

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.

Montour

Needs Based Plan and Budget FYs Actual 2009/10, Imp 2010/11, and NBB 2011/12

| Version Control | |
|----------------------------|--|
| Original Submission Date: | |
| 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.

The most significant priority for Montour County Children & Youth was to prevent the placement of children into any type of substitute care. In past years the agency has seen a placement average of 23 (combined CYC & JPO) In 2009-2010 the combined placements for both agencies is 12 (2 JPO & 10 CYC) The agency considers this to be a significant success. The success for each agency is that the days of care and length of placements has reduced. The agency was able to facilitate many short term placements and help resolved issues in order to return children to their homes.

The agency has utilized as many prevention services to achieve these results including MST, P.E.P. Talk for Parents and P.A.T.H (formerly Bethesda). All of these services have aided in preventing placements and were instrumental in providing more direct service to families. Statistics reveal that there is a higher than normal percentage of kids being discharged from Multi-Systemic Therapy services to placement. (1 CYC adolescent, 5 JPO adolescents) This statistic is being addressed in order to achieve better outcomes.

There have been no significant trend changes related to the population of the county or the general demographics of the county.

The county's data indicates that outcomes are being achieved.

Staff turnover has reduced with only one position turnover this fiscal year. Salary issues, work demands and the requirement to be "on-call" approx 10 days per month all contribute to the issue of turnover. All of these issues were assessed during the union contract negotiations and the county officials are attempting to improve the salary and benefits. The simple fact however is that Montour is a small county and there is only so much that can be done.

The agency was able to utilize a CWEB Intern and eventually hired her to replace a worker that resigned. There was virtually no turnaround time and the intern was able to move quickly to full casework because she was familiar with our system and procedures. It was a great advantage and saved considerable time.

The economic situation has had an impact however the agency feels that the greater impact will be felt in the coming years. Specifically we are seeing families that are either not able to pay their bills or are unwilling to pay their bills and are opting to spend their resources on other things. The result is the same however in that families are becoming extremely delinquent and are turning to social service agencies for assistance. Electrical shutoffs will force the agency to respond especially when the weather changes. It is something that we are addressing through service plans.

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| 2-2a. Collaboration | |
|--|--|
| Entity | County Engagement |
| County Children and Youth Agency Staff | Staff are routinely engaged regarding on-going services and budget issues. |
| Juvenile Probation Staff | JPO staff are contacted on a regular basis and the Chief JPO is engaged about placement costs, overall expenditures and revenue changes |
| Juvenile Court and Family Court Judges and Legal Counsel for Parties | Judges are engaged on an annual basis and advised on the budget condition, available services and are asked what services the court is in need of through CYS/JPO. An area attorney has recently been appointed to the Advisory Board and he is apprised of the budget situation & service issues at each meeting. |
| Family Members and Youth, especially those who are or who have received services | Family members are engaged related to the quality of the services received. Informal contact is made by the agency director. |
| Child, Parent, and Family Advocates | Montour County Human Services Coalition has advocates for families and are engaged on a monthly basis. |
| Mental Health and Mental Retardation service system | Integrated Children’s Services Team meetings on a regular basis |
| Drug and Alcohol Service System | ICST meetings |
| Early Intervention System | ICST meetings |
| Local Education System | Monthly meetings with the school district |
| Community Organizations which provide support and services to children and families | Montour County Human Services Coalition |
| Current Service Providers | Direct contact as needed |

2-2b. Data Collection Details

| Resource | Data Collected | Date of Data |
|-----------------|--------------------------------|---------------------|
| US Census | Population; poverty statistics | 2000 |
| | | |
| | | |

As of the [census^{\[2\]}](#) of 2000, there were 18,236 people, 7,085 households, and 4,817 families residing in the county. The [population density](#) was 140 people per square mile (54/km²). There

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were 7,627 housing units at an average density of 58 per square mile (23/km²). The racial makeup of the county was 96.67% [White](#), 1.01% [Black](#) or [African American](#), 0.07% [Native American](#), 1.28% [Asian](#), 0.38% from [other races](#), and 0.59% from two or more races. 0.92% of the population were [Hispanic](#) or [Latino](#) of any race. 33.2% were of [German](#), 13.2% [American](#), 8.1% [Irish](#), 6.6% [English](#), 5.7% [Italian](#) and 5.6% [Polish](#) ancestry according to [Census 2000](#).

There were 7,085 households out of which 30.00% had children under the age of 18 living with them, 56.30% were [married couples](#) living together, 8.90% had a female householder with no [husband](#) present, and 32.00% were non-families. 28.00% of all households were made up of individuals and 12.00% had someone living alone who was 65 years of age or older. The average household size was 2.43 and the average family size was 2.98.

In the county, the population was spread out with 24.40% under the age of 18, 6.40% from 18 to 24, 28.20% from 25 to 44, 24.00% from 45 to 64, and 17.10% who were 65 years of age or older. The median age was 40 years. For every 100 females there were 90.50 males. For every 100 females age 18 and over, there were 86.00 males.

The agency collects data from its data base, AFCARS and CY 28.

-3: Meeting Mandates

2-3a. PA Rules of Juvenile Court Procedure

- What steps are the county taking to address this mandate?
 - ☉ The agency conducts regular reviews of all dependency cases which include 3 month reviews. Montour Co has reviewed cases at the request of the parents/caregivers and many times has reviewed cases more frequently than three months.
 - ☉ Case records are kept up to date by each caseworker and are reviewed monthly by the Casework Supervisor. Safety is assessed on a regular basis by the supervisor to ensure that families are reducing the threats to the safety of the children.
 - ☉ Cases where dependency is discontinued remain open for on-going services for a minimum of 3 months. If the RA reveals a No or Low risk the case may be closed. If the RA continues to represent a M to H rating, the case remains open for on-going services.

2-3b. Truancy

- What steps are the county taking to address this mandate?
 - ☉ Truancy services are offered to any family referred for this purpose. These services include the following:
 - Intake assessment by CYS Caseworker
 - Referral for Parent Truancy Awareness Program, provided by The House of Hope.
 - Referral for MST or PEP Talk for Parents services if the case meets the criteria related to severity.
 - Petition for Dependency if case is severe and chronic.

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- Petition for Dependency and Placement if case requires.

2-3c. Quality Assurance Process

- What steps are the county taking to address this mandate?
 - QA reviews are conducted semi-annually by the agency director. Any new initiatives are reviewed with the casework supervisor to assess best practice and compliance issues.
 - All cases that are closed are reviewed by the agency director for compliance and quality. Any anomalies or areas of non-compliance that appear systemic are addressed with staff and corrective action is taken.

2-3d. Fostering Connections

- What steps are the county taking to address this mandate?
 - Montour County conducts diligent searches for any blood relatives of children placed in any substitute care. Case records reflect that attempts of the caseworkers to locate relatives for the purpose of assessing their ability to care for the child.
 - The agency utilizes Accurant to gain information about absent parents.
 - This is a difficult mandate as there are issues of clients rights that can interfere with diligent search. The agency has taken a position that every effort will be undertaken to locate parents/relatives unless there is a significant objection by the custodial parent. The agency will investigate this objection and determine whether there is sufficient reason to not continue with a diligent search for other relatives.
 - The agency is seeking to provide subsidies to SPLC placement kids beyond the age of 21 as part of the effort to provide a permanent residence for them

-3e. Safety Assessment

- What steps are the county taking to address this mandate?
 - The agency is in complete implementation of the new safety assessment protocol.
 - The agency updated its database to incorporate the elements of the enhanced casenotes and safety assessment forms.
 - The agency continues to address changes that need to be made with the data system that is used.

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

- What steps are the county taking to address this mandate?
 - The county continues to be in compliance with this act and each caseworker continues to make a minimum of monthly visits with children in foster care.
 - These visits are tracked using the agency data base and are communicated to the department as needed.
 - The agency will be participating in the use of tablet computers to aid in efficiency and ease in casework.

2-3g. Development Evaluation & Early Intervention Referral

- What steps are the county taking to address this mandate?
 - The agency will be adopting a new policy of assessing all children under the age of 5, with an open case.
 - Caseworkers will receive training in order to properly delivery the Ages and Stages Assessment tool. This training will be in Aug 2010

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 continues to review the quality of services and service delivery, utilizing casework supervision, team reviews, service provider reviews and case closure reviews.

2-3i. Shared Case Responsibility

- What steps are the county taking to address this mandate?
 - The agency is preparing to fully implement the requirements of OCYF Bulletin 3130-10-01
 - The agency is developing a format to document all referrals from JPO for assessment by CYS

-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 is communicating the need for training to the Guardian Ad Litem. The Guradian Ad Litem receives information about trainings specific to Child Welfare from the Court.

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 is preparing to implement this mandate and is awaiting clarification regarding the specific requirements for this mandate.

2-3l. Emergency and Disaster Planning

- What steps are the county taking to address this mandate?
 - The agency has participated in the COOP with county officials and has developed a comprehensive plan for the continuity of services in case of an emergency, either man-caused or natural.

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

- What steps are the county taking to address this mandate?
 - ☉ Montour County does not participate in this grant program.

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

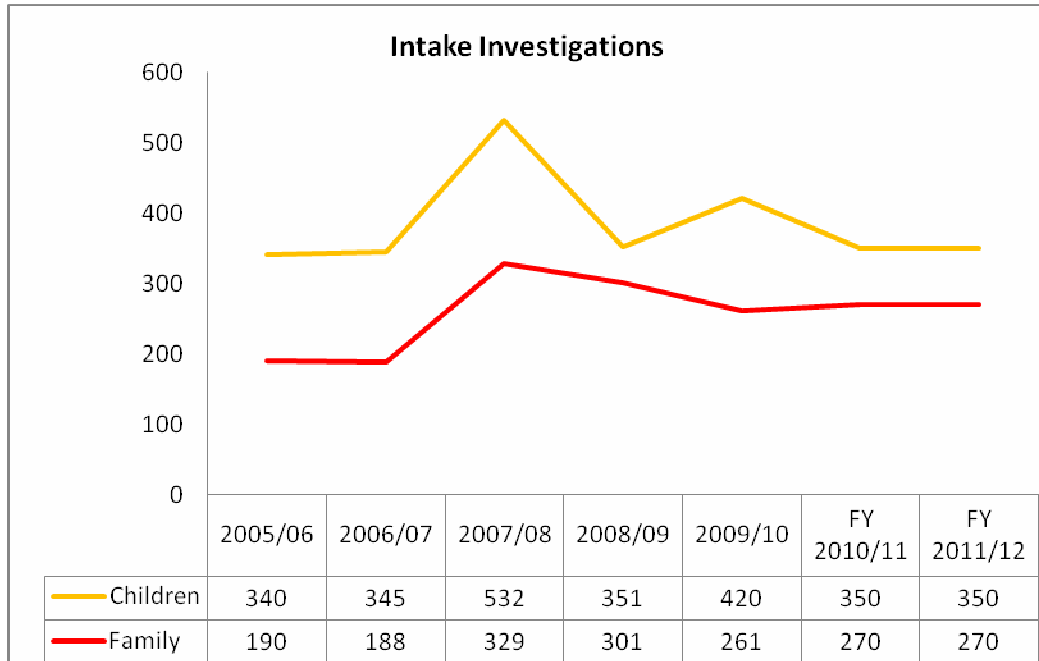
- ❑ Population and poverty trends
 - There has been minimal to no change in the counties population.
 - There are no defined changes in the poverty condition within the county and there is no trend data.

- ❑ Issues in annual licensing review and/or the Quality Services Review
 - Issues from annual licensing are as follows:
 - Continued implementation of new safety assessment policy and procedures.
 - Documentation quality
 -

- ❑ Other Changes or Important Trends
 - There are no definable changes within the county

2a. Intake Investigations

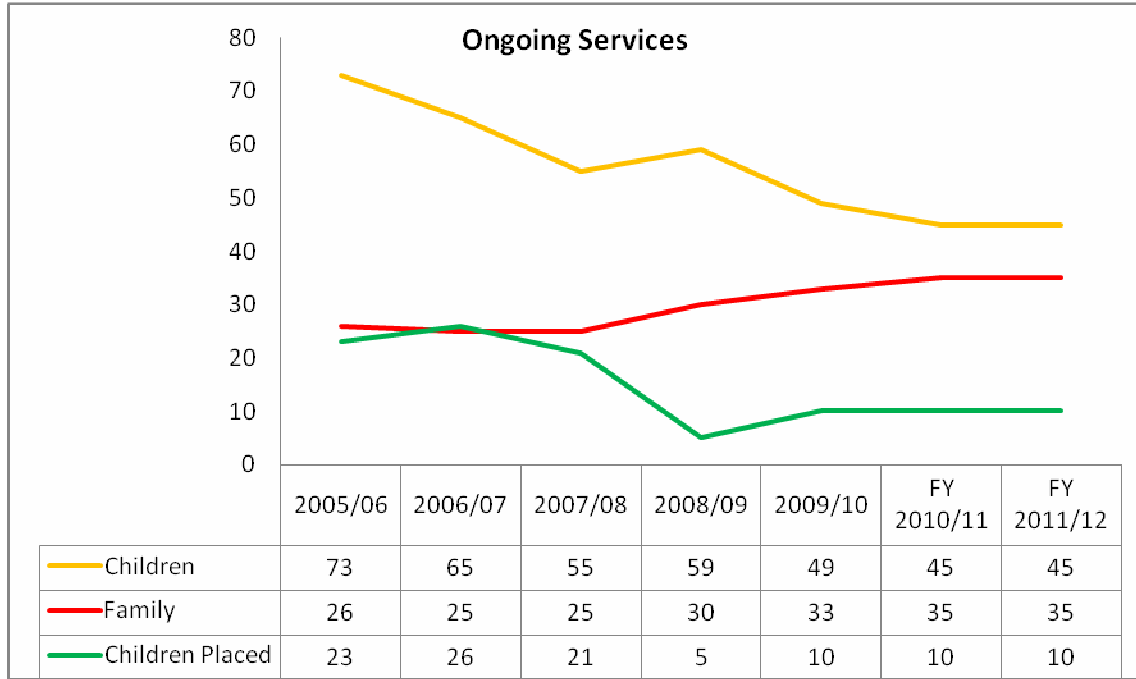
Insert the Intake Investigations Chart (Chart 1) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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3-2a. Ongoing Services

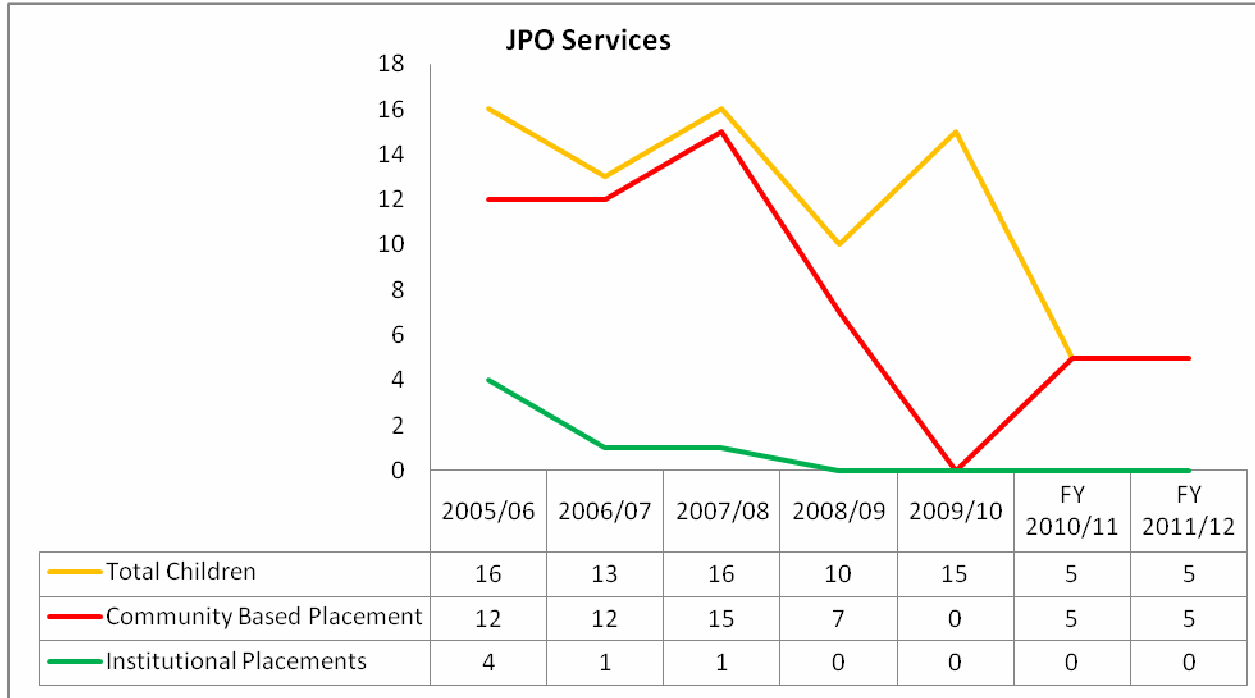
- Insert the Ongoing Services Chart (Chart 2) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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3-2a. JPO Services

