicing process and any requirements between the county and provider agencies.

**FY 2010-11** (for counties with approved allocations or transfer/shift requests)

*Response:*

**FY 2011-12** For new funding requests or renewing counties requesting an increase or expansion of funds, clearly describe the process used to calculate the county request for funding and the rationale. Provide historical information as to the county’s successes or barriers to new program/practice implementation, including provider contracting and participation. Refer to the county timeline (requested above) as part of the rationale.

❑

*Response:*

**For FY 2011-12** Explain the potential cost savings/offsets and impact of increased use. When is it predicted that the cost savings will be realized? What type of placement will be utilized?

*Response:*

- ❑ Identify any technical assistance needs the county or provider agency has to provide effective services.

Jefferson County

**FY 2010-11** (for counties with approved allocations)

*Response:*

**FY 2011-12** (for counties requesting funds for the first time)

*Response:*

Jefferson County

**6-3d. State Reintegration Plan**

The following questions must be answered for the SRP Initiative by counties requesting funds for FY 2011-2012. Once determined, enter the amount in the “10-11 SGI BDGT RQST” tab in the **Budget Excel file**.

<b>Number of Youth</b>	<b>Cost per youth</b>	<b>\$ amount</b>
3	\$3,665	10,995

- Describe the how the number of youth was determined.

The amount was established through trend data as an average amount of children entering the YDC/YFC system.

Jefferson County

**6-3e. Independent Living Service Grant**

- In the table below, place an “X” for the services that will be provided by CCYA (regardless of funding source). Check as many boxes as apply.

Mark “X” in this column	Services
x	A. Needs Assessment/Case Planning
	B. Life Skills Training
	C. Prevention Services
x	Dental/Health
x	Drug Abuse Prevention
x	Alcohol/Tobacco/Substance
x	Safe Sex/Pregnancy
	D. Education
	Vocational Training
x	High School Support and Retention
x	Preparation for GED
x	Assistance in Obtaining Higher Education
	E. Support
x	Individual and Group Counseling
x	Stipends
x	Services for Teen Parents
x	Mentoring
	F. Employment
x	Job Placement
	Subsidized Employment
x	G. Location of Housing
x	H. Room and Board
x	I. Retreats/Camps
x	J. Indirect Services
x	K. Program Administration

- In the following forms, complete the form **for services marked with an “X” in the above table only**. Provide the requested information pertaining to each specific IL service to be provided by the CCYA. Enter all county IL services information in this template. In each service area table, list the estimated requested grant amount to be used for IL services. Include the following in the estimate: staff costs to perform these services, the cost of materials and supplies and the cost to develop, implement and monitor implementation of these services unless adding in Indirect Services or Program Administration.
- For each IL service **marked with an “X” in the above table**, estimate the number of in care; delinquent, discharged and total youth (unduplicated counts) who will receive IL services.

Jefferson County

IL Services (federal, state, local)	\$ amount
FY 2010-11 Approved Budget *	\$60,500
FY 2011-12 Budget Request *	\$60,500

\* These amounts must match the amounts on the county's budget worksheets.

- Describe the county's expenditures history for IL Services for FY 2006-07, 2007-08, 2008-09 and 2009-10. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

Year	Budget	Spent	Over Budget
06-07	10,464.00	10,464.00	-0-
07-08	10,168.00	12,755.19	2587.19
08-09	9,956.00	16,652.75	6,696.75
09-10	60,500.00	60,800.39	300.89

Each year, referrals continue to increase and more youth in the area are served, as the grant money has increased we have been able to offer more services to more youth.

- If there were instances of underspending of prior years grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

We have never under-spent.

A. Needs Assessment/Case Planning

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Needs Assessment/Case Planning					
<b>Total</b>	\$4,200.00	12	4	22	38

\* Enter unduplicated youth count only.

- Describe how the needs assessment/case planning process will be delivered; who will deliver the activities (provider or agency staff); what tool(s) will be used; and the frequency of the activity for or with youth.

## Jefferson County

All youth who are in or have been in out of home placements since the age of 16 will be assessed for independent living services. Children also deemed in need of service outside of the placed child are also served on a case by case basis.

Youth are identified for services through referrals from caseworkers and probation officers to the agency. Services will be provided to those youth who are in most need, on a priority basis.

All youth placed in substitute care will have the opportunity to be assessed for services and participate in the independent living program, regardless of location of placement.

The CYS Caseworker or Probation Officer will inform the youth of the Independent Living Program and their referral to the agency. The agency Independent Living Coordinator will contact the youth to further explain the program and services available to them.

The Ansell-Casey Life Skills Assessment will be utilized to assess each youth. The assessment can be completed electronically or manually with IL staff or independently. The completed assessment will be scored by IL staff and a written individualized service plan will be developed with the identified goals and means of reaching those goals.

A review and revision of the goals will take place at least every six months.

Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

A written description of Independent Living Services is attached.

Describe how the costs to provide the activities are determined.

An estimate of staff time and materials.

### B. Life Skills Training

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Jefferson County

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Life Skills Training					
<b>Total</b>	\$4,700.00	10	3	15	28

\* Enter unduplicated youth count only.

