APPENDIX A: LOCAL/REGIONAL OLMSTEAD PLAN – FRANKLIN/FULTON 2016

Original submission date: October 31, 2016 Final publication date: May 3, 2017

Status updates and progress in implementing the Local/Regional Olmstead Plan Implementation will be submitted annually to the Commonwealth.

I. OLMSTEAD PLANNING PROCESS:

Describe how stakeholders were involved in the development of the Plan. County's should engage consumers, family members, advocacy groups, providers, behavioral health managed care representatives, and cross-systems partners in the planning process. Stakeholders should be included in the development of the local/regional implementation plan, monitoring of community services and supports, and in providing ongoing input into the county's system for recovery-focused services. Counties should document and demonstrate in their plan how they outreached to and meaningfully engaged their stakeholders.

A. Stakeholders were involved in the following activities:

1. Focus Group
    a. Description: Held a Focus Group meeting on Wednesday, June 29, 2016 which was attended by human service agency representatives from both Franklin and Fulton County.
        - Breakout groups focused on the following areas: Services, Housing and Special Populations
        - Helpful feedback was gathered and incorporated into this plan

2. Data Review & Data Source Development
    a. Data Review: Reviewed available data from various sources and identified new sources of relevant data.
        1. 2015 Summit Health Community Health Needs Assessment (CHNA; both executive summary and full report)
            a. Mental Health Task Force--has 5 work groups addressing the CHNA findings using the PA State Health Improvement Plan 2015-2020 as a guide. (ww.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Documents/SHIP/2015-2020_PA_SHIP.pdf)
        2. Fulton County Medical Center Prioritization Survey Results
        3. Franklin County Area Agency on Aging 2016-2020 Area Action Plan
        4. Fulton County Family Partnership Block Grant Outcomes Report and Drug & Alcohol power point presentation

5. 2017 Olmstead Plan Survey findings. This is a survey developed by the MHAFF I/FST to gather input from individuals who use mental & behavioral health services and other human services. Over a seven day period, 131 individuals residing in Franklin & Fulton Counties provided input about their service usage, needs, and wishes for, heretofore, unavailable services. (See attached document: *2017 Olmstead Plan Survey Results for Franklin & Fulton Counties*)

6. Individuals were engaged at the following locations:

a. Franklin County

1. New Visions Clubhouse
2. Day Reporting center
3. Pyramid Healthcare, Inc.
4. Mental Health Association of Franklin & Fulton Counties
5. MHAFF Peer Specialist Services
6. Summit Health's Health Fair
7. Community Support Program
8. Primary Care Physician's offices
9. Noah's House
10. Chambersburg Cold Weather Shelter
11. Service Access & Management, Inc.
12. Women in Need
13. Keystone Behavioral Health's Keystone Center
14. Fort Loudon Community Center

b. Fulton County

1. McConnellsburg Senior Center
2. Gaudenzia
3. The Food Basket
4. Community Support Program
5. MHAFF Peer Specialist Services

b. Data Source Development:

1. The 2016-2017 contract with the MHAFF I/FST for county funded services include a year-end report of the socio-economic characteristics of people who participated in the surveys. This is a new data source that, although, was not available for this year's plan, will be available for next year's planning.

2. The *2016 Annual Suicide in Franklin County Report;* this report includes data on the utilization of Crisis Intervention Services and mental health phone calls made to the Franklin County Emergency Services Department.

3. Work Group

a. Description: Created a work group inclusive of representatives from various agencies that participated in the June 29th Focus Group meeting and held several productive meetings to discuss and finalize the content of our local Olmstead Plan. The intention of this work group is to keep this plan fluid and for it to serve as a foundation for further collaborative efforts.

4. Outreach and Engagement of Community Stakeholders

a. Description: (1) As stated above the only stakeholders mentioned were county staffers or agency representatives; also as stated above “further collaborative efforts” include involving consumers, family members and other target groups on an ongoing basis

(2) Also, in order to make this Appendix A usable or understandable for people who use services, their families and advocates, or for the general public, a Glossary of Acronyms has been included. Future documents will be available in accessible formats such as an easy-to-read format and large print format.

(3) Announcements of Olmstead Plan meetings sent via electronic mail messages, website, or social media will be compliant with Section 508 of the Rehabilitation act of 1973.

(4) Announcements made about the Olmstead Plan and its meetings in newspapers or other print media will be accessible to readers with low literacy levels. This addresses the low literacy level found in the 2015 CHNA.

(5) An Outreach and Engagement Plan will be developed for hard-to-reach populations not engaged at this time. This will include an organized effort to reach the Hispanic population, the Jamaican & Dominican population, and individuals who are experiencing gender identity difficulty. The Plan will describe improving ongoing outreach efforts to all other hard-to-reach populations. There will be an effort to identify any unknown or new vulnerable populations in Franklin & Fulton Counties.

5. Monitoring of Community Services and Supports:

a. Description: There is language in the contracts stating agencies are strongly encouraged to participate in the Individual/Family Satisfaction Team Satisfaction Surveys. This affords people who use services with the opportunity to be included in the process of providing data used to inform this plan. The surveys include socio-economic characteristics and 10 ROSI (Recovery-Oriented System Indicators) questions/statements

II. SERVICES TO BE DEVELOPED:

Services, Supports & Infrastructure	# of Individuals expected to be served	Projected Timeline	Resources Needed	Status/Discussion
a) Prevention and early intervention services and supports (examples: crisis intervention and mobile treatment services	The following reflect individuals of all ages— FY15-16: 3,206 FY 16-17 (year to date through 2/28/17): 2,117		Elementary SAP is grant funded	Crisis Intervention Services are currently an in plan service for HealthChoices. Efforts are underway to expand provision of mobile crisis services. Student Assistance Program (SAP) is in all middle and high schools in both counties. Elementary SAP is being provided in several schools in Franklin County. School based mental health services are being provided in the majority of school districts in both counties. Mental Health services continue to be provided within the Franklin