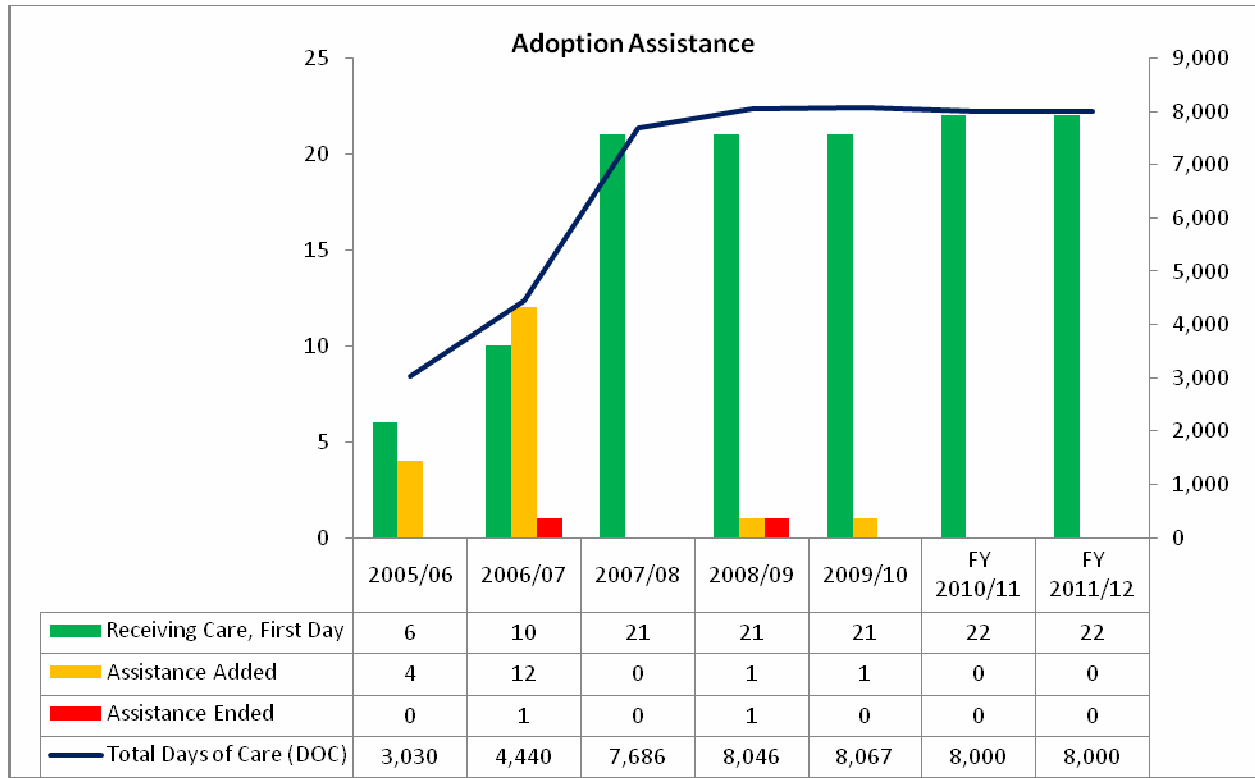
- Insert the JPO Services Chart (Chart 3) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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3-2b. Adoption Assistance

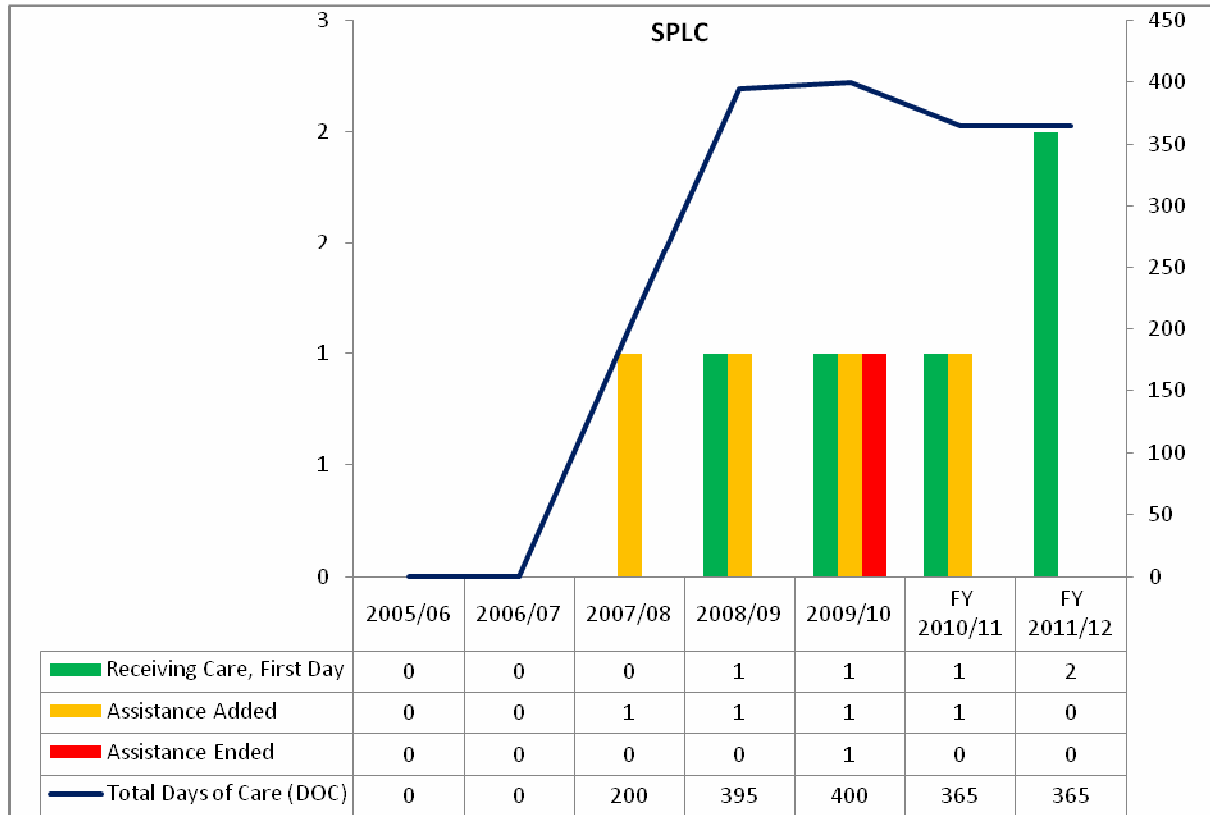
- Insert the Adoption Assistance Chart (Chart 4) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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

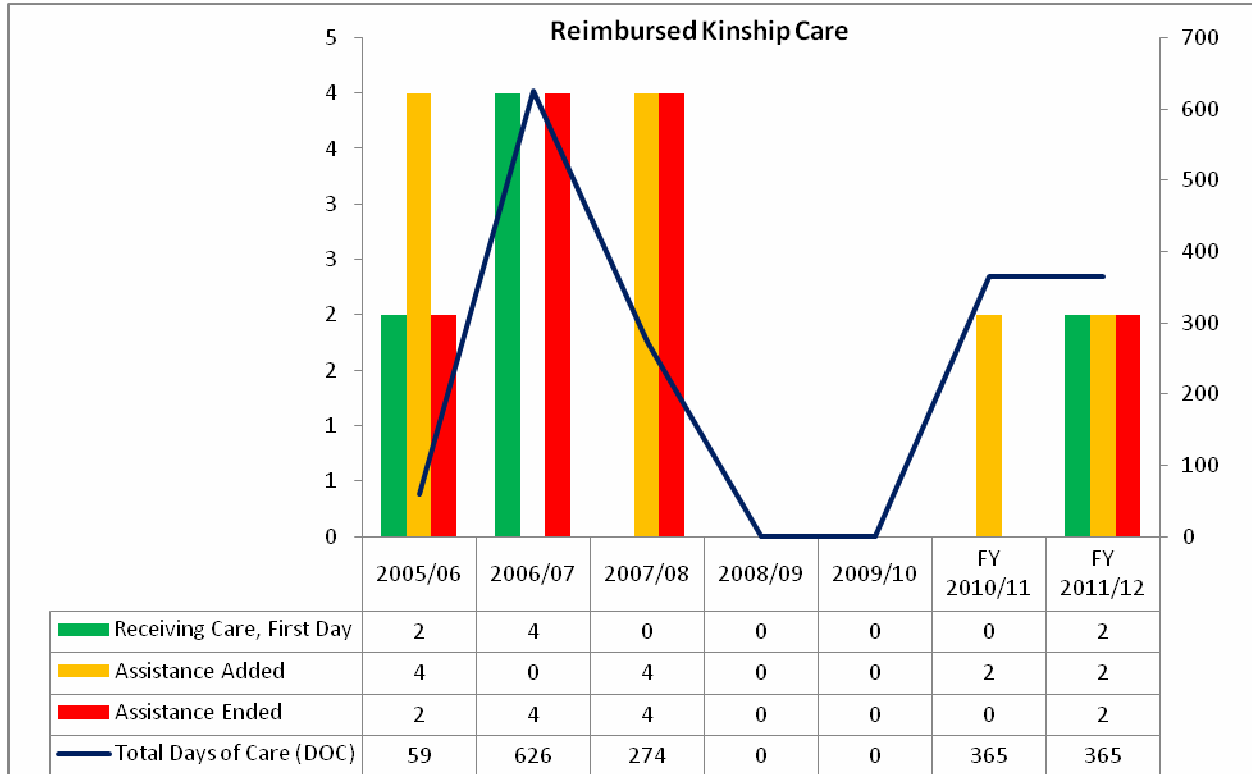
- Insert the SPLC Chart (Chart 5) and discuss any highlighted trends. Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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

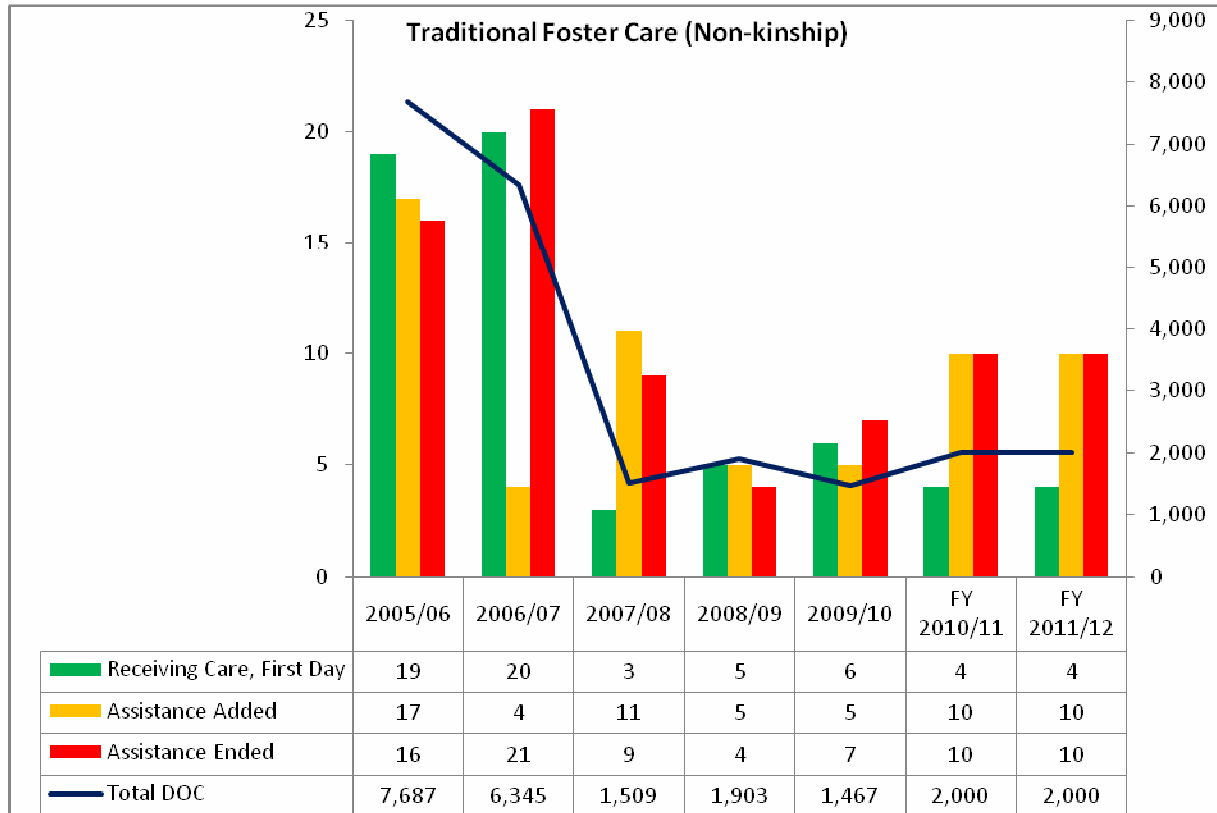
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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