- Estimate the percentage of the delivery method for this service area.

80%	20%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how life skills training will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Youth will have the opportunity to participate in life skills training individually and/or in group settings.

Life skills are those skills necessary to become a productive member of society. Life skills training will include; locating and using community resources, community social activities, obtaining personal identification, time management, sexuality, money management and budgeting, shopping, work attitudes and proper attire, transportation, locating housing and negotiating a lease, insurance, nutrition and cooking, home management skills including cleaning, laundry and general maintenance. Also included are soft skills including; decision making, self-esteem, negotiation skills, impulse control, assertiveness, peer interactions, conflict resolution, coping strategies, managing stress, anger management, problem solving and communication skills.

These skills will be taught by IL staff or youth will be referred to other agencies that specialize in particular areas.

Needs will be identified through the results of the Ansell-Casey Assessment and will be reviewed and revised at least every six months.

Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

- Describe how the costs to provide the activities are determined.

An estimate of staff time, materials and transportation costs.

**C. Prevention**

Jefferson County

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Dental/Health	\$250.00	10	5	15	30
Drug Abuse Prevention	\$250.00	10	5	15	30
Alcohol/Tobacco Substances	\$250.00	10	5	15	30
Safe Sex/Pregnancy	\$250.00	10	5	15	30
<b>Total</b>	\$1000.00				

\* Enter unduplicated youth count only.

- ❑ Estimate the percentage of the delivery method for this service area.

80%	20%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how prevention services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

IL staff will make referrals and assist youth in contacting other agencies regarding the appropriate prevention services. Required services will be determined by the results of the Ansell-Casey Assessment and will be reviewed and revised at least every six months. Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

- ❑ Describe any additional prevention services provided to the youth that are not listed above and who will provide those services.

Any unanticipated prevention services that may arise such as domestic violence, sexual abuse or other situations that put the youth at risk will be referred to appropriate agencies.

- ❑ Describe how the costs to provide the activities are determined.

An estimate of staff time and materials.

Jefferson County

D. Education

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Vocational	\$200.00	2	1	1	4
High School Support and Retention	\$350.00	2	3	2	7
GED	\$400.00	1	1	2	4
Assistance in Obtaining Higher Education	\$1050.00	2	1	4	7
Education and Training Grant (ETG) Provision and Retention	\$1500.00	6	4	5	15
<b>Total</b>	<b>\$3500.00</b>				

\* Enter unduplicated youth count only.

- ❑ Estimate the percentage of the delivery method for this service area.

80%	20%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how education services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Study skills and referrals to school personnel and/or tutors will be provided by IL staff to assist in High School support and retention.

IL staff will assist youth in locating classes for GED preparation. Fees for classes and/or tests can be provided to youth in the form of stipends on an as needed and deserving basis.

IL staff will assist youth in the application process for higher education including, applying for grants, scholarships and SAT waivers as well as identifying areas of interest in higher education. IL staff will assist with referrals in contacting appropriate agencies and higher education institutions in an effort to complete and further education. IL staff will assist with tours of local educational facilities.

IL staff will assist youth in obtaining and completing required paperwork for the ETG, for all youth interested in furthering their education.

## Jefferson County

Education related fees including application fees and tuition assistance can be provided on an as needed and priority basis in the form of stipends to the youth.

Appropriate educational services will be identified through completion of the Ansell-Casey Assessment and will be reviewed and revised at least every six months.

Frequency of contacts and activities will vary depending on the needs of individual youth.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

Any unanticipated educational/vocational needs will be determined on an individual basis and referrals can be made to other agencies or provisions can be made within the IL program.

- Describe how the costs to provide the activities are determined.

An estimate of staff time, materials, transportation costs and educational expenses.

### E. Support Services

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

<b>Service</b>	<b>Budget Request (\$)</b>		<b>In Care Youth*</b>	<b>Delinquent Youth*</b>	<b>Discharged Youth*</b>	<b>Total Youth*</b>
Individual and/or Group Counseling	\$500.00		3	2	2	7
Stipends	\$10,000.00		10	5	15	30
Services for Teen Parents	\$200.00		1	1	3	5
Mentoring	\$150.00		1	1	1	3
<b>Total</b>	<b>\$10,850.00</b>					

\* Enter unduplicated youth count only.

- Estimate the number of youth who the county will refer to the SWAN prime contractor for the following services related to permanent connections.

<b>SWAN</b>	
	No. of Youths
<b>Child Profile:</b>	

Jefferson County

<b>Child Preparation:</b>	
<b>Child Specific Recruitment:</b>	

- ❑ Estimate the percentage of the delivery method for this service area.

75%	25%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how support services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Individual and group counseling will be provided or referrals will be made for career planning, life planning, employment, education and/or therapeutic services.

Stipends will be provided to youth in various amounts depending on program participation and need. Stipends will be awarded for program participation and completion and can be used for deposits, tuition, tools, uniforms, clothing for job interviews and housing costs such as rent and supplies. Stipends will be awarded on merit and not simply as an incentive to participate in the program. Consideration will be given to need as well as maintaining grades or employment.