	80 in two years (adults)	Started April 17, 2017	Grant from Pennsylvania Commission on Crime and Delinquency (PCCD)	County Jail. Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) both assist our community in early identification of potential support needs/referral options Co-responder program [contracted provider: Keystone Health System] which is intended to divert individuals with mental illness in crisis from the criminal justice system through screening and conducting a risk assessment to determine level of care and by connecting them with community based and natural supports
b) Non-institutional housing options with a focus on independent and shared living arrangements. Identify existing “Housing First” approaches and discuss plans to develop future approaches.		By 6/30/2017 we will survey the current housing providers who are self-identified as being housing first by using the HUD self-assessment (housing first) tool By 9/30/2017 will be survey housing recipients from		No "Housing First" approaches can be identified. Future plans have not been developed. We will then compare the results of the two surveys; analyze any discrepancies and make recommendations and provide education to the providers; provide feedback/education to people who are using housing services

		their perspective on living in housing first opportunities		
c) Non-residential treatment services and community supports including mobile treatment options—examples including:				
1) Outpatient and mobile outpatient services [individuals of any age]	FY 15-16 approximately 2,579 Medicaid recipients The following is from Pennsylvania Counseling Services and True North Wellness Services (two county-contracted providers) FY 15-16 regardless of payment type: outpatient therapy—1,014;	Timelines for full implementation vary based mainly on staffing shortages. To date only 1 out of 7 possible providers have implemented this strategy—again the primary reason for stagnation is the lack of resources in the region. Early to mid-summer 2017		Outpatient Services available: 1) "Open Access"-walk in appointment strategy has been implemented with 4 of 8 mental health outpatient providers in Franklin and Fulton County. 2) "Just in Time Prescriber Scheduling" to more efficiently utilize psychiatric resources (reduce no shows) also in process at the providers mentioned above. 3) In addition, these providers are implementing expansion of tele-psychiatry also to expand access to psychiatrists. This continues to be an area of exploration and expected expansion. True North Wellness Services is planning to expand their provision

	medication management—558 FY 16-17 Y-T-D regardless of payment type: outpatient therapy—868; medication management--488			of Child and Adolescent telepsychiatry
2) The full range of crisis intervention services including mobile outreach and Assertive Community Treatment Teams (ACT)				Mobile, phone and walk in crisis intervention services available; insufficient capacity and available funding have made ACT implementation unrealistic. Efforts are underway to expand provision of mobile crisis services. (27.9% of the Olmstead Plan Survey respondents reported they "wish Mobile Crisis Intervention Services" were available.)
3) Medication management [individuals of any age]				Two contracted providers—Pennsylvania Counseling Services (Franklin) and True North Wellness Services (Fulton); plus several other providers [increased

				utilization of tele psychiatric service provision]
4) Case management [individuals of any age]	Approximately 694 (combined children and adults) Uncertain at this time Uncertain at this time	Current Started November 2016 To begin on or around 7/1/2017	Grant funding secured MA reinvestment plan	Intensive Case Management and Resource Coordination services available. Service Access and Management (SAM) provides forensic case manager services provision [current need is being met; service provision begins in a timely manner; no current waiting list] Expansion of forensic case management service provision Nurse Navigator (proposed) would provide enhanced care management to individuals with high physical and behavioral health needs and develop a plan to address these needs
5) Psychiatric rehabilitation services [adults]	Total of 27 (combined all funders)	Current		Available through one provider who is currently site based and also taking steps to increase mobile service provision [current need is being met; service provision begins in a timely manner; no current waiting list]
6) Community	Potentially 20-	Starting around		Mental Health Association is

services for youth and young adults including Multi Systemic Therapy and Functional Family Therapy	25+	7/1/2017		planning to expand their current peer specialist service provision to include youth and young adults (ages 14-27); currently working with OMHSAS on revisions to their service description
7) Services to develop and provide competitive employment opportunities	(please see e. below)			Current providers have revised the focus of program goals to encourage more service recipients to pursue competitive employment opportunities. [current need is being met; service provision begins in a timely manner; no current waiting list]
d) Peer support and peer-run services (examples: certified peer specialists, wellness and recovery programs, drop in centers, warm-lines, etc.)	14 current certified peer specialists (between three providers) 34—MHA (combined all funders)	Current		Services available: 1) Peer Support services with certified Peer Specialists are available (3 providers--Mental Health Association, Peer Star, True North Wellness Services). [adults] 2) Community Support Program (both counties) [adults] 3) Warm Line [primarily adults] 4) New Horizons Clubhouse (drop in) [adults] [current need is being met; service provision begins in a timely manner; no current waiting list] Youth and Young Adult PSS

e) Supported Employment Services [high school and adults]	Approximately 100 between AHEDD and OSI	Current		Services available: 1) AHEDD 2) Occupational Services, Inc. 3) Office of Vocational Rehabilitation [current need is being met; service provision begins in a timely manner; no current waiting list] Extended Support Services (OSI)

The following information was compiled by the Services breakout group during the June 29, 2016 Focus Group meeting. The intention of the work group is (was) to create and utilize a survey with various identified community groups--Community Support Program, senior centers, etc. Data derived from these yet to be developed and implemented surveys will be incorporated into this information.

A) Services identified by the work group as being critical for successful discharge/diversion from inpatient hospitalization:

- Representative payee
- Housing
- Case management/coordination of care
- Peer support
- Employment readiness skills
- Medications

B) Service expansion needs:

- Warm line [one currently is operational on a limited basis]

- Transportation—fixed route
  Respondents to the Olmstead Plan Survey identified transportation as a significant need at survey items #5, 6, 7, 8, and 9. The 2015 CHNA Accessibility Task Force is assisting Rabbit Transit with developing a public relations campaign for its Share-ride

services in Franklin County. There is capacity within the Rabbit Transit budget to increase the number of riders in Franklin County according to the Task Force.