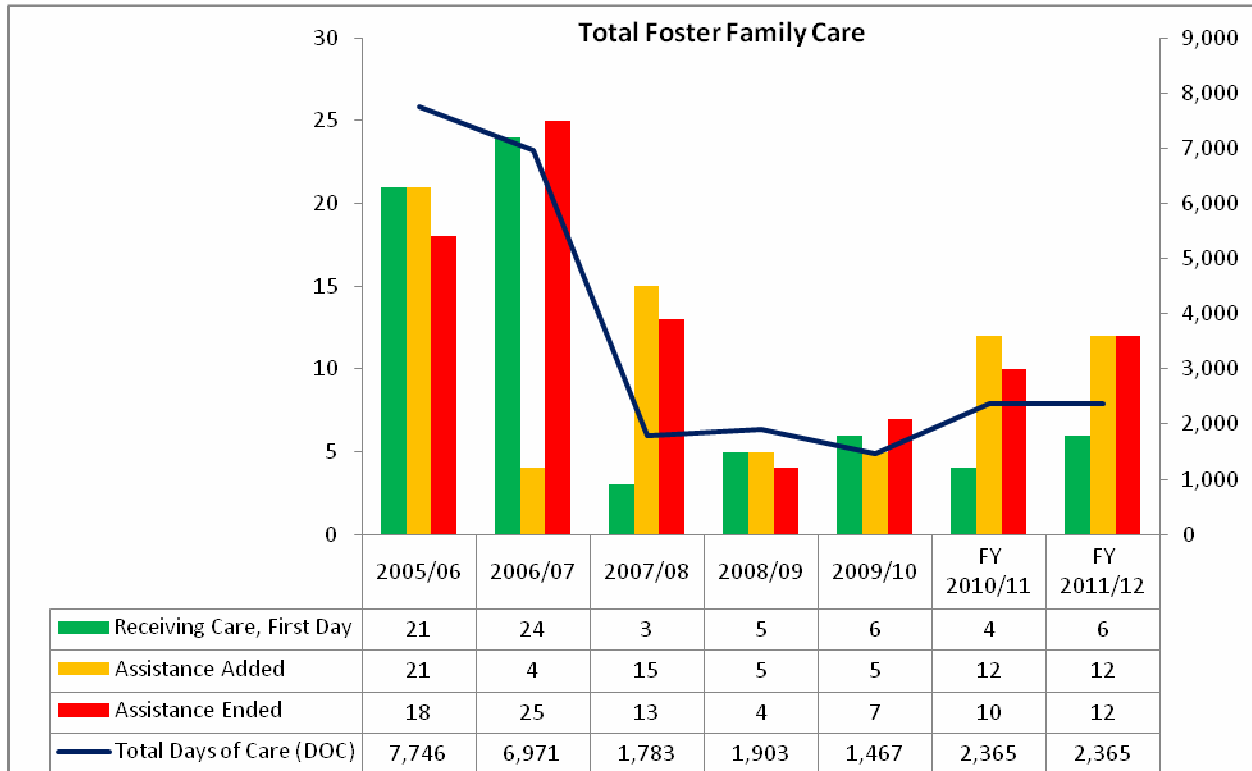
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



Montour

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

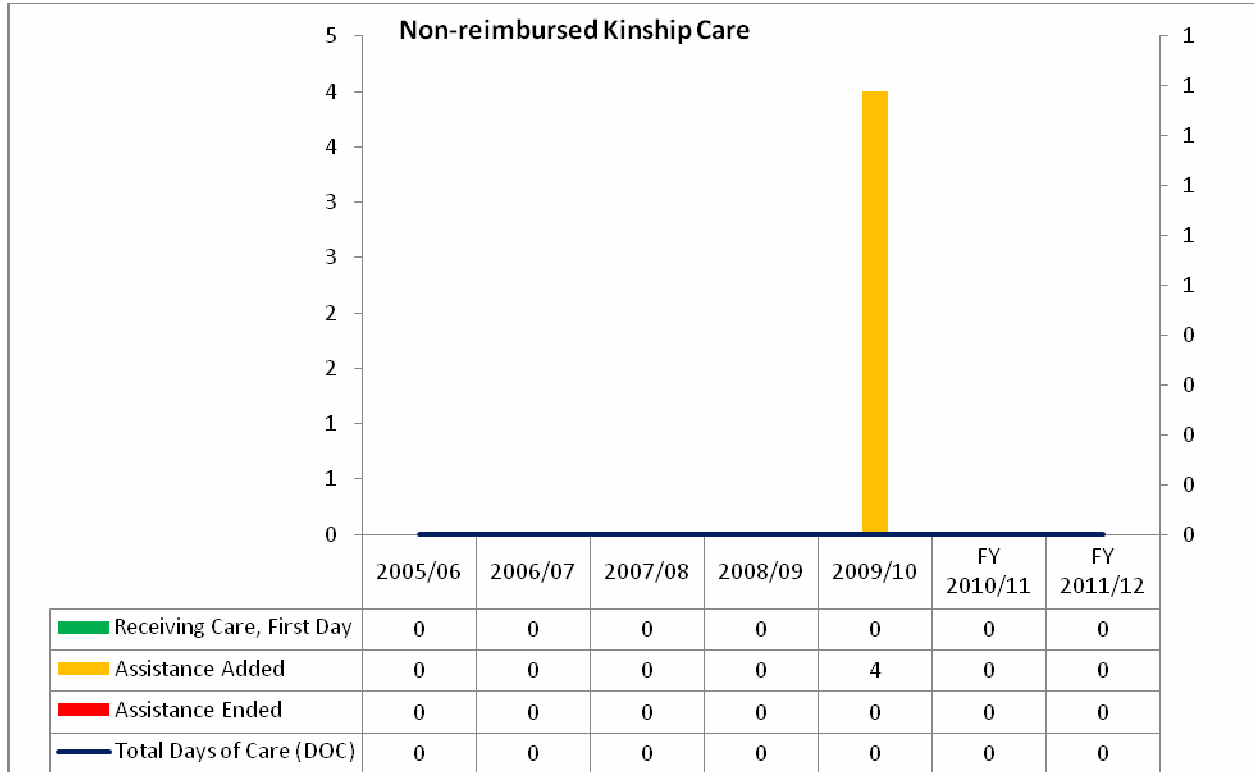
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



Montour

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

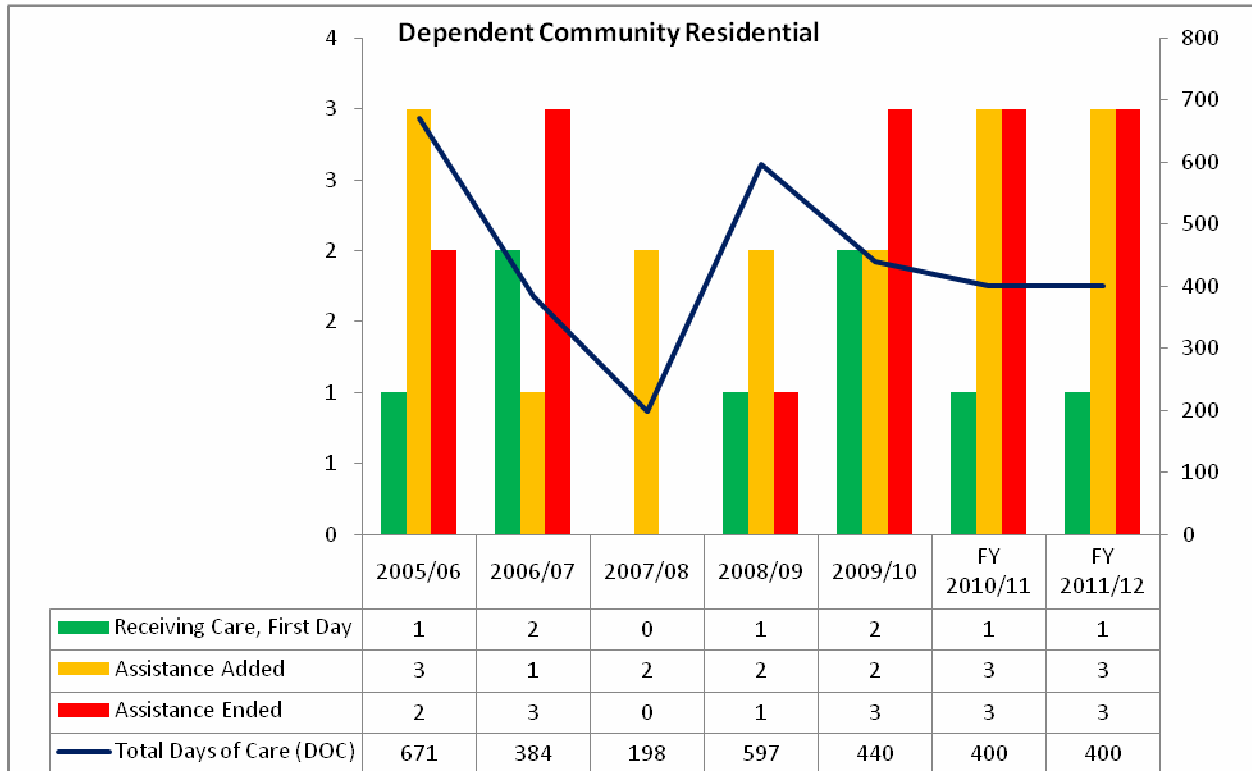
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



Montour

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

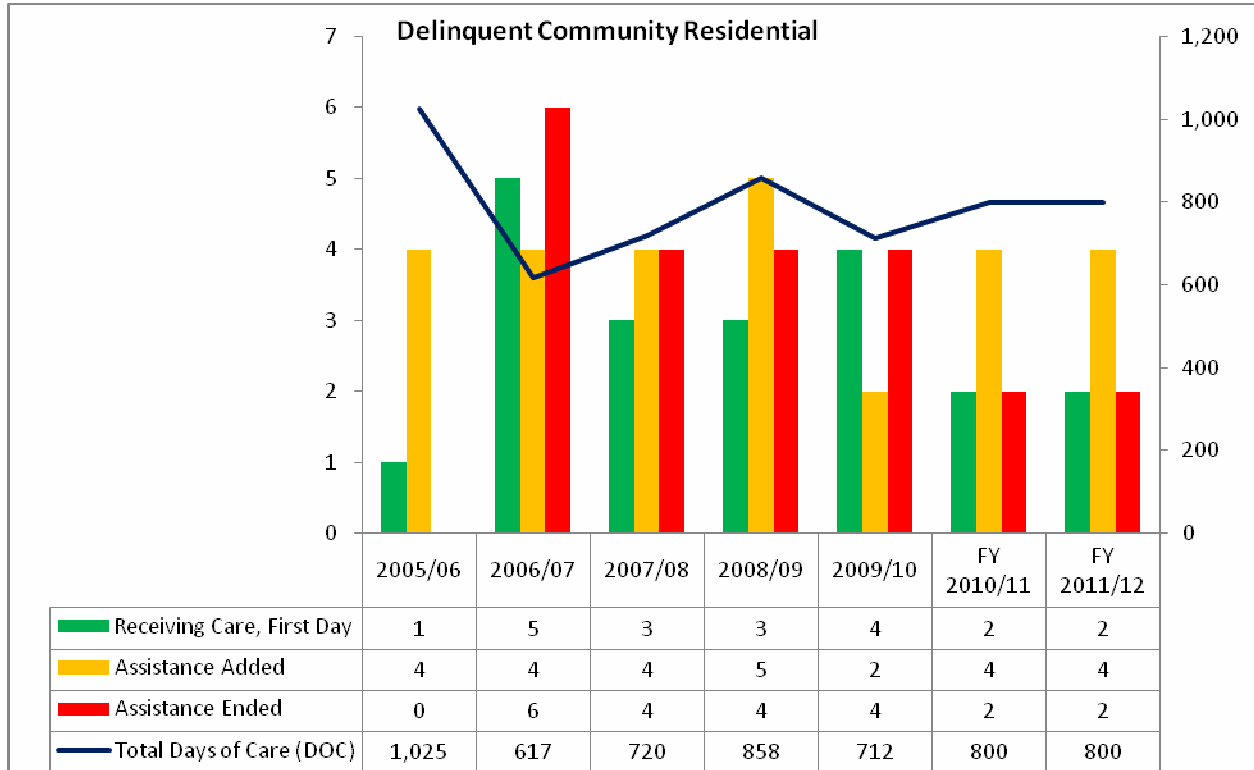
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



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

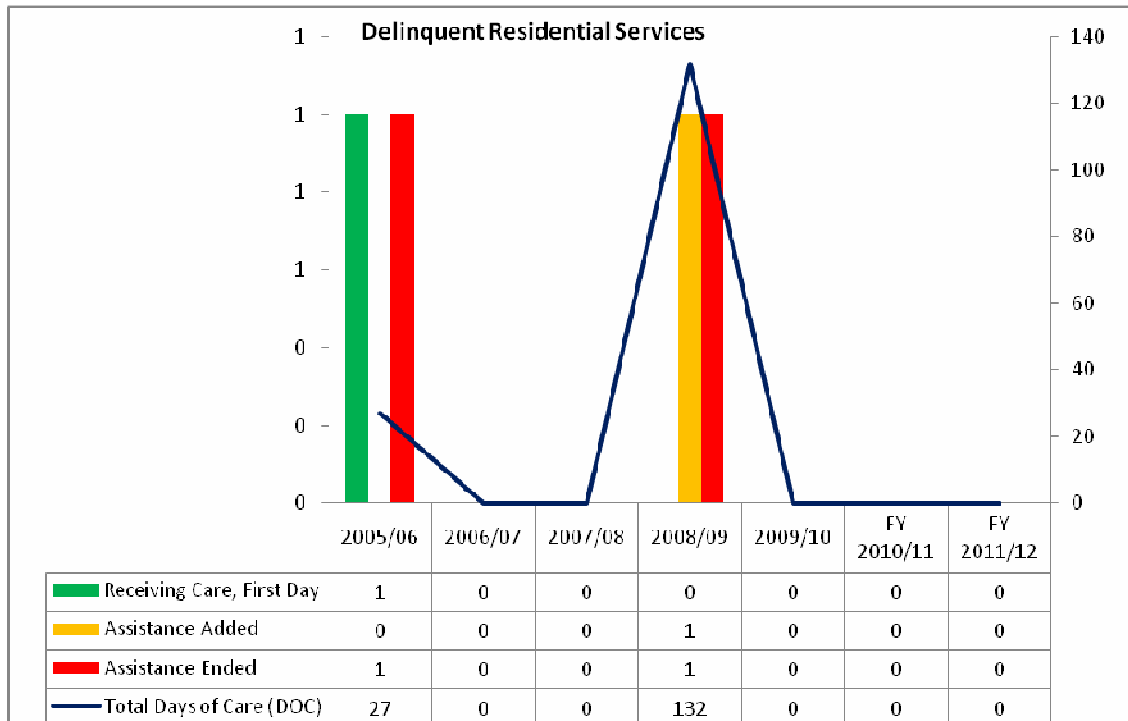
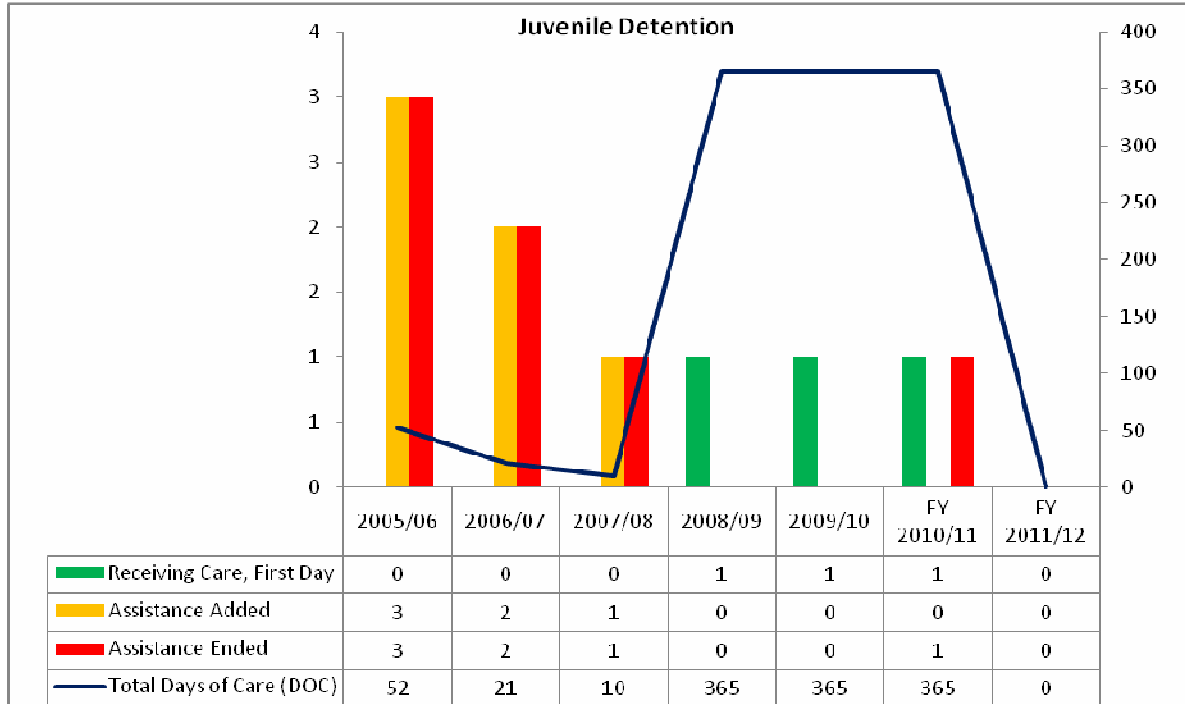
- Insert charts related to out-of-home placements where trends are highlighted (Charts 6-13), and discuss the trend(s). Describe factors contributing to the trend. Discuss any important trends that may not be highlighted.