A detailed description of the stipend policy is attached.

Services for teen parents including parenting skills will be provided through referrals to other agencies. IL staff will make the referral and assist the youth in contacting the appropriate agency.

Referrals will be made to other community agencies when necessary.

Required supportive services will be identified through completion of the Ansell-Casey Assessment and will be reviewed and revised at least every six months.

Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

- ❑ Describe any additional services provided to the youth that are not listed above and who will provide those services.

Any unanticipated support services such as additional stipend needs or referrals to other agencies will be determined on an individual basis and appropriate referrals or stipulations will be made.

- ❑ Describe how the costs to provide the activities are determined.

## Jefferson County

An estimate of staff time, materials, transportation costs and stipend needs.

### F. Employment

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Job Placement	\$1,000.00	4	3	10	17
Subsidized Employment					
<b>Total</b>	\$1,000.00				

\* Enter unduplicated youth count only.

- Mark with an "X" the types of subsidized employment services which will be offered, and whether the subsidy will be full or partial.

Subsidy Type	Offered	Full	Partial
Summer Employment			
Agency Operated Only			
Tax Credits			
Other (describe: )			

- Estimate the percentage of the delivery method for this service area.

75%	25%
Individualized Svcs.	Group or Classroom Svcs.

- Describe how employment services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

IL staff will assist youth in utilizing job placement services, arranging interviews, resume writing, practice interviews, application completion and job searches.

Employment needs will be identified through completion of the Ansell-Casey Assessment and will be reviewed and revised at least every six months.

Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

## Jefferson County

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

Any additional employment/vocational needs will be identified through the Ansell-Casey assessment and/or at the request of the youth and referrals will be made to Career link, OVR or other employment/vocational service agencies.

- Describe how the costs to provide the activities are determined.

An estimate of staff time, materials and transportation costs.

### G. Location of Housing

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file. **Do not request placement costs in this service area or grant.**

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Location of Housing	\$7,500.00	3	2	8	13
<b>Total</b>	\$7,500.00				

\* Enter unduplicated youth count only.

- Mark with an "X" the types of assistance which will be offered.

Assistance Type	Offered
Referral to public housing agency	x
Interview preparation	x
Application assistance	x
Accompany on inspection	x
Use local realtors as a housing resource	x
Other (describe: )	

- Estimate the percentage of the delivery method for this service area.

85%                      |                      15%

Jefferson County

Individualized Svcs. | Group or Classroom Svcs.

- Describe how location of housing services will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

IL staff will assist youth with location of housing by utilizing classified ads both in the newspaper and online. Specific curricula identified through Ansell-Casey will be used as well as referrals to outside agencies when necessary.

Needs will be identified through completion of the Ansell-Casey Assessment and will be reviewed and revised at least every six months. Frequency of contacts and/or activities will vary based upon the needs of the individual youth.

- Describe any additional services provided to the youth that are not listed above and who will provide those services.

The only other housing services that may be offered will be described in the room and board section including emergency housing services.

- Describe how the costs to provide the activities are determined.

An estimate of staff time, materials and transportations costs.

H. Room & Board

- Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Room and Board	\$10,000.00		0	0	5
<b>Total</b>	<b>\$10,000.00</b>				

\* Enter unduplicated youth count only.

## Jefferson County

- ❑ If the agency **does** provide youth with room and board, describe the frequency of staff contact with youth accessing these services.

When a youth is receiving emergency/crisis room & board services, the independent living staff will have daily face to face contact with the youth. For regular room & board services, frequency of contacts varies among youth depending upon their needs and are assessed on an individual basis.

- ❑ If the agency **does** provide youth with room and board, describe the period of time that youth can access the service, by type of assistance offered and whether a “step-down” approach will be used.

This service is available to any youth in the program in need of emergency shelter at any time after all other housing options have been exhausted.

Room & board financial assistance (in the form of stipends) will be available on an as needed, temporary basis to youth who are no longer in care and over the age of 18 and under the age of 21.

A detailed copy of the emergency room & board policy and the room & board policy are attached.

- ❑ If the agency **does not** provide youth with room and board, describe what services are used to meet housing needs.

- ❑ Describe how the costs to provide the activities are determined.

An estimate of staff time, materials, transportation, housing and supply costs.

### I. Retreats/Camps

- ❑ Complete the table and estimate the unduplicated total number of youth who will receive the services. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Service	Budget Request (\$)	In Care Youth*	Delinquent Youth*	Discharged Youth*	Total Youth*
Retreats/Camps	\$5,000.00	12	3	10	25
<b>Total</b>	\$5,000.00				

\* Enter unduplicated youth count only.

## Jefferson County

- ❑ Estimate the percentage of the delivery method for this service area.

15%	85%
Individualized Svcs.	Group or Classroom Svcs.

- ❑ Describe how retreats/camps will be delivered; who will deliver the activities (provider or agency staff); what curricula will be used; and the frequency of the activity with youth.

Retreats and camps will include the annual IL retreat as well as local day retreats/camps, attendance at the youth summit, participation in the youth advisory board and other workshops focused on the development of independent living skills and improving youth's self-esteem. Frequency of contact and/or activities are determined on an individual basis including level of interest exhibited by the youth.