- Transportation—support; "Uber-like" ride-sharing service
- Private insurance carriers currently do not pay for services like psychiatric rehabilitation, crisis, etc.
- Coordination of all care/partnership(s)
- Peer run support groups (include family) [examples of expansion: psycho-social groups, WRAP, Survivors of Suicide]
- Expansion of diverse employment (including higher educational opportunities)—acquisition of transferable (marketable) job skills; PA Career Link and several local colleges/universities are potential resources

C) Service Gaps:

- Bilingual/culturally sensitive staff
- Coordination of medical/psychiatric care
- "Aging in place"
- Peer driven—the groups are facilitated by individuals who have lived experiences
- Choices—different models/modalities of service provision
- Peer directed model of case management
- Coordinated step up housing opportunities
- Permanent supported housing (with monthly case manager check in-accountability)
- Adult acute partial hospitalization program
- Natural supports—this is especially problematic with family members who are aged or have distanced themselves from or have been distanced by individuals with serious mental illness
- Open (outside of the box) thinking of approaches to service provision
- "Living Room"--peer run crisis intervention services
- Respite services
- Options for individuals, who are not eligible for government disability funding sources, to pay for services privately. (These individuals are not likely to be known to the County MHIDEI or service providers since they are not using publicly funded services.
- Support/services for aging parents, grandparents, siblings, or other life-sharing caregivers to better meet their fatigue

III. HOUSING IN INTEGRATED SETTINGS:

Complete a “housing inventory” of existing housing options available to individuals (please note that available services may be located in other counties).

Name of Program	Type of Housing	Location	Capacity	Funding Source(s)	Comments
New Visions, Inc.	Personal Care Home, CRR, Sl/IL, FW, Veteran’s Home	Chambersburg, Waynesboro, Shippensburg, Carlisle	PCH-4, WB-10, WS-6, Ship-10, Carlisle-10, CB CRR-8, Ship CRR-10, Fairweather CB-5, FW Ship-4, FW Carlisle-4, FW New Port-5, Vets home-5		FW Lodges: Employment is inclusive and units are shared living, focusing on recovery.
New Hope	Shelter, Ranch, Recovery House for Women, Apts. for individuals with various disabilities	Waynesboro	Ranch-8, Shelter-23, Apts-13, Women Recovery-18		Ranch focuses on citizens re-entering the community from incarceration
Maranatha/CandleHeart	Cold Weather Shelter, Recovery Program, Noah’s House	Chambersburg	CandleHeart-18 CW Shelter-32, Noah’s-12		Cold Weather Shelter open December-April only; Noah’s House is a recovery house and Candle Heart is a recovery program
True North Wellness Services	SL/IL	Chambersburg			
Orchard Run Apts and Villas	Rental based housing; Section 8	Chambersburg	88 units total		Supports in home avail. through New Visions for 9 apartments

Barclay Village	Income-based; Housing Choice Vouchers		2 and 3 bedrooms apartments		
Wallace Court	Project Based Section 8	Waynesboro	75 Units		
Green Meadow	Low-income for seniors	Chambersburg	40 Units		Low income Tax Credit Program
Strathmeade	Vouchers	Greencastle	16 Units		
Westminster	Low income; 55+	Waynesboro	36 Units		4 Handicap Accessible
Mount Vernon	Income Based; 811	Waynesboro	64 Units; Section 8-6	10 Project based Vouchers	Low income tax credit property
Trinity House	Senior and disability vouchers	Waynesboro			Sliding Scale Rents
Brindle Estates and Terrace	Subsidized rental units	Mercersburg			
Hamilton Park	Subsidized rental units	Chambersburg			
Roxbury Ridge	Subsidized rental units/Section 8	Shippensburg	24 units		
Tower at Falling Springs	Seniors/Section 8;LIHTC	Chambersburg	104 units		
Raystown Crossing	Subsidized rental units	Shippensburg	50 units		6-Vision/Hearing Impaired units

Wayne Gardens	62 and older; 20% set aside units (4)	Waynesboro	36 1-bedroom and 4 2-bedroom units		
Redwood Park	FCHA manages	Chambersburg	44 units		6 Accessible
Washington Square Apts.	62 and older	Chambersburg	32 units		4 Accessible
Sunset Terrace	FCHA manages	Chambersburg	40 units		4 Accessible
Luther Manor	Seniors; income based	Chambersburg			
New Forge Crossing	Subsidized rental LIHTC	Waynesboro	60 units		
Dawn Ridge	Subsidized rental units	Carlisle			
Valley Terrace	LIHTC	Waynesboro	22 units		
Trinity House	Seniors, individuals with disabilities	Waynesboro			Section 8 and rental based units
Washington Meadows Apts.	Income based	Waynesboro			Some are accessible
Long-Term Structured Residence		Harrisburg	Franklin County 2 units		
Extended Acute Care		Dauphin County	Franklin County has 3 beds		

Waynesboro Apartments	Income based	Waynesboro			
Madison House		York	14 Houses		
Gaudenzia-Concept 90	Halfway House	Carlisle	32 beds		
Colonial House		York			
Oxford House		Maryland			
Keenan House	Recovery House	Lancaster			
Phoenix house	Recovery House	New York			
East high Village Apts.	Income based	Elizabethtown			
Cottage green	LIHTC; 62+	Chambersburg	51 units		

b) Discuss the progress made towards integration of housing services as described in Title II of the ADA
It was determined that Franklin/Fulton housing providers have done a great job of ensuring housing is integrated and that no population is segregated or denied housing. Many programs promote this philosophy by offering funding for scatter-site apartment units located throughout the community or by accepting applications from a diverse population for a single site dwelling.

c) Describe the plans for Community Residential Rehabilitation (CRR) conversion
At the present time, there are **no** plans in place to convert the lone 8 bed CRR facility into another type of program**.**

d) Describe strategies used to maximize resources to meet the housing needs of individuals including:

Resources	**Strategies to maximize resources**
1. Identifying the Local Lead Agency (LLA) and any agreement with the LLA	Franklin/Fulton MH/ID/EI is the LLA. It work**s** with a variety of programs and providers on referrals, housing options, and supportive services arrangements. It is working with

for referrals and supportive services arrangements	PHFA and DHS on bringing the 811 program to the county. Fulton County also receives services from the Center for Community Action as they are also a joinder with Huntingdon County.
2. Describing existing partnerships with:	The LLA has partnerships with housing providers, referral agencies, and state entities. It participate**s** regularly on a variety of boards and coalitions that promote networking and collaboration with other entities. Various agencies and providers in Franklin/Fulton County collaborate with the Pennsylvania Housing Finance Agency (PHFA) and are active members of the Continuum of Care (CoC).
a) Local Public Housing Authorities	The local housing authority has partnerships with various agencies and programs for accepting referrals. It's staff attends various provider and housing meetings to collaborate with other agencies on meeting local needs.
b) Regional Housing Coordinators	The LLA coordinates with Beth Ellis from the Self Determination Housing Project as she is the Regional Housing Coordinator for our counties.
c) Community, Housing and Redevelopment Authorities	Franklin County Redevelopment Authority----it is uncertain that it is doing much residential development at this time.
d) Local Housing Options Team including any specific referral and/or management MOUs or other agreements	The housing Task Force includes a variety of program and agencies. It includes the Local Housing Options Team and PCC team.

A) Strengths:

- There is an abundance of available housing in this area**.**
- Many local housing providers are willing to work with county/state programs by accepting vouchers/rental assistance**.**

B) Needs:

- Supportive Services are noted to be absolutely critical to making successful tenancy---budgeting, employment/finances, mental health services, etc. reduce landlord risk when accepting tenants who require services to assist them

    - increased education to housing supports will be offered to increase access to supportive services for individuals who are seeking housing resources; increase Prepare Renters Program (PREP) trainers in Franklin/Fulton County (we currently have 15 trained and an additional 35 will have been trained in March 2017
- Landlords often have a desire to speak with service providers
    - tenants can be offered the option to sign a release that restricts the information that is disclosed
    - tenants will be educated on their right to restrict information communicated or rescind the release
- Many tenants have background checks that can exclude them from housing programs (credit, past landlord, criminal)--
    - provide education to tenants and landlords about the right to an appeals process
- The income level of many of the program populations is still so low that "affordable" housing is still not accessible to them (i.e. an individual receiving SSI of $733 a month still cannot make "affordable" or income-based rents of $400-$500 a month a viable option)----there is a need for more voucher programs and rental assistance programs for populations with very low incomes

IV. SPECIAL POPULATIONS:

Discuss how the following groups of individuals with serious mental illness and their specialized service needs are met: (services are provided based on identified needs as well as willingness to receive/participate in services)

Population	Description of how service needs are being met.
Individuals with a dual diagnosis (MH/ID) [individuals of any age]	joint case management & supports coordination services / housing / job support / HCQU / OP / WRAP / ISP meeting / peer GAP - eligibility
Individuals with co-occurring disorders (MH/SUD) [high school and adults]	OP / provider training / online training / COD cert / support groups / peers / CCISC / recovery house / NICU & D&A program
Individuals with both behavioral health and physical health needs [individuals of any age]	Community health needs assessment / CTC / Healthy Franklin County / FCMC & FCFP / crisis & MH work with hospital
Individuals with a TBI [adults]	OLTL waiver / OVR

Individuals with criminal justice/juvenile justice history [juveniles and adults]	CIT / reentry initiative / forensic transition program / MH jail meeting / diversion / DAPP / Peer / DRC / Hospitals & jails for support groups
Individuals who are deaf or hearing impaired [individuals of any age]	Deafnet / Easter Seals
Individuals who are experiencing homelessness [individuals of any age]	PATH / SCCAP / LHOT / Housing Authority See housing section….
Older adults	FCOAAT / peer / senior reach / caring continuum / meals on wheels / LINK [in home services coordinated through local Area Agencies on Aging; community hospitals; primary care physicians; etc.]
Individuals who are medically fragile [individuals of any age]	Individuals who experience mental illness and who are medically fragile receive home-based nursing care. [Examples: EPIC, Caring Heart Home Care Services, Visiting Angels, etc. Also, work with the Office of Long-Term Living to identify potential service providers.]
Individuals with limited English proficiency [individuals of any age]	Translators / Hispanic Center / BOPIC / brochures / migrant head start
Transition age youth including young adults	Employment support / OVR

Populations not included above:
Autism / Sex Offenders / Dementia/Aging / Physical (medical) symptoms / Vision impaired / Individuals transitioning out of foster care / Individuals who are members of cultural or racial minority groups / Individuals who are experiencing gender identity difficulty / Veterans

GLOSSARY OF ACRONYMS

BOPIC	Building Our Pride In Chambersburg
CB	Chambersburg
CCISC	Comprehensive, Continuous Integrated System of Care
CHNA	Community Health Needs Assessment
CIT	Crisis Intervention Team
CoC	Continuum of Care
COD cert	Co-Occurring Disorders certified
CRR	Community Residential Rehabilitation
CTC	Communities That Care
CW Shelter	Cold Weather Shelter
D & A	Drug and Alcohol
DAPP	Drug & Alcohol Prevention Program
DHS	Department of Human Services
DRC	Day Reporting Center
FCHA	Franklin County Housing Authority
FCFP	Fulton County Family Partnership
FCMC	Fulton County Medical Center
FCOAAT	Franklin County Older Adult Advocacy Team
FW	Fair Weather (Lodge)
GAP	
HC Access	Handicap Accessible
HCQU	Health Care Quality Unit
ID	Intellectual Disability
ISP	Individualized Support Plan
I/FST	Individual/Family Satisfaction Team
LHOT	Local Housing Options Team
LIHTC	Low Income Housing Tax Credit
LINK	Program through the Pennsylvania Department of Aging