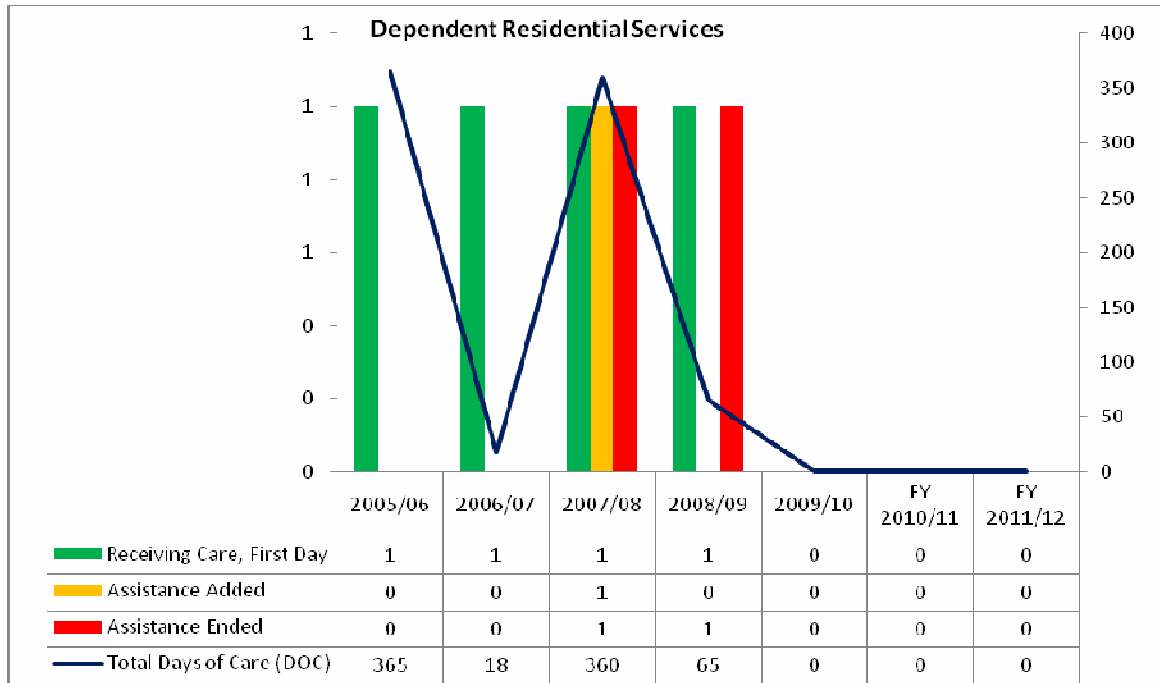
Montour

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.

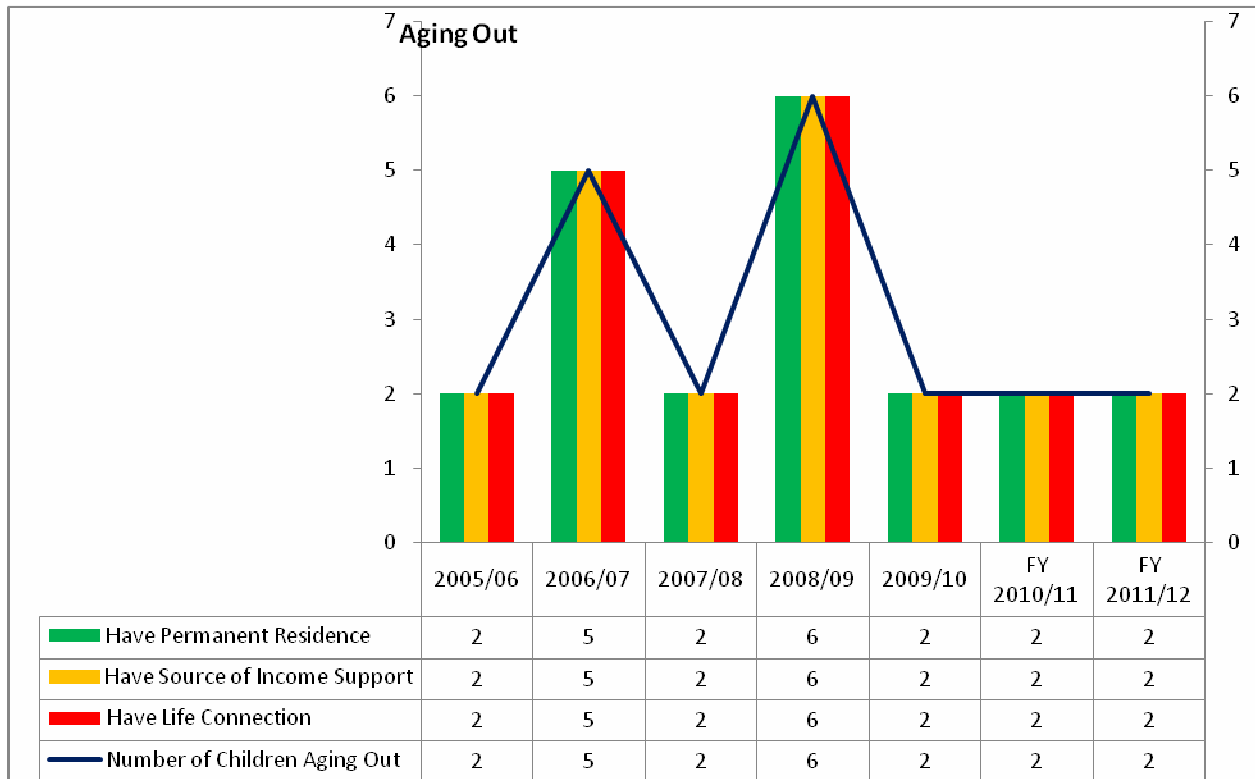


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3-2e. Aging Out

- 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.



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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="47"/> | Class 8 |
| Montour County | | |
| <input type="button" value="Copy Part 1 for Narrative insertion"/> | <input type="button" value="Copy Part 2 for Narrative insertion"/> | <input type="button" value="Print"/> |

| 3-2a. Service Trends | | | | | | | | |
|--|------------|------------|------------|------------|------------|----------------------|----------------------|------------------|
| Indicator | FY 2005/06 | FY 2006/07 | FY 2007/08 | FY 2008/09 | FY 2009/10 | Projected FY 2010/11 | Projected FY 2011/12 | 2005-09 % Change |
| Intake Investigations | | | | | | | | |
| Children | 340 | 345 | 532 | 351 | 420 | 350 | 350 | 23.5% |
| Family | 190 | 188 | 329 | 301 | 261 | 270 | 270 | 37.4% |
| Ongoing Services | | | | | | | | |
| Children | 73 | 65 | 55 | 59 | 49 | 45 | 45 | -32.9% |
| Family | 26 | 25 | 25 | 30 | 33 | 35 | 35 | 26.9% |
| Children Placed | 23 | 26 | 21 | 5 | 10 | 10 | 10 | -56.5% |
| JPO Services | | | | | | | | |
| Total Children Community Based Placement | 16 | 13 | 16 | 10 | 15 | 5 | 5 | -6.3% |
| Institutional Placements | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 100.0% |

| 3-2b. Adoption Assistance | | | | | | | | |
|--|------------|------------|------------|------------|------------|----------------------|----------------------|------------------|
| Indicator | FY 2005/06 | FY 2006/07 | FY 2007/08 | FY 2008/09 | FY 2009/10 | Projected FY 2010/11 | Projected FY 2011/12 | 2005-09 % Change |
| Adoption Assistance | | | | | | | | |
| Receiving Care, First Day Assistance Added | 6 | 10 | 21 | 21 | 21 | 22 | 22 | 250.0% |
| Assistance Ended | 4 | 12 | 0 | 1 | 1 | 0 | 0 | -75.0% |
| Total Days of Care (DOC) | 0 | 1 | 0 | 1 | 0 | 0 | 0 | #DIV/0! |
| | 3,030 | 4,440 | 7,686 | 8,046 | 8,067 | 8,000 | 8,000 | 166.2% |

| 3-2c. SPLC | | | | | | | | |
|------------|------------|------------|------------|------------|------------|----------------------|----------------------|------------------|
| Indicator | FY 2005/06 | FY 2006/07 | FY 2007/08 | FY 2008/09 | FY 2009/10 | Projected FY 2010/11 | Projected FY 2011/12 | 2005-09 % Change |
| | | | | | | | | |

Montour

| Subsidized Permanent Legal Custodianship | | | | | | | | |
|---|---|---|-----|-----|-----|-----|-----|---------|
| Receiving Care, First Day | 0 | 0 | 0 | 1 | 1 | 1 | 2 | #DIV/0! |
| Assistance Added | 0 | 0 | 1 | 1 | 1 | 1 | 0 | #DIV/0! |
| Assistance Ended | 0 | 0 | 0 | 0 | 1 | 0 | 0 | #DIV/0! |
| Total Days of Care (DOC) | 0 | 0 | 200 | 395 | 400 | 365 | 365 | #DIV/0! |

| 3-2d. Placement Data | | | | | | | | |
|--|---------|---------|---------|---------|---------|------------|------------|------------------|
| Indicator | FY | FY | FY | FY | FY | Projected | | 2005-09 % Change |
| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | FY 2010/11 | FY 2011/12 | |
| Traditional Foster Care (non-kinship) | | | | | | | | |
| Receiving Care, First Day | 19 | 20 | 3 | 5 | 6 | 4 | 4 | -68.4% |
| Assistance Added | 17 | 4 | 11 | 5 | 5 | 10 | 10 | -70.6% |
| Assistance Ended | 16 | 21 | 9 | 4 | 7 | 10 | 10 | -56.3% |
| Total DOC | 7,687 | 6,345 | 1,509 | 1,903 | 1,467 | 2,000 | 2,000 | -80.9% |
| Reimbursed Kinship Care | | | | | | | | |
| Receiving Care, First Day | 2 | 4 | 0 | 0 | 0 | 0 | 2 | -100.0% |
| Assistance Added | 4 | 0 | 4 | 0 | 0 | 2 | 2 | -100.0% |
| Assistance Ended | 2 | 4 | 4 | 0 | 0 | 0 | 2 | -100.0% |
| Total Days of Care (DOC) | 59 | 626 | 274 | 0 | 0 | 365 | 365 | -100.0% |
| Foster Family Care (Total of 2 above) | | | | | | | | |
| Receiving Care, First Day | 21 | 24 | 3 | 5 | 6 | 4 | 6 | -71.4% |
| Assistance Added | 21 | 4 | 15 | 5 | 5 | 12 | 12 | -76.2% |
| Assistance Ended | 18 | 25 | 13 | 4 | 7 | 10 | 12 | -61.1% |
| Total Days of Care (DOC) | 7,746 | 6,971 | 1,783 | 1,903 | 1,467 | 2,365 | 2,365 | -81.1% |
| Non-reimbursed Kinship Care | | | | | | | | |
| Receiving Care, First Day | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! |
| Assistance Added | 0 | 0 | 0 | 0 | 4 | 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! |
| Dependent Community Residential | | | | | | | | |
| Receiving Care, First Day | 1 | 2 | 0 | 1 | 2 | 1 | 1 | 100.0% |
| Assistance Added | 3 | 1 | 2 | 2 | 2 | 3 | 3 | -33.3% |
| Assistance Ended | 2 | 3 | 0 | 1 | 3 | 3 | 3 | 50.0% |
| Total Days of Care (DOC) | 671 | 384 | 198 | 597 | 440 | 400 | 400 | -34.4% |
| Delinquent Community Residential | | | | | | | | |

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| | | | | | | | | |
|--|-------|-----|-----|-----|-----|-----|-----|---------|
| Receiving Care, First Day Assistance Added | 1 | 5 | 3 | 3 | 4 | 2 | 2 | 300.0% |
| Assistance Ended | 4 | 4 | 4 | 5 | 2 | 4 | 4 | -50.0% |
| Total Days of Care (DOC) | 0 | 6 | 4 | 4 | 4 | 2 | 2 | #DIV/0! |
| | 1,025 | 617 | 720 | 858 | 712 | 800 | 800 | -30.5% |
| Juvenile Detention | | | | | | | | |
| Receiving Care, First Day Assistance Added | 0 | 0 | 0 | 1 | 1 | 1 | 0 | #DIV/0! |
| Assistance Ended | 3 | 2 | 1 | 0 | 0 | 0 | 0 | -100.0% |
| Total Days of Care (DOC) | 3 | 2 | 1 | 0 | 0 | 1 | 0 | -100.0% |
| | 52 | 21 | 10 | 365 | 365 | 365 | 0 | 601.9% |
| Dependent Residential Services | | | | | | | | |
| Receiving Care, First Day Assistance Added | 1 | 1 | 1 | 1 | 0 | 0 | 0 | -100.0% |
| Assistance Ended | 0 | 0 | 1 | 0 | 0 | 0 | 0 | #DIV/0! |
| Total Days of Care (DOC) | 0 | 0 | 1 | 1 | 0 | 0 | 0 | #DIV/0! |
| | 365 | 18 | 360 | 65 | 0 | 0 | 0 | -100.0% |
| Delinquent Residential Services | | | | | | | | |
| Receiving Care, First Day Assistance Added | 1 | 0 | 0 | 0 | 0 | 0 | 0 | -100.0% |
| Assistance Ended | 0 | 0 | 0 | 1 | 0 | 0 | 0 | #DIV/0! |
| Total Days of Care (DOC) | 1 | 0 | 0 | 1 | 0 | 0 | 0 | -100.0% |
| | 27 | 0 | 0 | 132 | 0 | 0 | 0 | -100.0% |

3-2e. Aging Out Data

| Indicator | FY | FY | FY | FY | FY | Projected | | 2005-09 % Change |
|-------------------------------|---------|---------|---------|---------|---------|---------------|---------------|------------------------|
| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | FY 2010/11 | FY 2011/12 | |
| Aging Out | | | | | | | | |
| Number of Children Aging Out | 2 | 5 | 2 | 6 | 2 | 2 | 2 | 0.0% |
| Have Permanent Residence | 2 | 5 | 2 | 6 | 2 | 2 | 2 | 0.0% |
| Have Source of Income Support | 2 | 5 | 2 | 6 | 2 | 2 | 2 | 0.0% |
| Have Life Connection | 2 | 5 | 2 | 6 | 2 | 2 | 2 | 0.0% |

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?

➤ Montour County makes an unannounced home visit to assess the validity of the allegations and the safety threat to the children. If there are no safety concerns and the

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home visit took place in less than 10 days, the case is screened out and the family is not opened for Intake.

- In FY 2009-2010 approx 19 referrals were not accepted for Intake or service.

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.
 - The agency is not seeking to add any new programs nor enhance existing programs. The agency does intend to utilize Act 148 Funds for its PEP Talk for Parents program due to the drastic cut in the Pennsylvania Promising Practices Grant. The agency received an allocation of approx. \$9,000. In FY 2009-2010 the agency spent approx. \$12,000. This program is being advanced to more families and therefore will need to utilize Act 148 funds.