- ❑ Describe how the costs to provide the activities are determined.

An estimate of staff time, materials, transportation, stipends and other expenses related to the retreats.

### J. Indirect Services

- ❑ Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

Indirect Service Type	Budget Request \$
Staff, Foster/Adoptive and other Residential Child Care Providers	\$3,000.00
Community Outreach and Educational Efforts	
Interagency coordination to support IL activities and services at the local level	\$500.00
System change efforts	\$250.00
Other (describe: )	
<b>Total</b>	<b>\$3,750.00</b>

- ❑ Describe the indirect services provided by the county.

Staff training will include direct training for IL staff as well as educating families about the IL grant program.

## Jefferson County

Interagency Coordination will include IL staff participation in committees and boards at the local level in support of IL activities.

Resource development/purchase will include the acquisition of materials required to implement IL services.

System change efforts will include the development of IL policies by IL staff.

- ❑ Describe any additional indirect services provided by the county and who will provide those services.

- ❑ Describe how the costs to provide the activities are determined.

An estimate of staff time, materials, transportation and outside agency expenses.

### K. Program Administration

- ❑ Complete the table and breakout the costs for these activities. These totals must equal the amounts on the FY 11-12 IL Grant Request worksheet in the Budget Excel file.

<b>Indirect Service Type</b>	<b>Budget Request \$</b>
Staff providing direct services	
Program reporting costs	\$6,800.00
Equipment, training materials, supplies, postage, facility expenses	\$500.00
IL and Youth Advisory Board related travel	\$1,500.00
Other (describe: )	\$200.00
	\$9,000.00

- ❑ Explain the administrative costs of providing IL services and the drivers of these costs.

Staff providing direct services: Provides services to the youth including administering the Ansell-Casey Life Skills Assessment and following all recommendations of the assessment.

Program and fiscal reporting costs: Completion of reports by IL staff and completion of fiscal reports for approval by IL Coordinator.

Postage: Correspondence between IL staff, caseworkers, probation officers, youth and any other providers.

Space: Use of conference or classrooms in various locations.

Supplies: Routine office supplies.

## Jefferson County

IL Related Travel: All IL related travel including to the youth's home, school and other locations associated with IL service plans. Also including staff travel to IL related events, trainings or advisory board events.

IL Program Supervision: Supervision of IL staff including the review of service plans and approval of services.

- Describe any additional administrative costs of providing IL services that are not listed above and the drivers of these costs.
  
- Describe how the costs to provide the activities are determined.

An estimate of administrative time and materials. IL direct staff expenses are accounted for under individual services. The only staff expenses estimated in this section refer to administration of the program only.

## **Independent Living Program Description and Procedures**

### **Description**

The purpose of Pentz Run Youth Services independent Living Program is to help youth make a smooth transition into adulthood. The program is community based and will encompass all aspects of independent living.

The long-term goal for Independent Living is that youth learn the life skills necessary to interact appropriately and productively in the community.

The short-term goals are determined by an assessment that will be completed with the youth, Caseworker/Probation Officer, Caregiver, Independent Living Staff and anyone else who may be involved with the youth and/or wishes to participate.

Individual service Plans will be written for each youth focusing on their specific needs. Contact dates and times will be recorded with a written progress report following each visit. The progress reports will be sent to the Caseworker/Probation Officer on a monthly basis.

## Jefferson County

Referrals will be made by CYS Caseworkers/Probation Officers to the Independent Living Program Coordinator. The IL Program Coordinator will then be responsible to contact the youth and anyone else who would like to be present at the assessment and schedule a time that is convenient for all involved.

Independent Living services are available to all youth who are in or have been in out-of-home placement on or after the age of 16 but who are not yet 21 at the beginning of the state fiscal year; have been adjudicated dependent; or have been dually adjudicated dependent and delinquent; or have been adjudicated delinquent with shared case management responsibility between the CCYA and the Juvenile Probation Office.

### **Procedures**

County Caseworkers refer youth who are between the ages of 16-21, are in or have been in out of home placement on or after age 16, have been adjudicated dependent or dependent and delinquent with shared case management between Children and Youth and Juvenile Probation. Referrals will be made on a priority basis giving those who are most likely to remain in care until the age of 18 and those who have aged out of foster care but are not yet 21, highest priority.

Once youth are identified by the Caseworker/Probation Officer, they will complete an intake application with the youth. The application will be sent to Independent Living Program Coordinator for authorization.

Once the application is accepted, the IL Program Coordinator will contact the youth, family and Caseworker/Probation Officer to set up an interview. During the interview process all aspects of the IL program will be explained to the youth including services provided and stipend policy. Also at this time, all relevant consents and stipend policy agreement will be signed.

The IL Program Coordinator will meet with the youth again to administer the Ansell-Casey Life Skills Assessment and oral assessment. The next meeting will

## Jefferson County

consist of the IL Program Coordinator and the Direct Service Staff. At this time results of the assessments and IL Plan will be discussed.