LLA	Local Lead Agency
MH	Mental Health
MHAFF	Mental Health Association of Franklin/Fulton Counties
MH/ID/EI	Mental Health Intellectual Disabilities Early Intervention
MOU	Memorandum of Understanding
NICU	Neonatal Intensive Care Unit
OLTL	Office of Long-Term Living
OP	Out Patient
OVR	Office of Vocational Rehabilitation
PATH	Projects for Assistance in Transition from Homelessness
PCC team	
PCH	Personal Care Home
PHFA	Pennsylvania Housing Finance Association
SCCAP	South Central Community Action Programs
Ship	Shippensburg University
SL/IL	Supportive Living/Independent Living
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
WB	Waynesboro
WRAP	Wellness Recovery Action Plan
WS	

2017 Olmstead Plan Survey Results for Franklin & Fulton Counties

Mental Health Association of Franklin & Fulton Counties
Individual/Family Satisfaction Team
478 Grant Street
Chambersburg, PA 17201

Summary of 2017 Olmstead Survey Results

The Franklin & Fulton Counties Mental Health Intellectual Disabilities and Early Intervention Administration (MHIDEI) requested the Mental Health Association of Franklin & Fulton Counties' Individual/Family Satisfaction Team (I/FST) to perform a survey among individuals living in the counties who are using mental and behavioral health services along with other human services in order to live in their communities. This request came as the MHIDEI was responding to the recommendations it received from the Office of Mental Health and Substance Abuse Services regarding its 2017 Olmstead Plan.

The I/FST developed a survey, collected data, and analyzed the results. The goals of the survey included geographical and populations of interest diversity. Survey items measured the respondents' perceptions of what they viewed as the most important services and/or supports that helped to keep them well, to move forward in their recoveries, to live as independently as possible in their communities, to manage their physical and mental health needs, what services and/or supports they wished were available to them, what types of support they received from their family and friends, and what barriers kept them from getting the services and/or supports they needed. Data were collected over seven days and 131 completed surveys were obtained. Findings:

- Respondents who provided their zip codes (n=99) lived in diverse areas of both Franklin (71%) and Fulton Counties (29%) (Appendix A). Five of them (4%, n=123) considered themselves homeless. Their average age was 45.9 years. They were mostly female (65.6%, n=125) according to their birth certificates and described themselves as mostly female (68.5%, n=124); with 3 respondents transitioning from male to female. They were mostly white (96.7%, n=124) and not Hispanic (95%, n=119). A small number has served in the military (7.1%, n=127).
- The top 3 most important services or supports reported to help keep respondents well and moving forward in their recoveries were: Case management services (39%); Drug & Alcohol Therapy (30%), and; tied for third at 21% were Peer Specialist Services, Women in Need, and Supported Housing.
- The top 3 most important services or supports reported to help respondents live as independently as possible in the community were: Family and friends (41%); My case manager (23%), and; Housing or Rental Assistance (22%).
- The top 3 most important services or supports reported to help respondents manage their physical and mental health needs were: My primary care physician (42%); Psychiatry (36%), and; Case Management Services (28%).
- The top 3 services or supports most wished by respondents to keep well and moving forward in their recoveries were: Support groups that meet my needs (57%); Drug & Alcohol services & supports (37%), and; Re-entry services & supports for individuals (31%).

- The top 3 services or supports most wished to help respondents live as independently as possible in the community were: Affordable housing options (43%); Affordable transportation options (39%), and; Affordable food (37%).
- The top 3 services or supports most wished to help respondents manage their physical and mental health needs were: Low costs dental services (59%); Shorter wait times for psychiatric appointments (38%), and; Supported housing (32%).
- Respondents reported these as the top 3 barriers to accessing needed services or supports in the community: Lack of transportation (52%); Lack of funds to pay for services or supports (42%), and Long wait times for services or supports (31%).
- Respondents reported these as the top 3 types of support they received from friends, family and others in the community to stay well: They drive me to appointments (62%); They attend appointments with me (38%), and They encourage me to take my medication (34%).
- Respondents reported these as the top 3 types of support they received from friends, family and others in the community to help them live more independently in the community: They help me with my transportation needs (54%); They help me with my finances (37%), and They help me maintain my housing (36%).

These findings suggest:

- A need for better outreach to minority race and ethnic populations for input.
- Case management services were recognized among the most important services and supports across *all* areas of the respondents' lives and therefore, should be easily accessed and widely available to all who need them.
- There is a need for affordable transportation. The Healthy Franklin County Accessibility Task Force is working with Rabbit Transit on a public relations campaign to increase ridership. The campaign aims to target hard-to-reach populations. There is currently capacity for increased service according to the Task Force Chair, Joanne Cochrane.
- More affordable housing and supported housing are needed. Respondents are depending on friends, family and others in the community for needed transportation and financial assistance to remain living in the community. Although these could be seen as "natural supports," this situation is less than ideal as there are risks associated with depending on the kindness of others.
- Obtaining input from geographically and disability diverse populations can be done on short notice. Educating individuals about the Olmstead Plan occurred during the survey. Respondents were helpful and expressed their desire to remain involved in the Olmstead Plan planning and implementation processes.

A survey questionnaire summary (Appendix b) and a summary report (Appendix c) provide more detailed survey results to inform the 2017 Olmstead Plan.

Appendix A

2017 Olmstead Survey Zip Codes

Appendix B

Olmstead Plan 2017 Survey

Hello,

The Franklin & Fulton Counties Mental Health Intellectual Disabilities & Early Intervention (MHIDEI) administration needs your input about what services and supports are helping you to live more independently in the community. Our counties' Olmstead Plan details how we will continue to provide community-based services to those of us needing them in order to live in the community and avoid living in more restrictive places. You may have ideas about the types of services and supports you think would better serve your needs than what you are using now. Your input about these needed services and support is wanted and is important. **THANK YOU for your thoughts!**

Q1 Select the 3 most important services or supports thathelp you to stay well and move forward in your recovery.