- ❑ 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.

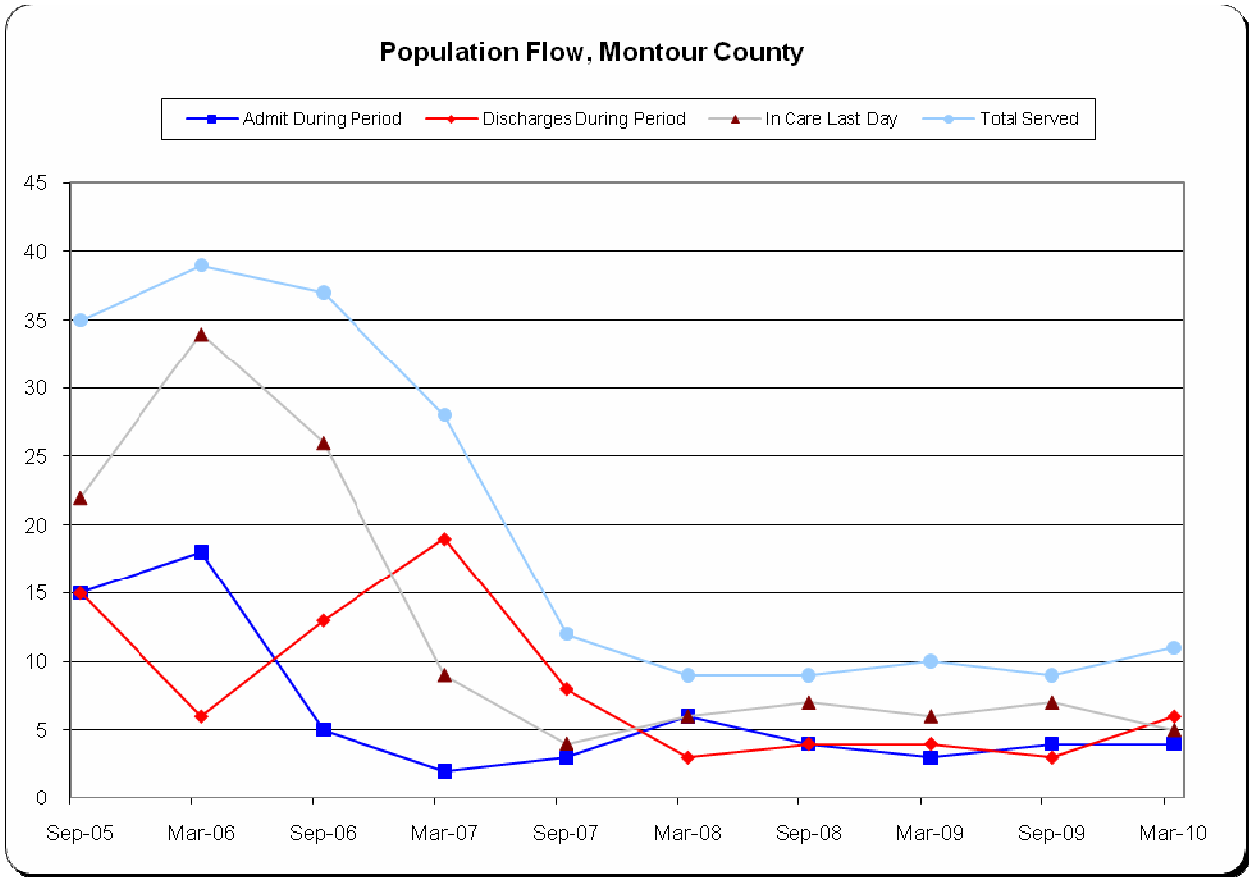
- ❑ For enhanced programs, describe how the program is effective.

- ❑ 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.

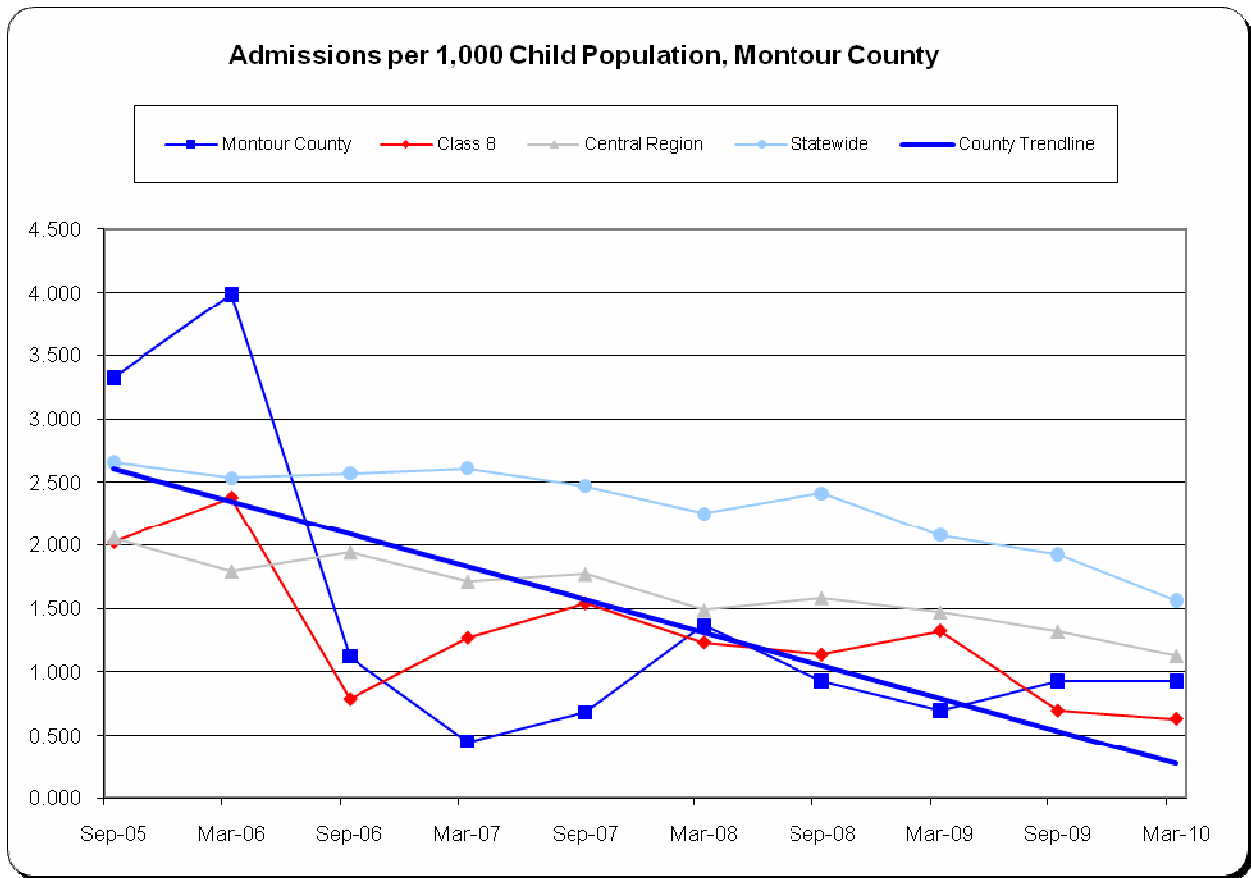
Section 5: Outcome Indicators

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

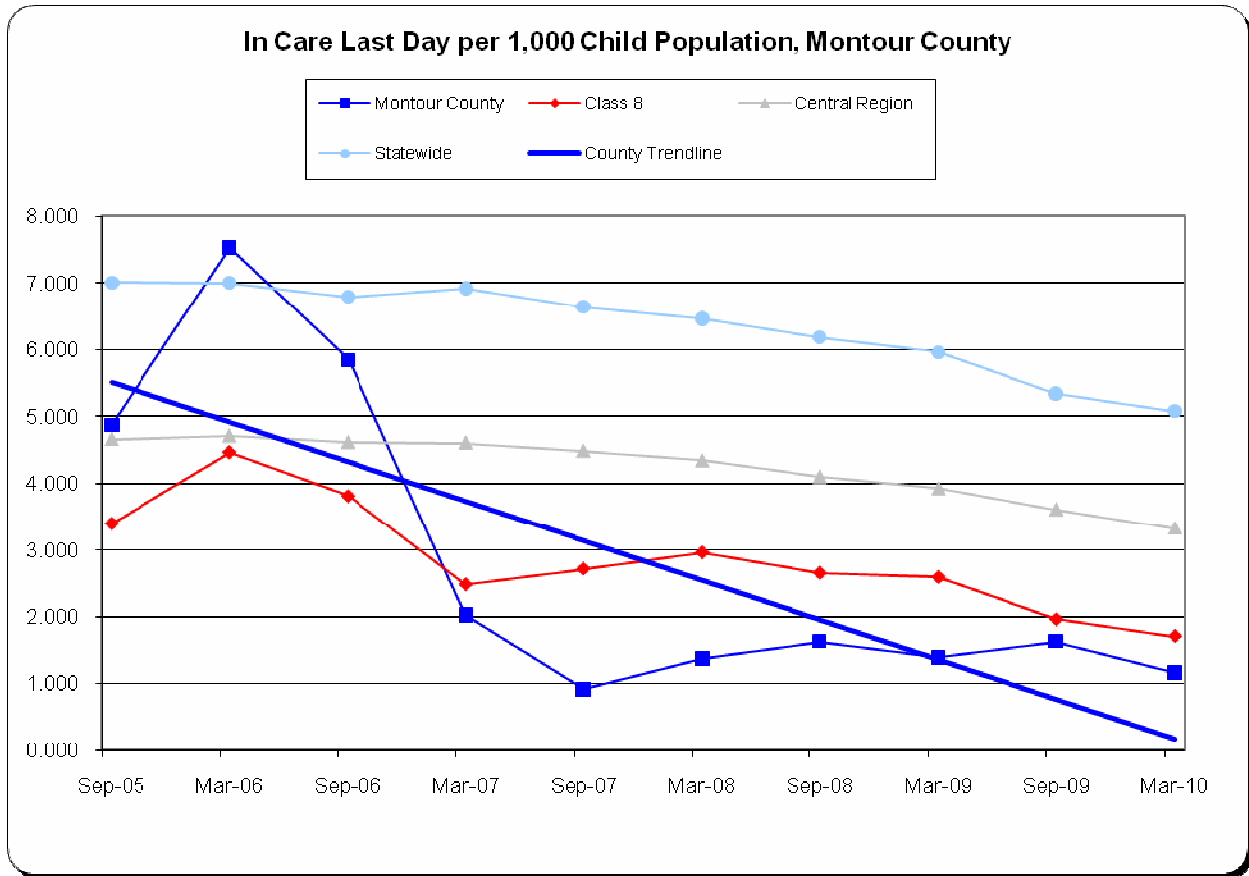
On the following pages, paste up to three charts from the HZA data. Each chart should be pasted on a separate page.



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- 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?
 - a. No significant difference from other counties of similar size.

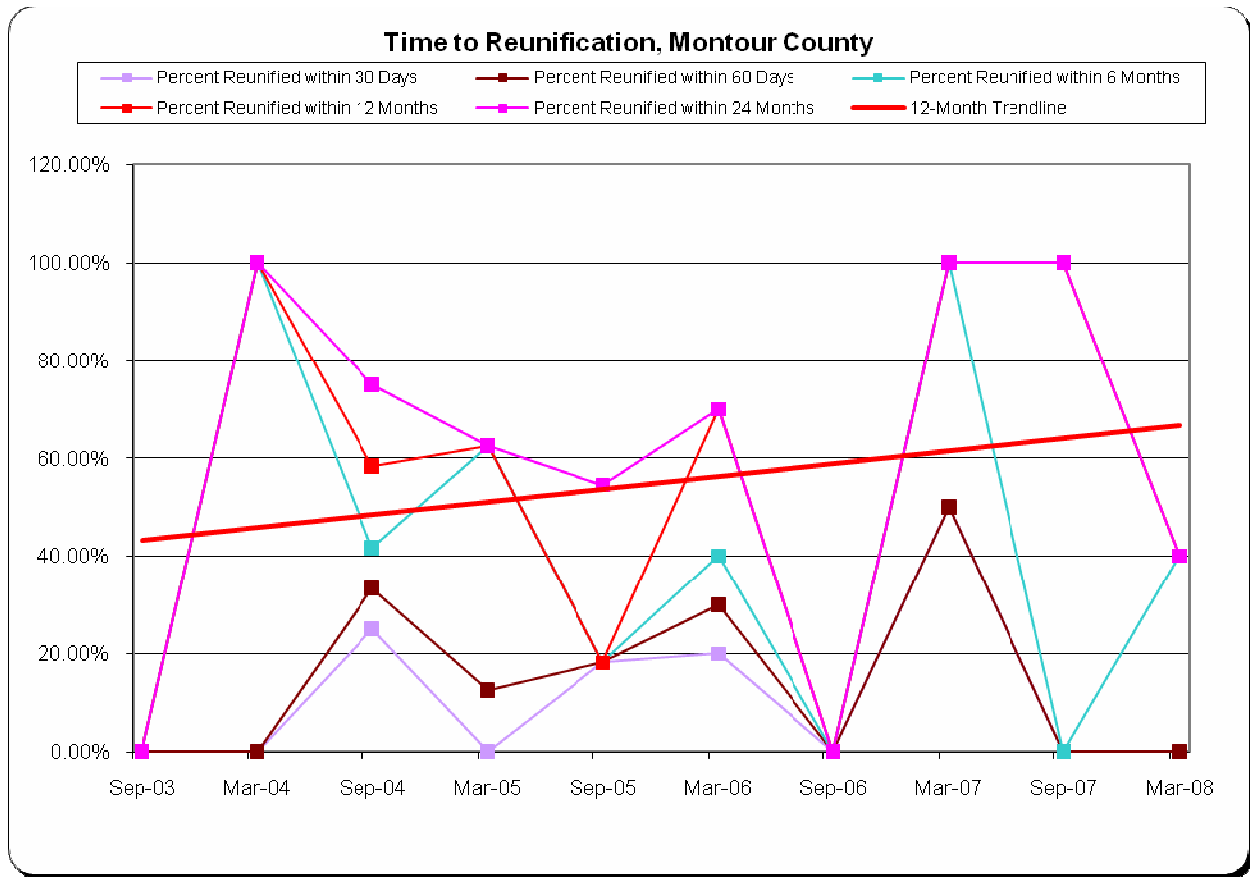
- Please describe what demographic factors, if any, have contributed to changes in the number of children being served or in care.
 - There have been no significant changes.

- 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.
 - a. The agency is focusing on prevention programs and more family engagement to address and solve problems prior to any placement.

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- 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)? None
- 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? No changes

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?
 - a. There are not sufficient numbers to suggest a trend. The agency continues to work diligently to reunify families in a timely manner.
 The agency has encountered several placements that require longer periods in care due to the severity of issues faced. These are primarily adolescents who are in need of MH services.

- 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 plan for any child includes returning home or to another permanent residence and caregiver. Currently all children in care with Montour County have a plan to return home except one.

- 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 children reunified in less than 30 days, were the services provided sufficiently to alleviate the

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concerns that led to the child's removal? What services could have prevented removal of children who were reunified within 30 days?

- Reunification is happening at the same rate. It is impossible to determine if the rate is changing due to the low statistical numbers.
 - Reunifications do reflect changing family situations and needs however it is difficult to state that there is any one contributor that is more significant.
 - The agency has seen several children returned in less than 30 days and the services provided were sufficient to alleviate the problems that necessitated placement. Subsequent placement has occurred in only one case this FY
- ❑ How does the county's data compare to other counties of the same county class size? To the statewide data? Approx. the same
- ❑ 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?
- a. The agency has worked to develop a non placement mindset and that solving the problems within the home of the child is paramount. Services are applied in high placement risk cases that attempt to alleviate the need for placement.
 - b. The agency will continue to utilize current programs including PEP Talk for Parents and MST.