If the youth is placed out of county or in a facility that does not permit outside agencies to work with their residents the assessment can be done electronically or through mail correspondence. IL staff can begin working on a treatment plan and youth participate by phone and/or mail until they are in a location that is conducive to more intensive services.

### **Independent Living Needs Assessed**

#### Life Skills:

Relationships, Choosing Friends and Building Healthy Relationships, Self-esteem, Assertiveness, Anger Management, Coping Skills, Maintaining Good Health, Sexuality, Decision Making, Impulse Control, Drug & Alcohol Education, Problem Solving, Nutrition, Cooking, Risk Taking, Time Management, Organization, Personal Hygiene, Identifying Leisure Activities, Hobbies and Interests, Obtaining personal identification, Obtaining a driver's license

#### Community:

Locating and using needed community resources such as police, clergy, etc.; locations of churches, medical offices and recreational facilities. Transportation, Programs and Services available and how to access them, Scheduling Appointments, Interacting Appropriately within the community, Socially

## Jefferson County

Appropriate Behaviors, Common Courtesies, Offending Behaviors, Communication, Social Skills, Housing needs

Financial:

Preparing and following a budget, Checking and Savings Accounts, Building and Maintaining Good Credit, Comparative Shopping

Educational/Vocational:

Completing High School or obtaining a GED, Study Skills, Exploring Higher Education, Obtaining and Maintaining Employment, Interviewing Skills, Appropriate Work Appearance and Habits

Needs are assessed by using the Ansell-Casey Life Skills Assessment and direct conversation with the youth, caregiver and anyone else with relevant input.

### **Life Skills Training**

Life-skills training is provided through a combination of individual and group sessions, written materials and hands on experience. Various workbooks are utilized as well as individual and group activities within the community. Referrals are made to other agencies when appropriate but the focus is to teach the youth how to access services and manage their lives on their own.

Particular attention is paid to soft skills through individual and group sessions, practice and role modeling in an effort to prepare the youth for dealing with adult issues.

## **Stipend Policy**

Stipends are monetary compensation for active and successful participation in the program. Stipends may be earned for individual or group activities the youth fully and actively participate in. Stipend amounts will vary depending on the activity and the amounts will be disclosed before participation in each activity.

## Jefferson County

Stipends are not awarded for all activities or simply for being part of the independent living program. Stipends will be provided to youth in various amounts depending on program participation and completion and can be used for deposits, tuition, tools, uniforms, clothing for job interviews and housing costs such as rent and supplies.

Stipends will be awarded on merit and not simply as an incentive to participate in the program. Consideration will be given to need as well as maintaining grades or employment and participation in the program.

Stipend amounts will vary up to \$100, depending on need and program participation. Amounts over \$100 may be earned under certain circumstances but a request for stipends will need to be completed by the youth to request a larger amount. The request will need to be approved by Independent Living staff and Caseworker/Probation Officer before stipends will be distributed.

If a youth is in need of money for something and general stipends are not enough they may submit a written request at least one week in advance. The request must include the amount of money needed, what it is needed for, the date it is needed and what measures the youth has already taken to try to earn the money on their own. Once the request has been submitted the IL staff, supervisor and caseworker will meet and decide if the youth is deserving of the money based on program participation and need.

Stipends will not be given in the form of cash. Direct payment can be made to utility companies, landlords, educational facilities, etc. Gift cards will be utilized for clothing and supplies.

When a youth has earned a stipend, they will sign the attached stipend log as verification of the amount received and the justification for the stipend.

Stipends will not be earned without full participation.

## Stipend Agreement



Jefferson County

**Stipend Request**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Amount of Request \_\_\_\_\_

Reason for request:

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Date of meeting for approval \_\_\_\_\_ Approved YES/NO

Reason for denial:

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\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
IL Worker

\_\_\_\_\_  
Supervisor Signature

## **Emergency Room and Board Policy**

Emergency room and board funds have been budgeted for use by youth who are in an emergency or crisis situation and all other housing programs or funding sources have been exhausted. To be eligible for emergency room and board funds a youth must meet these criteria:

- The youth must have exited substitute care on or after his or her 18<sup>th</sup> birthday and not yet be 21 years of age
- Youth must be willing to meet with IL staff daily during the emergency funded period
- The youth has no financial resources
- All other housing options have been exhausted
- Emergency services will be provided for no more than ten days
- Payments will be made directly to the housing source and not to the youth
- A food allotment will be available to the youth, not to exceed \$25 per day

This policy will be explained to the youth and signed by both the youth and the IL staff in the event that emergency room and board services are utilized.

### Contract for Emergency Room and Board

I \_\_\_\_\_ confirm that I have exited substitute care on or after my 18<sup>th</sup> birthday.

I have tried to locate housing through family, friends and local agencies with no success.

I understand that the emergency room and board is available for no more than ten days.

During those ten days I will work with IL staff daily to locate permanent housing.

I have no financial resources at this time.

Payments will be made directly to the housing source and not to me.

I will receive a food allotment not to exceed \$25 per day.

I do not currently have any substance abuse issues.

I have read the emergency room and board policy and understand the terms of this contract.