50 (38.8%)	Case Management Services
19 (14.7%)	Crisis Intervention Services
5 (3.9%)	Mobile Crisis Intervention Services
27 (20.9%)	Peer Specialist Services
2 (1.6%)	LGBTQIA Youth Organizations (such as The Curve, Common Roads)
2 (1.6%)	LGBTQIA specific providers (such as TransCentral PA, LGBTQ Center of Central PA)
27 (20.9%)	Women in Need
7 (5.4%)	House of Grace
1 (0.8%)	AIDS Community Alliance
26 (20.2%)	Mental Health Helpline
39 (30.2%)	Drug and Alcohol Therapy
19 (14.7%)	Community Support Program (CSP)
23 (17.8%)	Social Rehabilitation Services (such as the Clubhouse)
24 (18.6%)	Psychiatric Rehabilitation Services (such as the Keystone Center)
27 (20.9%)	Supported Housing
26 (20.2%)	Support Groups (such as Alcoholics Anonymous, etc...)
23 (17.8%)	My faith community.
1 (0.8%)	Bilingual services & supports
4 (3.1%)	Long-term care ombudsman
8 (6.2%)	Veteran's Assistance (such s Temporary Assistance, Outreach programs, etc...)
26 (20.2%)	Other

If "Other," please tell us which services or supports helped you

28 (100.0%)

Q2 Select the 3 most important services or supports that have helped you to live as independently as possible in the community.

11 (8.5%)	Representative Payee Services
19 (14.6%)	Psychiatric Rehabilitation Services (such as the Keystone Center)
14 (10.8%)	Social Rehabilitation Services (such as the Clubhouse)
15 (11.5%)	Supported Employment (full-time or part-time)
24 (18.5%)	Shared-ride Services (such as Rabbit Transit)
9 (6.9%)	Employment Readiness Services (such as AHEDD, Work Ready, Office of Vocational Rehabilitation)
29 (22.3%)	Housing or Rental Assistance
9 (6.9%)	Supported Housing
53 (40.8%)	Family and/or friends
22 (16.9%)	Income Support/Assistance
16 (12.3%)	Assistance with utilities (such as Low-income home energy assistance program-LIHEAP)
27 (20.8%)	Food assistance (such as food pantry, soup kitchens)
17 (13.1%)	My faith community
4 (3.1%)	Day Reporting Center
30 (23.1%)	My Case Manager
8 (6.2%)	My Probation Officer
14 (10.8%)	Support Groups (such as the Depression & Bipolar Support group, Aspergers & HFA group)
16 (12.3%)	Clothing Assistance
16 (12.3%)	Medication management
3 (2.3%)	South Central Community Action Program (SCCAP)
9 (6.9%)	Legal Aid
12 (9.2%)	County library system
11 (8.5%)	Free government cell phone
4 (3.1%)	Senior Reach telephone outreach
2 (1.5%)	Long-term care ombudsman
3 (2.3%)	Operation Care Emergency Assistance Program
0 (0.0%)	Bilingual services & supports
6 (4.6%)	Veteran's Assistance (such s Temporary Assistance, Outreach programs, etc...)
5 (3.8%)	Vision service providers (such as Bureau of Blindness & Visual Services, Vision Resources of Central PA, South Central Blind Association, etc...)
1 (0.8%)	Deaf Services
0 (0.0%)	LGBTQIA specific service providers
11 (8.5%)	Other

If "Other," please tell us which services or supports helped you.

12 (100.0%)

Q3 Select the 3 most important services or supports that have helped you manage your physical and mental health needs.

21 (16.5%)	Medically assisted treatment for addiction	27 (21.3%)	Urgent care center
46 (36.2%)	Psychiatry	15 (11.8%)	Supported Housing
24 (18.9%)	My faith community.	28 (22.0%)	Hospital emergency rooms
36 (28.3%)	Case management services	0 (0.0%)	LGBTQIA specific providers (such as Alder Health Care)
28 (22.0%)	Peer Specialist Services	1 (0.8%)	Bilingual services & supports
26 (20.5%)	Drug & Alcohol Therapy	11 (8.7%)	Vision resources or service providers
24 (18.9%)	Medication management	3 (2.4%)	Deaf resources or service providers
53 (41.7%)	My primary care physician	6 (4.7%)	Veterans Affairs Medical Centers
6 (4.7%)	Senior reach telephone outreach	14 (11.0%)	Other

If "Other," please tell us which services or supports helped you.

15 (100.0%)

Q4 Select the 3 services or supports you most wish were available to help you stay well and move forward through your recovery.

41 (36.9%)	Drug & Alcohol services & supports
31 (27.9%)	Mobile Crisis Intervention Services
34 (30.6%)	Re-entry services & supports for individuals
19 (17.1%)	Re-entry services & supports for families
15 (13.5%)	Services & supports for families with loved ones in jail
63 (56.8%)	Support Groups that meet my needs
5 (4.5%)	Bilingual services & supports
3 (2.7%)	LGBTQIA specific service providers
11 (9.9%)	Veterans assistance for individuals and/or families
29 (26.1%)	Vision resources or service providers
8 (7.2%)	Deaf resources or service providers
28 (25.2%)	Other

If "Other," please tell us which services or supports you most wish were available.

0 (0.0%)

Q5 Select the 3 services or supports you most wish were available to help you live as independently as possible in the community

52 (43.0%)	Affordable housing options
24 (19.8%)	Supported living (help with activities of daily living such as cleaning, cooking, etc... in my own home which is not owned by a service provider)
9 (7.4%)	Lifesharing
47 (38.8%)	Affordable transportation options
22 (18.2%)	After hours/weekend transportation
23 (19.0%)	Affordable transportation for appointments and activities located outside of Franklin & Fulton Counties
45 (37.2%)	Affordable food
29 (24.0%)	Employment with a living wage
1 (0.8%)	Accessible laundry facilities
0 (0.0%)	AIDS Community Alliance
1 (0.8%)	Bilingual services & supports
2 (1.7%)	Services & supports that respect my culture
27 (22.3%)	Day programs
3 (2.5%)	Respite care
21 (17.4%)	Support Groups that meet my needs
11 (9.1%)	Advocacy Organizations (such as the Mental Health Associattion, Aspergers HFA group, the ARC)
1 (0.8%)	LGBTQIA specific providers
14 (11.6%)	Computer classes
7 (5.8%)	Assistance to obtain drivers license
8 (6.6%)	Veterans assistance for individuals and/or families
11 (9.1%)	Vision resources or service providers
3 (2.5%)	Deaf resources or service providers
4 (3.3%)	Other

If "Other," please tell us which services or supports you most wish were available.