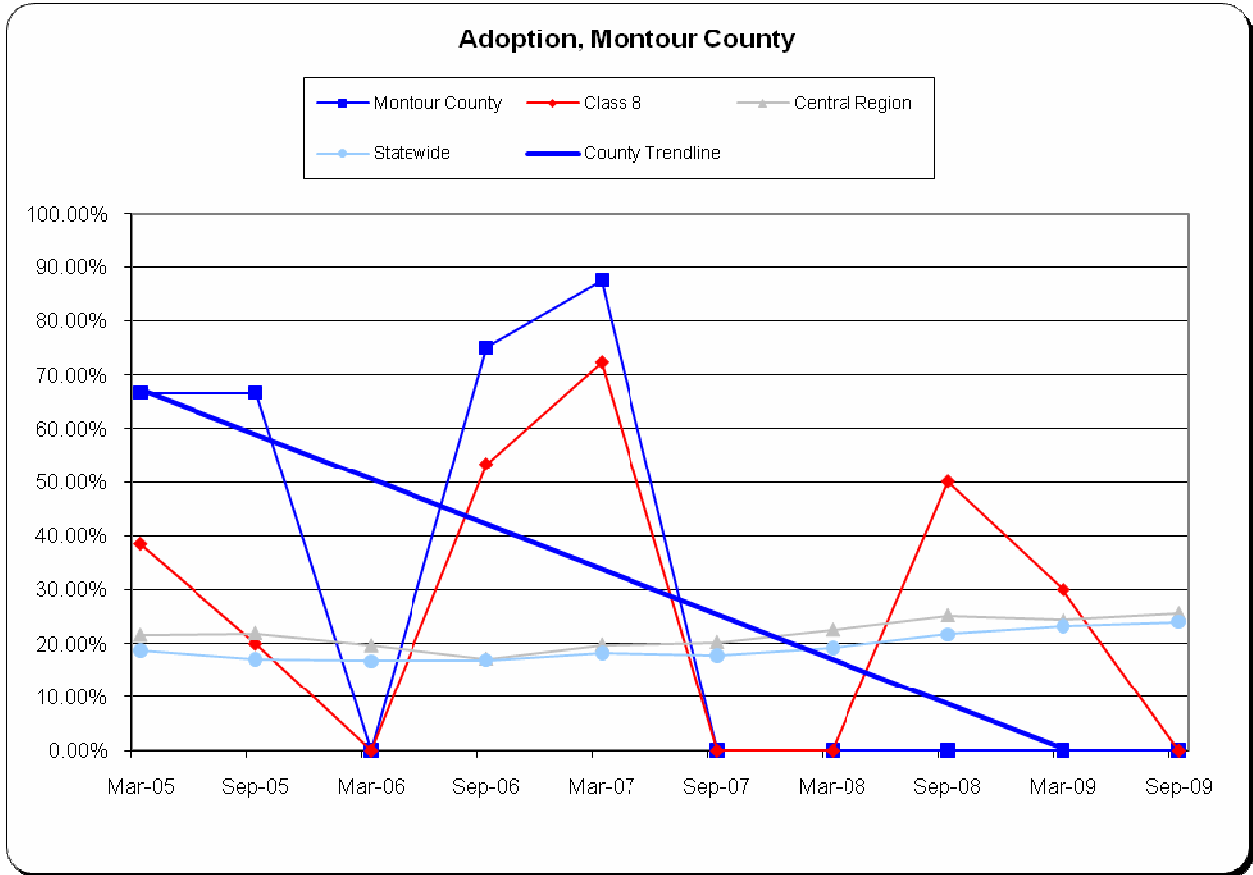
Or

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? None

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

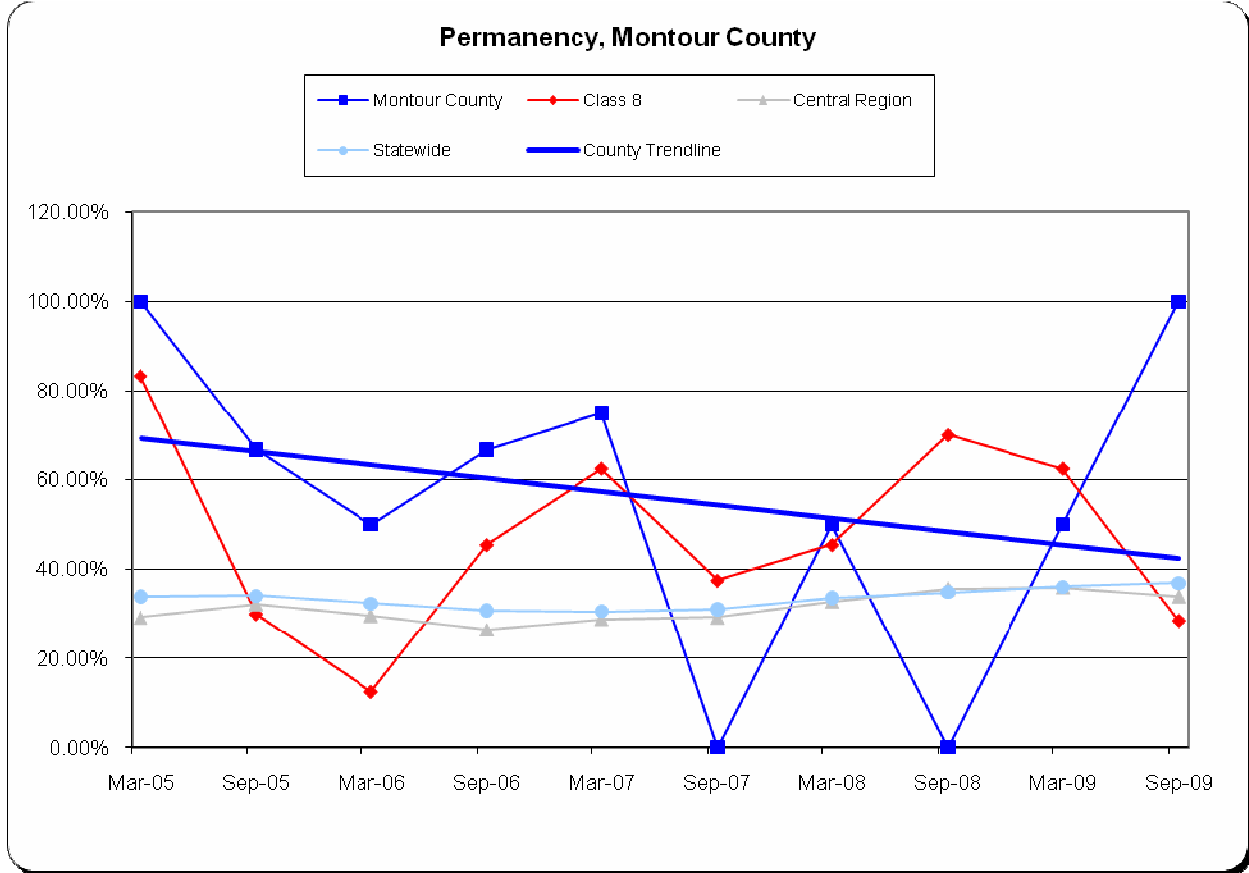


- ❑ Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends? Impossible to tell due to the vast fluctuations on the data.
- ❑ Do current policies of the agency or courts serve 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?
 - a. No current policies affect the timeliness of adoptions. The agency follows a consistent pattern and protocol and the court acts consistently as well.
- ❑ 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?
 - a. There is no group represented.

5-1d. Permanency, 24 Months

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(See HZA Data Package)



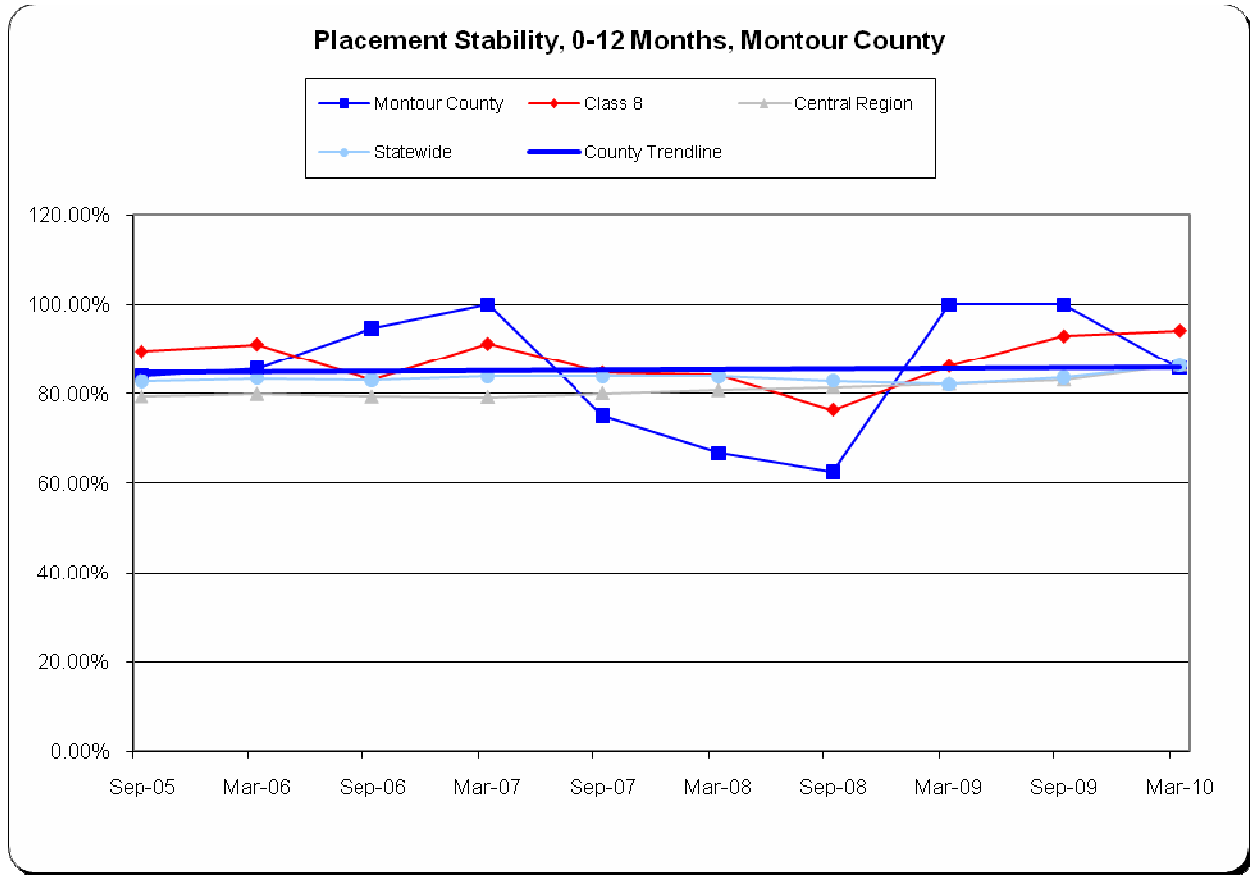
- Is the county's performance in each measure improving or declining over time? Please describe briefly any significant trends in the data. What policies or practices explain the trends? No defined trend

- 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? Discharge to permanency is to adoption or SPLC

- What steps is the county taking to achieve permanency for these children? What are the barriers to achieving permanency? There are no real barriers. Children are matched as closely as possible with homes that may be able to provide permanency. While not absolute, the agency has effectively been able to accomplish this over the past 2 years.

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5-2a. Placement Stability, Less than 12 Months (CFSR 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? Performance is static with no trend.

- How does the county's data compare to other counties of the same size? To the statewide data? Similar to other Class 8 counties

- 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?
 - a. The county's performance is consistent with the state. It is difficult to assess due to the fact that small numbers influence the outcome, and one child with more than one placement can dramatically affect the outcome.

Or

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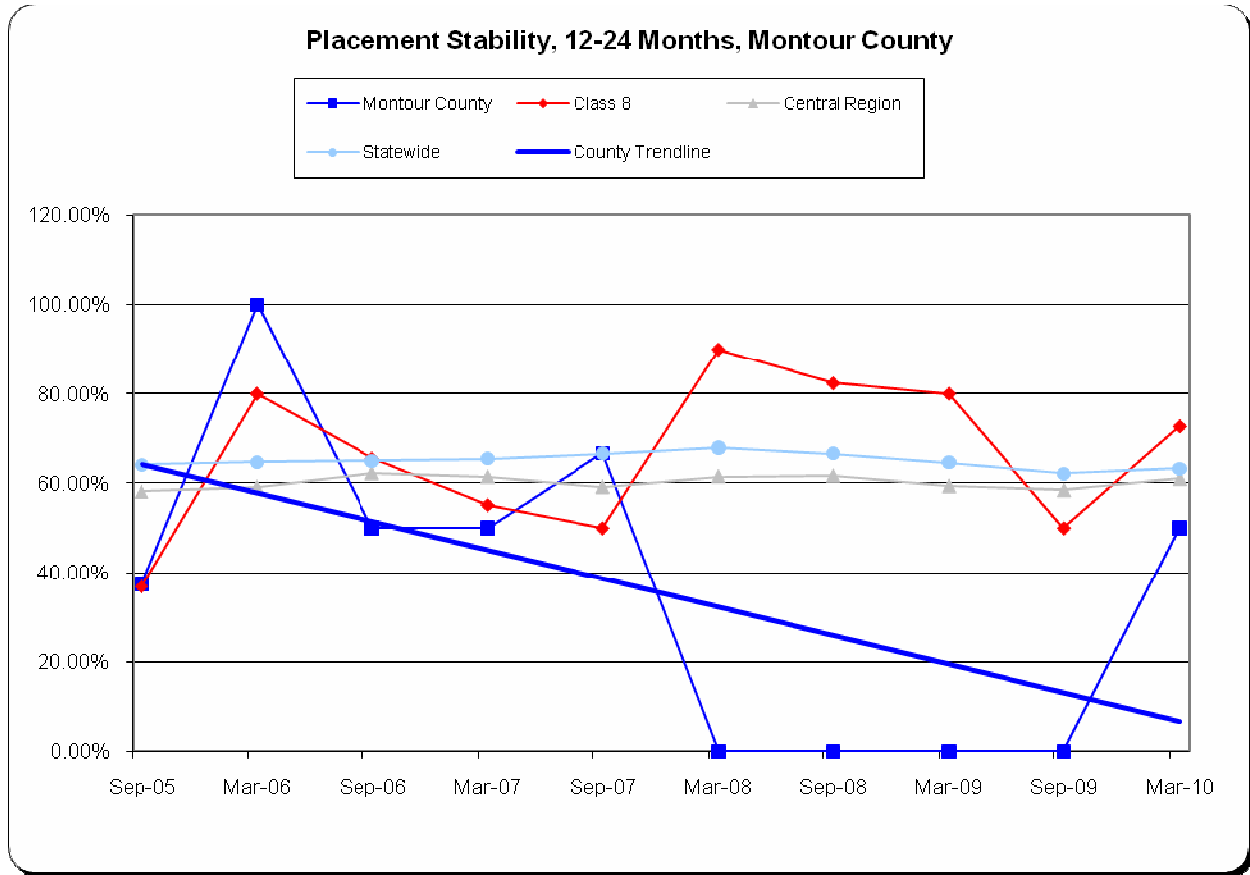
If the county's performance lags behind comparable county and/or statewide performance, what factors does the county believe have contributed to this result? What actions is the county taking to improve its performance?