\_\_\_\_\_  
Signature of youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of IL staff

\_\_\_\_\_  
Date

## Room and Board Policy

Youth who meet the criteria for the PATH Program will be referred for housing assistance. If they are not eligible for the PATH Program, staff will assist youth in accessing community resources and educating them on completing applications for housing and rental agents in the desired area.

Room and board assistance can be provided, to youth who show significant need. This assistance is available on and as needed, temporary basis to youth who are no longer in care and over the age of 18 and under the age of 21.

Room and board support includes payment or reimbursements for shelter, food, rent, security deposits, utilities, furniture, household items and other start up expenses.

The following criteria must be met for youth to be eligible for room and board assistance:

- The youth must have exited substitute care on or after his or her 18<sup>th</sup> birthday and not yet be 21 years of age
- The youth has limited financial resources
- Youth must be employed or have a reliable income
- All other housing options have been exhausted
- Youth must be able to show that after initial expenses are paid, they will be able to maintain the expenses on their own
- Payments will be made directly to housing sources and/or utility companies and gift cards will be utilized for food and/or supplies

Room and board assistance is not a benefit of participating in the independent living program but instead a resource for youth who show significant need.

## **Room and Board Contract**

Room and board assistance is available to individuals who are actively participating in the Independent Living Program and who show significant need for assistance. Eligibility criteria as described in the Room and Board Policy must be met and the participant must be willing to follow all of the rules and stipulations included in this contract.

Please read carefully, asking questions when necessary and sign with your Independent Living Worker in order to begin receiving assistance with rent, food and possibly security deposits, utilities and supplies.

Financial assistance for housing costs may be available on a temporary or extended basis.

Temporary financial assistance is available to youth who are in temporary need of housing such as between educational semesters or awaiting other housing options. Temporary assistance will not exceed four months and the youth may be eligible for up to 100% (not to exceed \$500) of rental needs.

Extended assistance is available to youth who have exited care and are eligible due to a lack of alternate resources. Extended assistance may not exceed a period of twelve months and will be a step-down approach to assistance. The youth will be eligible for 75% (not to exceed \$400) funding for four months, 50% (not to exceed \$250) funding for four months and 25% (not to exceed \$125) funding for four months.

Financial assistance may also be available for food, security deposits, utilities and supplies. Amounts available for these purposes will be determined on a case by case basis with food costs not to exceed \$70 per week and other expenses not to exceed \$500.

Other financial assistance options may be available on an individualized basis. Any variations to this contract must be evaluated and approved by Caseworker/Probation Officer and the Independent Living team.

Youth receiving room and board funding must sign and abide by this contract including the rules that follow. Funding for rental assistance will be provided directly to the housing source. Funding for food and/or supplies will provided

## Jefferson County

through shopping trips coordinated with and supervised by the Independent Living worker.

### Eligibility Criteria

In order for a youth to be eligible for room and board assistance, they must meet the following criteria:

- Must be at least 18 years of age, have been discharged from care and are not yet 21
- Must possess the ability to live in the community without continuous adult supervision
- Must be able to demonstrate the necessary skills to manage day to day living activities
- Must continue to work and cooperate with Jefferson County Independent Living program to further develop independent living skills
- Must have no current substance abuse issues or recent history of substance abuse without having participated in rehabilitation
- Must be employed

In addition to eligibility criteria, youth must agree to abide by the following set of rules:

1. Continue to follow IL Plan
2. Maintain apartment (keep it clean, dishes washed, beds made, laundry clean and put away, household cleaners and equipment safely stored)
3. Work with IL worker to develop and maintain a balanced budget
4. Keep track of all money spent and maintain receipts
5. Allow IL staff unrestricted access to the apartment
6. No more than \_\_\_ visitors will be permitted in the apartment at any one time unless approved by IL staff. Any visitors will leave the apartment by \_\_\_ Sunday through Thursday and by \_\_\_ on Friday and Saturday.
7. No overnight guests without approval of IL staff.
8. Curfew will be agreed upon by the IL worker and youth.
9. No use of drugs or alcohol by the youth or any visitors. The youth agrees to random drug testing.
10. No weapons of any kind possessed by the youth or any visitors.

In case of emergency please notify \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

IL Staff

date

IL Youth

date



### Independent Living Intake Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Resides with \_\_\_\_\_  
Legal Guardian \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ SS# \_\_\_\_\_  
Receiving Title IV-E Y/N Special Needs \_\_\_\_\_  
Primary Language \_\_\_\_\_ Chaffee Eligible Y/N  
Date of most recent out of home placement \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Caseworker/PO \_\_\_\_\_ County \_\_\_\_\_  
Caseworker/PO Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Reason For Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any behavioral or mental health concerns including medications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of Birth Certificate and Child Permanency Plan.

## **Independent Living Plan**

The IL Plan will consist of the youth's current strengths and needs relating to services to be provided. The IL Plan will be explained to the youth in detail.

The plan will include services to be provided, how they will be provided, by whom they will be provided and a target date for completion.

The IL Plan will be closely followed by the Direct Service Staff in an effort to effectively assist the youth in reaching goals. The Direct Service Staff will document progress after each meeting with the youth.