0 (0.0%)

Q6 Select the 3 services or supports you most wish were available to you to manage your physical and mental health.

45 (37.8%)	Shorter wait times for psychiatric appointments	2 (1.7%)	Bilingual health care providers	26 (21.8%)	Vision resources or service providers
37 (31.1%)	Shorter wait times for mental health outpatient therapy appointments	3 (2.5%)	Bilingual mental health care providers	5 (4.2%)	Deaf resources or service providers
32 (26.9%)	Partial hospitalization programs	4 (3.4%)	LGBTQIA specific providers	14 (11.8%)	None
38 (31.9%)	Supported Housing	70 (58.8%)	Low cost dental services	9 (7.6%)	Other
		7 (5.9%)	Veterans Affairs Medical Center		

If "Other," please tell us which services or supports you most wish were available.

0 (0.0%)

Q7 What keeps you from accessing services or supports that you need in the community?

37 (31.1%)	Long wait times for services or supports	27 (22.7%)	Lack of health care insurance	9 (7.6%)	Lack of clothing appropriate for the weather
23 (19.3%)	Services or supports are not available at convenient hours	25 (21.0%)	Services or supports I want are not available in this area	3 (2.5%)	Lack of culturally sensitive providers
62 (52.1%)	Lack of transportation	2 (1.7%)	Lack of bilingual providers of services & supports	15 (12.6%)	Nothing
50 (42.0%)	Lack of funds to pay for services or supports	3 (2.5%)	Lack of clean clothes	11 (9.2%)	Other

If "Other," please tell us what keeps you from accessing needed services or supports.

0 (0.0%)

Q8 What 3 types of support have you received from your friends, family and others in the community that help you stay well?

77 (61.6%)	They drive me to my appointments.	48 (38.4%)	They attend appointments with me.	33 (26.4%)	They help me with filling out applications.
28 (22.4%)	They help me with my medication management.	31 (24.8%)	They help me with my legal affairs.	15 (12.0%)	Nothing.
43 (34.4%)	They encourage me to take my medication.	14 (11.2%)	They help me with reading.	14 (11.2%)	Other.

If "Other," please tell us what types of support you received.

0 (0.0%)

Q9 What 3 types of support have you received from your friends, family and others in the community that help you live more independently in the community?

45 (36.6%)	They help me with my finances.	18 (14.6%)	They helped me find a paying job.	66 (53.7%)	They help me with my transportation needs.
44 (35.8%)	They help me maintain my housing.	9 (7.3%)	They employ me.	24 (19.5%)	None.
41 (33.3%)	They help me get food.	26 (21.1%)	They remind me to pay my bills on time.	7 (5.7%)	Other.

If "Other," please tell us what types of support you recieved.

0 (0.0%)

Q10 What is your zip code? (This can be found on your state issued ID) 0 (0.0%)

Q11 What is your zip code? (This can be found on your state issued ID.)

1 (0.8%)	16691 Fu	2 (1.5%)	17238 Fu	0 (0.0%)	17244 Fr	14 (10.8%)	17268 Fr
1 (0.8%)	16689 Fu	1 (0.8%)	17212 Fu	0 (0.0%)	17240 Fr	2 (1.5%)	17214 Fr
0 (0.0%)	17229 Fu	0 (0.0%)	17219 Fr	3 (2.3%)	17257 Fr	3 (2.3%)	17262 Fr
3 (2.3%)	17223 Fu	0 (0.0%)	17224 Fr	4 (3.1%)	17222 Fr	31 (23.8%)	None
3 (2.3%)	17228 Fu	2 (1.5%)	17252 Fr	26 (20.0%)	17201 Fr		
16 (12.3%)	17233 Fu	11 (8.5%)	17202 Fr	0 (0.0%)	17236 Fr		
2 (1.5%)	17267 Fu	1 (0.8%)	17265 Fr	4 (3.1%)	17225 Fr		

Q12 At this time, do you consider yourself to be homeless?

5 (4.1%)	Yes	118 (95.9%)	No

Q13 Where were you when you received this survey?

11 (8.9%)	The Clubhouse	8 (6.5%)	MHA	1 (0.8%)	Noah's House
11 (8.9%)	McConnellsburg Senior Center	11 (8.9%)	Peer Specialist	3 (2.4%)	Chambersburg Cold weather Shelter
13 (10.5%)	DRC	14 (11.3%)	Summit Health Fair, Waynesboro	2 (1.6%)	Service & Access management, Inc.
9 (7.3%)	Pyramid	3 (2.4%)	CSP meeting, Fulton County	2 (1.6%)	Women In need
5 (4.0%)	Gaudenzia Fulton Conty	1 (0.8%)	Primary Care Physician's office	9 (7.3%)	The Keystone Center
11 (8.9%)	The Food Basket	5 (4.0%)	Ft. Loudon Community Center	5 (4.0%)	Other

If "Other," please tell us where you were.

6 (100.0%)

Q14 How old are you?

0 (0.0%)

Q15 How old are you?