- 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?
 - a. The agency has seen stability break down evenly, happening in the first 30 days and after several years of what appeared to be a very consistent stable placement. There is no trend

- 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?
 - a. The agency works with the foster family to ensure that all pertinent information is given to the family so that they are aware of the issues. This aids in the family assisting the child in being comfortable with the surroundings. There is however no absolute action that can make a placement more successful than less successful. It is a great combination of factors and a mix of personalities. The agency has been fortunate to have some good matches and have seen at least one placement in the past 2 years result in 4 different foster homes in 5 months.

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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? There is no significant trend and the data is too small to fully assess. Again, one child moving several times has a dramatic affect on the overall outcome.

- How does the county's data compare to other counties of the same size? To the statewide data? Appears to be lower than the other 8th class counties

- 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? The agency is not prepared to change its practice

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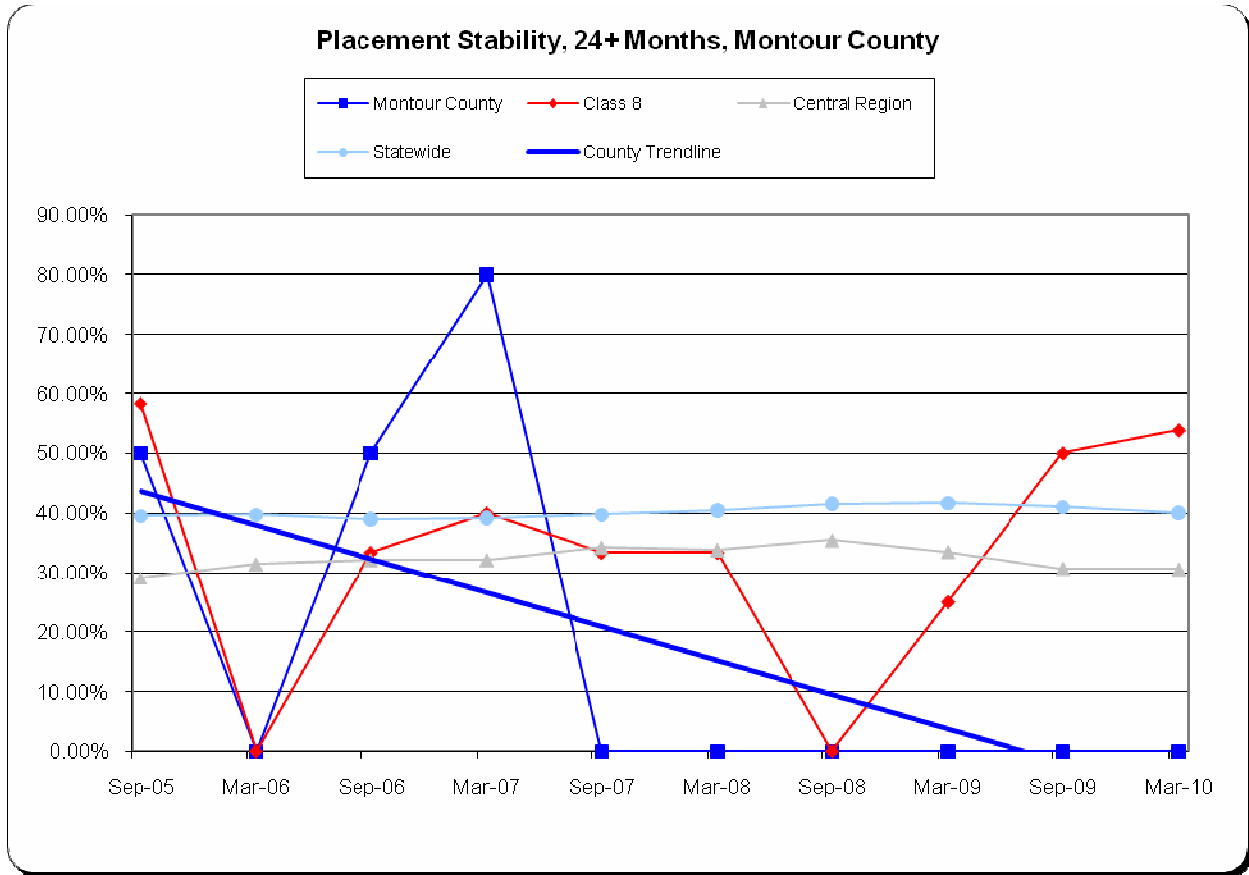
in any significant way. The agency has seen that adolescents have a greater likelihood of multiple placements and has seen less stability with those kids who have MH needs.

The agency does assess stability issues and works to resolve any issues, working both with the provider and child. Change in placement only occurs when there is unresolved and irreconcilable differences.

- ❑ 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? It is impossible to tell at what point breakdown occurs.
- ❑ 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? The child's first placement is often the only placement for children under 10 who have no significant MH issues. After that it is a mix of personalities and relationships. What we have seen is that many adolescents are placed because of severe relationship breakdown with their caregiver. When they enter a substitute care situation they encounter many of the same rules and requirements and they continue to rebel until they understand their need to change. This results in instability for many. First steps are to assure that this child will remain in care until they recognize their need to accept the appropriate authority of others, including their caregivers.

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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? The overall performance appears to be declining however this is because there are so few placements and one or two kids with multiple placements affects the numbers. The agency assess each case as to the need for a change in placement and this is documented in the case record.

- ❑ How does the county's data compare to other counties of the same size? To the statewide data? Lower than other 8th class counties

- ❑ 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

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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? No real changes planned. Each case is assessed individually by the agency staff and if problems cannot be resolved, a change is made.

- ❑ 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? No way to tell

- ❑ 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? There is no measure that ensures that a placement will be successful. The agency works with the provider to match a kid with a family. That is about the best we have currently.

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).
 1. The agency uses the following prevention services:
 - a. PEP Talk for Parents – an In-Home mentoring program for families with children under the age of 12. It is an intensive program with up to 4 face to face hours per week. This service is directed towards to prevention of placement and abuse/neglect. It also has a truancy based portion for adolescents.
 - b. MST – In-Home direct service to prevent placement, truancy and delinquency.
 - c. FGDM – to assist in the prevention of placement, neglect and abuse.

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.

Performance Outcome – Children discharged to reunification within 12 months of removal

Permanency Composite 1 : Timeliness and permanency of reunifications

Measure C1:1 Of all children discharged from foster care to reunification in the FFY who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the most recent entry into foster care?

1. The agency has worked extremely hard to achieve better outcomes related to reunification. The agency has seen improvement yet needs to continue to focus on some level of improvement.
 - a. The difficulty facing the agency is that the children in placement at this time have significant problems that make reunification difficult.
 - b. The agency is focusing on prevention of placement and as a result, only 11 kids, both CYS and JPO were placed in FY 09-10.

Performance Outcome -Well-Being Outcome #1

Families have enhanced capacity to provide for their children’s needs.

Item #18 :Key parties not involved in case planning process, especially for in-home cases; plans are presented to families for signatures.

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The agency will continue to seek out and involve all family members in the service planning for children.

1. The agency worked diligently to engage families in the development of family service plans and CPP's. As a result, there has been a greater depth of service and has also resulted indirectly, in fewer placements.

Caseworkers are encouraged and expected to engage families in order to solve problems and alleviate the circumstances that made agency involvement necessary.

- ❑ Describe whether the county will continue its efforts to improve outcomes, or if the county has analyzed needs and chosen to address different outcomes.
 - The agency will continue to focus on the following outcomes:
 - Reducing overall placements and days of care
 - Increasing family engagement
 - Decreasing recidivism
- ❑ 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).
 - The agency continues to see moderate success in reducing placements. In FY 09-10 there was a reduction in the days of care from the previous FY for Foster Care.
 - The agency service, PEP Talk for Parents continue to be a valuable asset and is instrumental in reducing placements. Currently, no child has been placed if their family has been involved in this program.
- ❑ For continuing or newly targeted outcomes for FY 2009-10:
 - ❑ Identify specific activities [planned] and services to improve the outcomes.
 - No significant changes in services
 - ❑ Provide timeframes for measured improvement.
 - Quarterly review by Agency Director and Supervisor
 - ❑ Describe the process for data collection/measurement.
 - AFCARS, CY28, agency database, Director's statistical report

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 made progress in family engagement however this is a continued focus for the agency. Greater effort will be made to utilize FGDM as part of this process.

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.
 - The agency involves all appropriate children and specifically those age 14 and above, in the development of the CPP/FSP. This continues to be a focus for the staff however the agency feels that there has been some success in this area.

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.
 - Attempts are made to involve youth in transition planning. At this point, each worker is aware of the need to engage youth, especially those aging out of care, and address specific issues of permanency and stability.
 - No new initiatives will be introduced.

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.
 - Concurrent planning is part of every service plan.
 - There will be no new initiatives in this area.

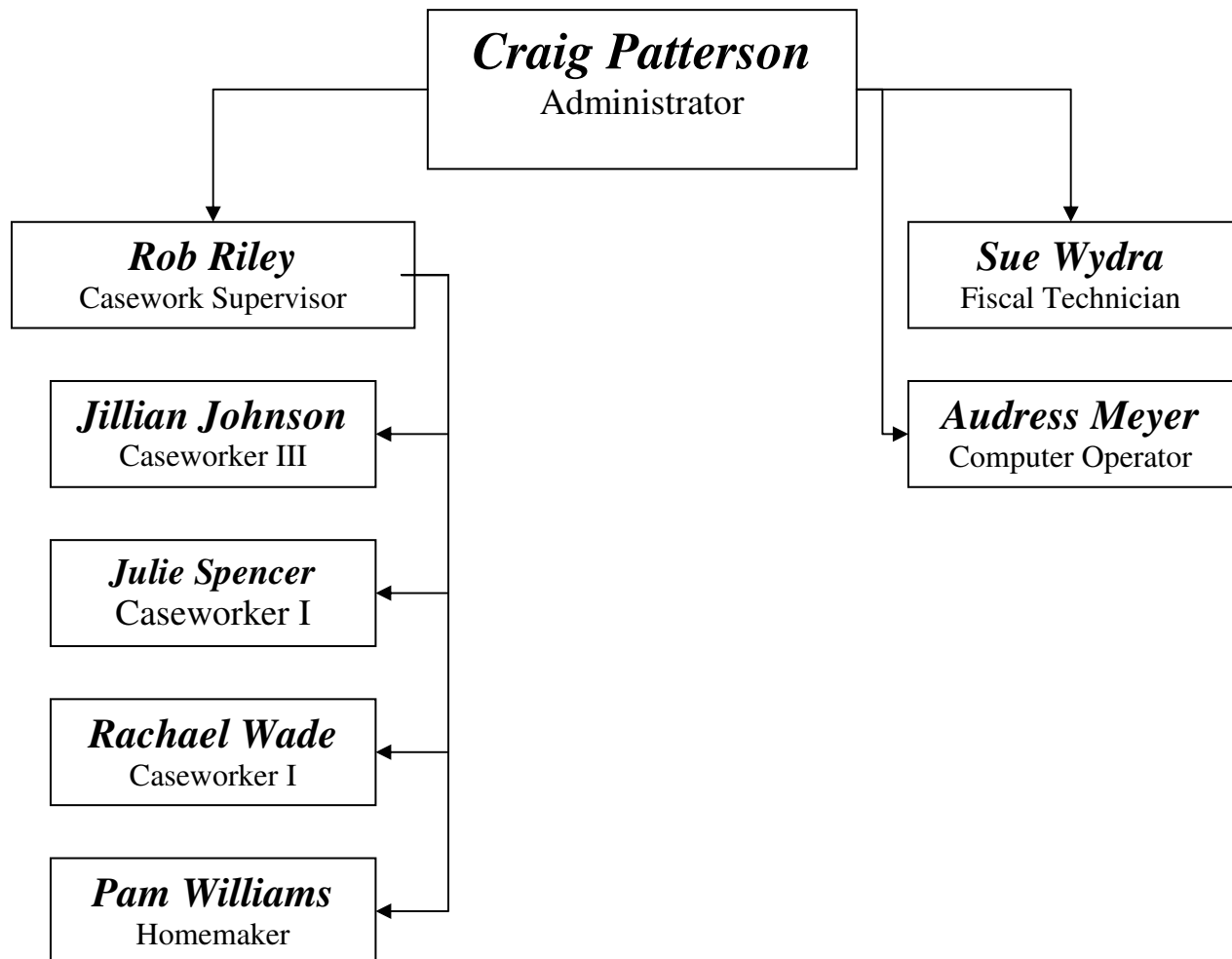
Section 6: Administration

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.

6-1d. Organizational Changes

- ❑ Note any changes to the county’s organizational chart.



Caseworkers added in FY 2009-2010 : Julie Spencer DOH: 1-27-2010
No other changes

6-1e. Staff Evaluations

- Describe the method for evaluating staff effectiveness.
 - Annual evaluations
 - Performance reviews as needed
 - Weekly supervision

6-1f. Contract Monitoring & Evaluation

- Note the employee/unit which oversees county contracts. Describe the evaluation process.
 - Contracts are monitored by the Fiscal Officer and Agency Director.
 - Contracts are reviewed on an annual basis.
 - Because of the size of the agency, performance by private providers is readily apparent and cases are reviewed frequently with the Administrator. Assessment of providers is also done at the time of court reviews.

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 |
|------------------------------------|--|-----------------------|---------------------------------|-----------------------------|
| 1: PA Treatment and Healing | 5972 Susquehanna Trail, Turbotville PA | Joshua Weisen | 2 | \$2841.00 |
| 2: Psychological Services | 352 Arch St, Sunbury PA 17801 | Dr. Donna Pinter | 7 | \$12045.00 |

- 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 |
|-----------------------------------|---------------------------|-----------------------|---------------------------------|-----------------------------|
| 1: Families United Network | PO Box 264 Muncy PA 17756 | Thomas Newhard | 1 | \$59,275.00 |

- 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 |
|----------------|--------------------------|-----------------------|---------------------------------|-----------------------------|
| 1: NONE | | | | |

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- Briefly summarize the services provided by these entities, the expected outcomes of those services, and how provider performance is monitored.
- 1. PA Treatment and healing – Offers and provides day treatment and after school treatment services.
- 2. Psychological Services – This is the primary provider for PEP Talk for Parents In-Home service.
- 3. Families United – Ashlor Manner Community Based Group Home

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

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) | | | N |
| Funded and delivered services in 2009-10 but not renewing in 2010-11 | | | N |
| Requesting funds for 2011-12 (new, continuing or expanding) | | New | Continuing |
| | | | Expanding |
| | | N | |

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: No

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 | | | | | | |

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| | | | | | | |
|------------------|--|--|--|--|--|--|
| 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)

Response:

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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:

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

Response:

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

- Please indicate which type of request this is: Not Applicable as service is not available

| 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) | | New | Continuing | Expanding |
| | | | | |

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 | | | | | | |

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| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| # 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)

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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)

Montour

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: Not Applicable

| 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) | | New | Continuing | Expanding |
| | | | | |

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 | | | | | | |

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| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| # 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)

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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)

Montour

Response:

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

Response:

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) | N | | | |
| Funded and delivered services in 2009-10 but not renewing in 2010-11 | N | | | |
| Requesting funds for 2011-12 (new, continuing or expanding) | Y | New | Continuing | Expanding |
| | | | Y | |

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 | 0 | 0 | 0 |
| FY 2011-12 | | | \$15,000 |

- 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: Did not request

- 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 | | | | 0-18 | 0-18 | 0-18 |
| # of Referrals | | | | 2 | 5 | 10 |
| # Successfully completing program | | | | 0 | | |
| Cost per year | | | | \$0 | \$15,000 | \$30,000 |
| Per Diem Cost/Program funded amount | | | | \$1000.00 for successful conference | \$1,000 | \$1,000 |

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| | | | | | | |
|-----------------------|--|--|--|--|---|----|
| # of MA referrals | | | | 0 | 0 | 0 |
| # of Non MA referrals | | | | 2 | 5 | 10 |
| Name of provider | | | | Columbia County Family Center | | |

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: This service has been slow to materialize and there have been no successes. The county in cooperation with the Juvenile Court will be implementing this program in a more vigorous manner, which will include the development of a Team and participation in the AOPC Roundtables, attending the conference in Philadelphia in Sept.