The IL Plan will be reviewed monthly and revised after six months.

**INDEPENDENT LIVING PLAN  
GOALS**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

GOAL	METHOD	TARGET DATE

**Independent Living Plan  
Strengths/Needs**

Name \_\_\_\_\_ Date \_\_\_\_\_

Plan From \_\_\_\_\_ To \_\_\_\_\_

Direct Service Staff \_\_\_\_\_

Strengths:

Educational \_\_\_\_\_

Employment \_\_\_\_\_

Housing \_\_\_\_\_

Life Skills \_\_\_\_\_

Needs:

Educational \_\_\_\_\_

Employment \_\_\_\_\_

Housing \_\_\_\_\_

Life Skills \_\_\_\_\_

### **Limited English Proficiency Policy**

Pentz Run Youth Services does not discriminate against those of Limited English Proficiency. Due to our rural location and lack of diversity in our community we have not found ourselves in need of an interpreter as of yet. Should we find ourselves needing an interpreter we will follow the LEP Policy in place with Jefferson County CYS and/or contact our local school district or college's foreign language department.

**6-4. Accurint Search Tool**

The following information must be provided for the Accurint Search Tool for the Implementation Year 2010-11 and to request and justify the number of users needed for FY 2011-12.

**Column Instructions**

**Column 1**

Provide the number of Accurint users that your county was allotted in FY 2009-10. If you do not know the number of users your county was allotted, please contact the DPW/OCYF Accurint Manager listed in Appendix 8.

**Column 2**

Provide the number of Accurint users that your county was allotted in the tentative or final allocations for July 1, 2010 by DPW/OCYF. If the final FY 2010-11 allocations have not been provided by the submission deadline, counties should not create more user ID's than originally assigned in FY 2009-10. If you do not know the number of tentative or final users your county was allocated, please contact the DPW/OCYF Accurint Manager.

**Column 3**

Provide the number of additional Accurint users your county needs for FY 2011-12. Before requesting additional users, counties should analyze their current usage. Justification for additional users must include the following:

- The type of staff selected to use Accurint and the reasons why. Examples of the types of staff may include County Administrator, LSI paralegal, supervisor, JPO, etc.
- The average monthly number of users who did searches in FY 2009-10.
- The average monthly number of searches completed by users in FY 2009-10.
- The total number of searches completed by your county for FY 2009-10.

For assistance with an analysis of your county's usage, contact the DPW/OCYF Accurint Manager.

**Column 4**

Provide the total number of Accurint users your county would like for FY 2011-12. This number is calculated by adding columns 2 and 3 together.

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
Number of users assigned by DPW for FY 2009-10	Number of users assigned by DPW for FY 2010-11	Number of additional users requested for FY 2011-12	Total number of users requested for FY 2011-12

Provide Justification for Column 2:

Provide Justification for Column 3:

## Jefferson County

### 6-???. Information Technology

Submit a detailed description of the county's current Information Technology Plan. The description should provide answers to the following questions and should include what the county is doing in FY 2010-2011 and planning for FY 2011-2012

1. Does the county currently have an automated case management system that is sustainable?
  - a. If yes, describe the system and its functionality. CAPS
  - b. If no, describe how the county plans to transfer an already existing case management system from another county.
2. How does the county's current system or transfer system align with the goals of the Statewide Child Welfare Information System Strategic Plan (Statewide Plan)?
  - a. Interoperability – The system uses technology that is web-based and allows the efficient and secure exchange of information with other systems or components.
  - b. Real-Time Information – The system is accessible to all workers, allows the direct input of real time information and will be capable of exchanging real time information with a statewide database. Information is not first tracked on paper and then entered into the system by data entry staff.
  - c. Standardized Data – the system accurately collects and reports data associated with federal and state reporting, such as AFCARS; and can be enhanced to exchange data with a statewide database using a standard data schema.
  - d. Case Management System – the system is a true case management system that is used by all caseworkers and supervisors to manage day to day caseload activities. The system adequately supports the following functional areas: Case Management (Intake/Investigation, In-Home Services, Placement Services, Adoption, etc.); Eligibility; and Resource/Provider Management.
  - e. The system is compliant with DPW and/or Commonwealth Enterprise Standards and the system software code is public domain.
3. How does the county's current system or transfer system support other critical business areas such as Financial Management and Administrative Functions?
4. How does the county's current system or transfer system support the evaluation of child welfare outcomes in the areas of child safety, permanency and well-being?
5. How does the county plan support the reuse of existing IT assets?

If the county is requesting funding for ongoing or new development in their FY 2011-2012 ITG, the county must provide the following information.

1. Business Need - describe the business need for the ongoing or new development;
2. High Level Requirements – provide a description of the high level business and technical requirements;
3. Project Cost Proposal – provide the total costs for the development as well as the total estimated project costs if the development is part of a larger project; and
4. Cost/Benefit Analysis – provide a cost/benefit analysis that demonstrates the ongoing or new development provides a better return on investment than transfer of an already existing system or component.

## Section 7: Required & Additional Language

### 7-1. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

- Assurance of Compliance/Participation
- Documentation of Participation by the Judiciary
- Assurance of Financial Commitment and Participation

**The following forms must be signed and submitted in hard copy to:**

Mr. Cliff Crowe  
Office of Children, Youth and Families  
Health and Welfare Building Annex  
Seventh and Forster Streets  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

**and**

Mr. James Anderson, Executive Director  
Juvenile Court Judges' Commission  
401 Finance Building  
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM  
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**The Assurance of Compliance/Participation Form**

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY2011-2012 Needs Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. This page must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

**COUNTY:** \_\_\_\_\_

These assurances are applicable as indicated below.

\_\_\_\_\_ Fiscal Year 2011 - 2012 Children and Youth Needs Based Plan and Budget Estimate and/or the

\_\_\_\_\_ Fiscal Year 2010 - 2011 Children and Youth Implementation Plan

**Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs Based Plan and Budget will not be accepted.**

**COMMON ASSURANCES**

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act of 1955, as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability:
  - a. in providing services or employment, or in our relationship with other providers;
  - b. in providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance and adoption assistance payments.

I/We assure:

- the County Children and Youth Agency and Juvenile Probation Office has the responsibility for placement and care of the children for whom Title IV-E foster care maintenance and adoption assistance payments are claimed;
- the County Children and Youth Agency/Juvenile Probation Office will provide each child all of the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- the agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- the State Title IV-E agency shall have access to case records, reports or other informational materials that may be needed to monitor Title IV-E compliance.

I/We understand that any Administration for Children and Families (ACF) disallowance incurred as a result of county noncompliance with Title IV-E foster care maintenance, adoption assistance or Title IV-E administrative claim requirements will be the responsibility of the county.

I/We assure that all information herein is true to the best of my/our knowledge and belief, based on my/our thorough review of the information submitted.

## **EXECUTIVE ASSURANCES**

### **In addition to the Common Assurances,**

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of Public Welfare, the attached Children and Youth Implementation Plan and Needs Based Plan and Budget, including any new initiatives, additional staff and/or increased services and special grants that are approved, shall be the basis for administration of public child welfare services for all children in need under Article VII of the Public Welfare Code, 62 P.S. § 701 et seq., as amended.

I/We assure that, where possible, the county will cooperate with state efforts to maximize the use of federal funds for the services in this Plan.

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with the Chapter 49 provisions (contract compliance regulations).

I/We assure that expenditure of funds shall be in accordance with these Plans and estimates and Department of Public Welfare regulations.

I/We assure that services required by 55 PA code 3130.34 through 3130.38 will be made available as required by 55 PA code 3140.17 (b)(2);

I/We assure that the capacity of both the county and the providers has been assessed and it is my/our judgment that it will be adequate to implement the Plan as presented;

I/We assure all Title IV-E foster care maintenance and adoption assistance payment eligibility requirements are met for the specified children, not merely addressed by the agreement;

I/We assure that the County Children and Youth Advisory Committee has participated in the development of this Plan and has reviewed the Plan as submitted; and

I/We assure that representatives of the community, providers and consumers have been given the opportunity to participate in the development of this Plan; and

I/We assure that the county programs that affect children (e.g., Mental Health, Mental Retardation, and Drug and Alcohol) have participated in the development and review of this Plan.

I/We understand that the accompanying budget projections are based on estimates and that the amounts may change when the state budget is adopted and final allocations are made.

I/We understand that substantial changes to the Plans subsequent to Departmental approval must be submitted to the Regional Office of Children, Youth and Families for approval.

**NEW ASSUARANCE in FY 2011-2012 NBB Bulletin**

**I/We assure that all new Guardians Ad Litem have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.**

**COUNTY ASSURANCE OF COMPLIANCE AND PARTICIPATION  
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN ACKNOWLEDGEMENT OF  
COUNTY COMMITMENT TO ADHERE TO THE COMMON AND EXECUTIVE ASSURANCES  
CONTAINED IN THE PRECEEDING PARAGRAPHS**

**County Human Services Director**

\_\_\_\_\_  
Name Signature Date

**County Children and Youth Administrator**

\_\_\_\_\_  
Name Signature Date

**County Chief Juvenile Probation Officer**

\_\_\_\_\_  
Name Signature Date

**DOCUMENTATION OF PARTICIPATION BY THE JUDICIARY**

**In addition to the Common Assurances:**

I/We assure that I/we had the opportunity to review, comment and/or participate to the level desired in the development of the Children, Youth and Families Needs Based Plan and Budget.

I/We assure that the plan accurately reflects the needs of children and youth served by the juvenile court.

I/We assure that the Juvenile Probation Office has actively participated in the development of the Children, Youth and Families Needs Based Plan and Budget.

Judicial Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Juvenile Court Judge(s)/ Designee**

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Name Signature Date

**COUNTY ASSURANCE OF FINACIAL COMMITMENT AND PARTICIPATION**

**THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL AS COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE COUNTY'S PROPOSAL TOTAL**

**\$ \_\_\_\_\_.**

**Signature(s)**

**County Executive/Mayor**

_____	_____	_____
Name	Signature	Date

**County Commissioners**

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date