- 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 barriers relate to the buy in by the family. It has been very difficult to get cooperation by families. The court will be involved in the future and incorporate this in their 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: The county is working with the Juvenile Court to re-organize the overall effort to provide conferences for families. The Juvenile Court judge is recognizing the need for this program and is spearheading the effort to secure successful conferences.

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: The county is focusing on adolescents age 12-18, families with children at risk of placement, delinquency, truancy problems.

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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: County is seeking to expand use for 11-12. The Juvenile Court has determined that this program needs to be focused on. The intent is to have 10 successful conferences in 10-11 and expand this to 15 in 11-12.

- 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: Outcomes need to be prevention of placement, speedier return home; eliminate need for court supervision

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: The program will continue to use Columbia County Children’s Center to facilitate this program. The provider is not MA certified.

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: The county will be implementing this without grant funds. The cost of the program is \$1000.00 per successful conference. Unsuccessful conferences are billed at \$20.00 per hour

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

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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: The expense for this program (per conference) was set by the provider. In comparison with other provider's it is more than reasonable. The county has not been successful with this program. One of the barriers appears to be the requirement for agreement by the parent for invitation of other family members.

- ❑ 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: If placements are averted then the cost savings will be significant. It cannot be determined what type of placement will be used however many times it is a community based residential placement which is a higher per diem.

- ❑ 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: We will be working with the AOPC Roundtables regarding FGDM, possibly CWT as well

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

Response:

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

- Please indicate which type of request this is: NOT APPLICABLE

| 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) | | New | Continuing | Expanding |
| | | | | |

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 | | | | | | |

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| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| # 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)

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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)

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Response:

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

Response:

6-3a. Evidence Based Programs: Family Finding

- Please indicate which type of request this is: NOT APPLICABLE

| 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 | | | | | |

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.

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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:

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

- Please indicate which type of request this is: NOT APPLICABLE

| 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) | New | Continuing | Expanding |
| | | | |

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 | | | | | | |

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| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| # 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)

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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)

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Response:

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

Response:

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: PEP Talk For Parents

| 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) | New | Continuing | Expanding |
| | | | Y |

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 | \$8975 | + \$16,025 | \$25,000 |
| FY 2011-12 | | | \$35,000 |

- 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: No

- 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:

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□ Complete the following table for each applicable year.

| | 0607 | 0708 | 0809 | 0910 | 1011 | 1112 |
|-------------------------------------|------|------|--|--|--|--|
| Target Population | | | Families with Children under 10 | Families with children under 10 | Same | Same |
| # of Referrals | | | 5 | 5 | 5 | 10 |
| # Successfully completing program | | | 3 | 1 – 4 still active | ? | ? |
| Cost per year | | | | | | |
| Per Diem Cost/Program funded amount | | | Projected at \$7500 per family per service depending on hours used. Billed at an hourly rate of \$60.00 per hour | Projected at \$7500 per family per service depending on hours used. Billed at an hourly rate of \$60.00 per hour | Projected at \$7500 per family per service depending on hours used. Billed at an hourly rate of \$73.00 per hour | Projected at \$7500 per family per service depending on hours used. Billed at an hourly rate of \$73.00 per hour |
| # of MA referrals | | | 0 | 0 | 0 | 0 |
| # of Non MA referrals | | | 3 | 5 | 5 | 10 |
| Name of provider | | | Psychological Services | Psychological Services | Psychological Services | Psychological Services |

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: This program has become a very successful program for the agency. It was developed by the agency director in cooperation with the provider agency for the specific purpose of providing a needed service that was not available to the agency. At present, no child that has been involved with this program has needed foster care placement. This includes service to approx. 10 families (approx 15-20 children) The agency is seeking to expand this service to a larger target population for 10-11 and 11-12, including children through the age of 16. It is also intended that this program will be used in conjunction with the new requirements for SCR. There was a minor difficulty when the provider agency had a staff change. This resulted in approx 5 months of little to no service. The agency spent approx. \$12,000 however most of this expenditure was in the last 4 months of the fiscal year. This impacted the overall expenditures for the program and resulted in serious underspending. As a result of this, the grant was cut by \$42,000. The agency has segregated approx. \$30,000 in the 10-11 NBB in order to have funds available for this program. The agency is asking for a return of \$ through the PA Promising Practices grant to support this program however feels that if that does not happen, funds will be available through the NBB for 10-11. The unseen impact of this program is that the agency is able to offer a valuable service to a family, that is provided by an non-agency entity, eliminating some of the conflict that arises as a result of agency intervention.

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- 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: There have been no serious barriers other than coordinating schedules with clients, and the staffing issue by the provider. The provider now has a stable and consistent staff to provide this service.

- 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: Underspending was the result of a change in staff by the provider.

- 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: This program focuses on the following outcomes

- I) Reduction in Need for Out of Home Placement
- II) Increase in Positive Control of the Home by the Parents
- III) Improvement in Family Relationships
- IV) Improvement in Home Environment and Safety of Children
- V) Increased Stability in the Home
- VI) Noticeable Parenting Skill Development

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: This program will intentionally target families with children under 12 years of age and who are at moderate to high risk of out of home placement. It is intended to address parenting deficiencies. It will be expanded to include families with children as old as 16. This will also include truancy and some issues related to juvenile delinquency. This program/provider is intended to act as a "Life Coach" for the client that is served.

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:

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- 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: The outcomes as listed above are measured on a monthly basis through reports generated by the provider agency.

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: The agency will continue to use Psychological Services to provide this service. The agency has had a long and very rewarding experience with this provider.

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: The cost of the program has been determined by accessing the current MA fee that is offered. The current hourly rate is \$73.00 per billable hour.

- **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: The calculation for funding relates to the proposed use of funds to service 10 families throughout the course of the FY. Not every family will use the maximum of the budgeted funds, therefore the budgeted amount per family, currently at \$7500, may not be actualize. As this is the case, these funds will be spread out and used to service more families. \$7500.00 was budgeted to cover the most extreme cases and needs of families. If funds are expended due to

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the need of the service and families are maxing out the service, there will be a natural reduction in the number of families served.

- ❑ **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: If a placement of one child costs approx. \$65.00 per day, the cost for this placement for 180 days is \$11,700.00. It is not difficult to see that the success of this program in reducing placements makes the cost more than reasonable and that there is a significant cost savings.

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

FY 2010-11 (for counties with approved allocations)

Response: None at present

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

Response:

PaPP Delinquent NONE

| | |
|---------------|--|
| 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) | | New | Continuing | Expanding |
| | | | | |

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 | | | | | | |

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| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| 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.

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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.

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FY 2010-11 (for counties with approved allocations)

Response:

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

Response:

6-3c. Housing Initiative: NONE

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) | New | Continuing | Expanding |
| | | | |

| 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:

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- ❑ 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:

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- ❑ 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:

❑



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6-3d. Alternatives to Truancy Prevention : Not APPLICABLE

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) | New | Continuing | Expanding |
| | | | |

| 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.

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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.

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FY 2010-11 (for counties with approved allocations)

Response:

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

Response:

6-3d. State Reintegration Plan : NOT APPLICABLE

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**.

| Number of Youth | Cost per youth | \$ amount |
|-----------------|----------------|-----------|
| | \$3,665 | |

- Describe the how the number of youth was determined.

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 |
| X | B. Life Skills Training |
| | C. Prevention Services |
| | Dental/Health |
| X | Drug Abuse Prevention |
| X | Alcohol/Tobacco/Substance |
| X | Safe Sex/Pregnancy |
| | D. Education |
| | Vocational Training |
| | High School Support and Retention |
| | Preparation for GED |
| | Assistance in Obtaining Higher Education |
| | E. Support |
| | Individual and Group Counseling |
| | Stipends |
| | Services for Teen Parents |
| | Mentoring |
| | F. Employment |
| | Job Placement |
| | Subsidized Employment |
| | G. Location of Housing |
| | H. Room and Board |
| | 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.

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| IL Services (federal, state, local) | \$ amount |
|-------------------------------------|-----------|
| FY 2010-11 Approved Budget * | \$6500.00 |
| FY 2011-12 Budget Request * | \$8500.00 |

* 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?
 - The county has struggled to use IL funds and have historically returned the majority of funds for re-allocation to other counties.
 - The greatest factors that contribute to underspending is not having a coordinator because of staff turnover. It is impossible to task a caseworker for this position, train them and implement a program when that worker leaves the agency in under 2 years. This has happened X2 in the past 5 years.
 - The other reason for underspending is simply not having eligible kids for the IL program.

- ❑ 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.
 - For FY 10-11, the agency has an eligible youth in a specific IL program that will exhaust all allocated funds.
 - For FY 11-12, the agency anticipates that there will be a worker tasked for this program as the coordinator and will attempt to facilitate a full IL program.

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 | \$1000 | 1 | 1 | 1 | 3 |
| Total | \$1000 | 1 | 1 | 1 | 3 |

* 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.
 Staff uses the Ansel-Casey Assessment tool and will administer it with each client as needed.

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

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.

| Service | Budget Request (\$) | In Care Youth* | Delinquent Youth* | Discharged Youth* | Total Youth* |
|----------------------|---------------------|----------------|-------------------|-------------------|--------------|
| Life Skills Training | | | | | |
| Total | \$1000 | 1 | 1 | 1 | 3 |

* Enter unduplicated youth count only.

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

| | |
|----------------------|--------------------------|
| 100% | % |
| 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.
 Agency Staff; facility staff/foster parents/foster care agency staff
 Unknown curricula; frequency of not less than every other week unless caseworker provided and then monthly
- ❑ Describe how the costs to provide the activities are determined.
 - ➡ Caseworker time

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C. Prevention

- ❑ 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 | 1 | 1 | 1 | 3 |
| Drug Abuse Prevention | 250 | 1 | 1 | 1 | 3 |
| Alcohol/Tobacco Substances | 250 | 1 | 1 | 1 | 3 |
| Safe Sex/Pregnancy | 250 | 1 | 1 | 1 | 3 |
| Total | \$1000 | 1 | 1 | 1 | 3 |

* Enter unduplicated youth count only.

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

| | |
|----------------------|--------------------------|
| 100% | % |
| 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.
Agency staff/ caseworker; unknown curricula; monthly
- ❑ Describe any additional prevention services provided to the youth that are not listed above and who will provide those services.
If child is in care, agency will request assistance with this service from fostercare agency.
- ❑ Describe how the costs to provide the activities are determined.
Staff time

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* |
|---------|---------------------|----------------|-------------------|-------------------|--------------|
|---------|---------------------|----------------|-------------------|-------------------|--------------|

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| | | | | | |
|--|--|--|--|--|--|
| Vocational | | | | | |
| High School Support and Retention | | | | | |
| GED | | | | | |
| Assistance in Obtaining Higher Education | | | | | |
| Education and Training Grant (ETG) Provision and Retention | | | | | |
| Total | | | | | |

* Enter unduplicated youth count only.

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

| | |
|----------------------|--------------------------|
| % | % |
| 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.

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

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

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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.

| Service | Budget Request (\$) | In Care Youth* | Delinquent Youth* | Discharged Youth* | Total Youth* |
|------------------------------------|---------------------|----------------|-------------------|-------------------|--------------|
| Individual and/or Group Counseling | 500 | 1 | 1 | 1 | 3 |
| Stipends | | 1 | 1 | 1 | 3 |
| Services for Teen Parents | | 1 | 1 | 1 | 3 |
| Mentoring | 500 | 1 | 1 | 1 | 3 |
| Total | \$1000 | 1 | 1 | 1 | 3 |

* 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.

| SWAN | |
|------------------------------------|---------------|
| | No. of Youths |
| Child Profile: | |
| Child Preparation: | |
| Child Specific Recruitment: | |

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

| 100% | % |
|----------------------|--------------------------|
| 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.
Agency staff / caseworker ; unknown curricula; monthly
- ❑ Describe any additional services provided to the youth that are not listed above and who will provide those services. NONE
- ❑ Describe how the costs to provide the activities are determined.
Staff costs for salary/benefits/travel

F. Employment

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- ❑ 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 | | | | | | |
| Subsidized Employment | | | | | | |
| Total | | | | | | |

* 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.

| | |
|----------------------|--------------------------|
| % | % |
| 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.
- ❑ Describe any additional services provided to the youth that are not listed above and who will provide those services.
- ❑ Describe how the costs to provide the activities are determined.

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.**

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| Service | Budget Request (\$) | | In Care Youth* | Delinquent Youth* | Discharged Youth* | Total Youth* |
|---------------------|---------------------|--|----------------|-------------------|-------------------|--------------|
| Location of Housing | | | | | | |
| Total | | | | | | |

* 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 | |
| Interview preparation | |
| Application assistance | |
| Accompany on inspection | |
| Use local realtors as a housing resource | |
| Other (describe:) | |

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

| | |
|----------------------|--------------------------|
| % | % |
| 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.
- Describe any additional services provided to the youth that are not listed above and who will provide those services.
- Describe how the costs to provide the activities are determined.

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.

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| Service | Budget Request (\$) | | In Care Youth* | Delinquent Youth* | Discharged Youth* | Total Youth* |
|----------------|---------------------|--|----------------|-------------------|-------------------|--------------|
| Room and Board | | | | | | |
| Total | | | | | | |

* Enter unduplicated youth count only.

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

- 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.

- 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.

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 | | | | | | |
| Total | | | | | | |

* Enter unduplicated youth count only.

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

| | |
|----------------------|--------------------------|
| % | % |
| 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.

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

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 | 1000 |
| Community Outreach and Educational Efforts | |
| Interagency coordination to support IL activities and services at the local level | |
| System change efforts | |
| Other (describe:) | |
| Total | \$1000 |

- ❑ Describe the indirect services provided by the county.
Transportation; mentoring; salary/benefits
- ❑ 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.
Staff slary/benefits; travel costs

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.

| Indirect Service Type | Budget Request \$ |
|---|-------------------|
| Staff providing direct services | 1000 |
| Program reporting costs | 500 |
| Equipment, training materials, supplies, postage, facility expenses | 500 |
| IL and Youth Advisory Board related travel | 500 |
| Other (describe:) | 500 |

- ❑ Explain the administrative costs of providing IL services and the drivers of these costs.
Staff costs, indirect costs for agency related to office use, computer hosting, documentation, copying, phones etc.

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- ❑ 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.
Current staff costs, salaries and benefits; mileage rates

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.

| Column 1 | Column 2 | Column 3 | Column 4 |
|--|--|---|--|
| 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 |
| 1 | 1 | 0 | 1 |

Provide Justification for Column 2: Agency Administrator is assigned as the person responsible for Accurint use

Provide Justification for Column 3:

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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.
 - i. Agency uses a Microsoft Access platformed database for Casemanagement and documentation.
 - ii.
 - b. If no, describe how the county plans to transfer an already existing case management system from another county.
 - c.
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;
 - a. The agency is making preparations to move to CAPS to be compliant with DPW needs and requirements. The cost is excessive however and may limit implementation
2. High Level Requirements – provide a description of the high level business and technical requirements;
 - a. The agency will need to utilize TA from Avanca
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

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- a. At present the agency is projecting a startup cost of \$50,000.00 for transfer of data, training and hosting.
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.

There is no immediate cost benefit due to the excessive start up costs and the relatively low cost of maintaining the current database. The agency is considering this move simply to comply with DPW. It sees no other value at present.

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 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 |