1 14yrs (0.8%)	3 24yrs (2.3%)	1 34 (0.8%)	1 44 (0.8%)	1 54 (0.8%)	2 64 (1.6%)	1 74 (0.8%)	0 84 (0.0%)	0 94 (0.0%)
0 (0.0%)	4 (3.1%)	3 (2.3%)	1 (0.8%)	2 (1.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
0 (0.0%)	3 (2.3%)	1 (0.8%)	3 (2.3%)	3 (2.3%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1 (0.8%)	1 (0.8%)	4 (3.1%)	0 (0.0%)	1 (0.8%)	2 (1.6%)	1 (0.8%)	0 (0.0%)	0 (0.0%)
2 (1.6%)	1 (0.8%)	2 (1.6%)	1 (0.8%)	1 (0.8%)	1 (0.8%)	1 (0.8%)	1 (0.8%)	1 (0.8%)
0 (0.0%)	3 (2.3%)	4 (3.1%)	3 (2.3%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)
0 (0.0%)	4 (3.1%)	1 (0.8%)	2 (1.6%)	4 (3.1%)	3 (2.3%)	1 (0.8%)	0 (0.0%)	10 none (7.8%)
2 (1.6%)	3 (2.3%)	3 (2.3%)	3 (2.3%)	4 (3.1%)	1 (0.8%)	0 (0.0%)	2 (1.6%)	
5 (3.9%)	0 (0.0%)	3 (2.3%)	0 (0.0%)	2 (1.6%)	2 (1.6%)	0 (0.0%)	0 (0.0%)	
3 (2.3%)	1 (0.8%)	2 (1.6%)	2 (1.6%)	2 (1.6%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	

Q16 What sex were you assigned at birth, on your birth certificate?

43 (34.4%)	Male
82 (65.6%)	Female

Q17 How do you describe yourself?

38 (30.6%)	Male
85 (68.5%)	Female
1 (0.8%)	I do not identify as either male nor female.

Q18 What do you consider your ethincity to be?

6 (5.0%)	Hispanic or Latino
113 (95.0%)	Not Hispanic or Latino

Q19 What do you consider your race to be? (May select more than one.)

117 (96.7%)	White
3 (2.5%)	Black
3 (2.5%)	American Indian/ Alaskan Native
1 (0.8%)	Asian
0 (0.0%)	Native Hawaiian /Pacific Islander

Q20 Are you currently or did you serve in the military (Army, Navy, Marines, Air Force, National Guard, Coast Guard)?

9 (7.1%)	Yes
118 (92.9%)	No

Thank you for giving your input. It will be used to develop the Franklin & Fulton Counties Olmstead Plan. Please, stay involved and guide the Plan. Contact the Mental Health Association of Franklin & Fulton Counties at 717.264.4301 ext.228 for questions or help with this survey. Call MHAFF if you want to be part of the planning team responsible for creating and monitoring our Olmstead Plan. Return this survey to the person who gave it to you, the Olmstead Survey envelope, or to MHAFF at 478 Grant Street, Chambersburg, PA 17201, by March 15, 2017.

Appendix C

Olmstead Plan Recommendations 2017

This report was generated on 03/20/17. Overall 131 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

Select the 3 most important services or supports thathelp you to stay well and move forward in your recovery.

If "Other," please tell us which services or supports helped you

"I have a cleaning lady and I come to the Senior Center everyday."
"I come to the Senior center everyday for lunch."
Pyramd
"I am a case worker for SAM, the 3 most important services I checked are the 3 I notice my consumers utilizing the most (besides case management).
"AHEDD"
"Need more help for felons seeking work."
"AHEDD."

Olmstead Plan Recommendations 2017

If "Other," please tell us which services or supports helped you

"Support at my job."

"Jail diversion program through the DRC program."

"Jail diversion."

"Life skills; doing Yoga has helped with relaxation and stress."

"DRC & Probation."

"My family and friends and my son and boyfriend."

"My job."

"My support group that meets on Tuesday nights. The ARC will be bowling in May."

"My family, my cat, therapeutic riding."

"My caseworker."

"My family."

"1) Better foods, 2) milk, and 3) porch and a ramp."

"The Food Basket."

"I don't receive any. My one daughter sees a psychiatrist."

"The Food Basket and CSFP."

"All of these are not available in my county but definitely a need for them!"

"Recovery support specialist services, D & A."

"Mr. Newcomer."

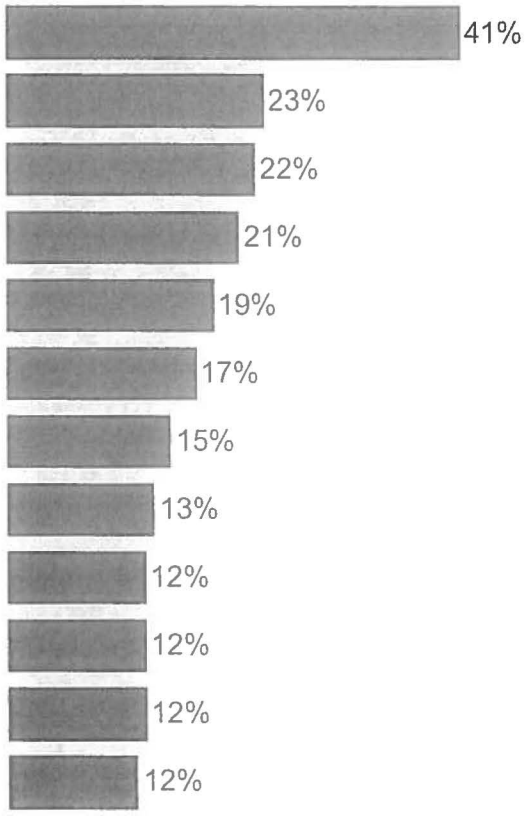
"Mental health therapy."

"New Visions/ Mental Health franklin County/ PA Services/ Service Access Management Services"

"OSI."

Olmstead Plan Recommendations 2017

Select the 3 most important services or supports that have helped you to live as independently as possible in the community.



If "Other," please tell us which services or supports helped you.

"free eye exams."

"None of the above."

"None of the above."

"Jail diversion (Ms. Winebrenner."

"Non of these apply. I am a minor living with my mom."

"I don't receive any services."

"Services needed in county and or more availability to services, i.e., Clubhouse, Support groups."

"Fulton County Public Defenders Office (Phil Harper)."

"Salvation Army."

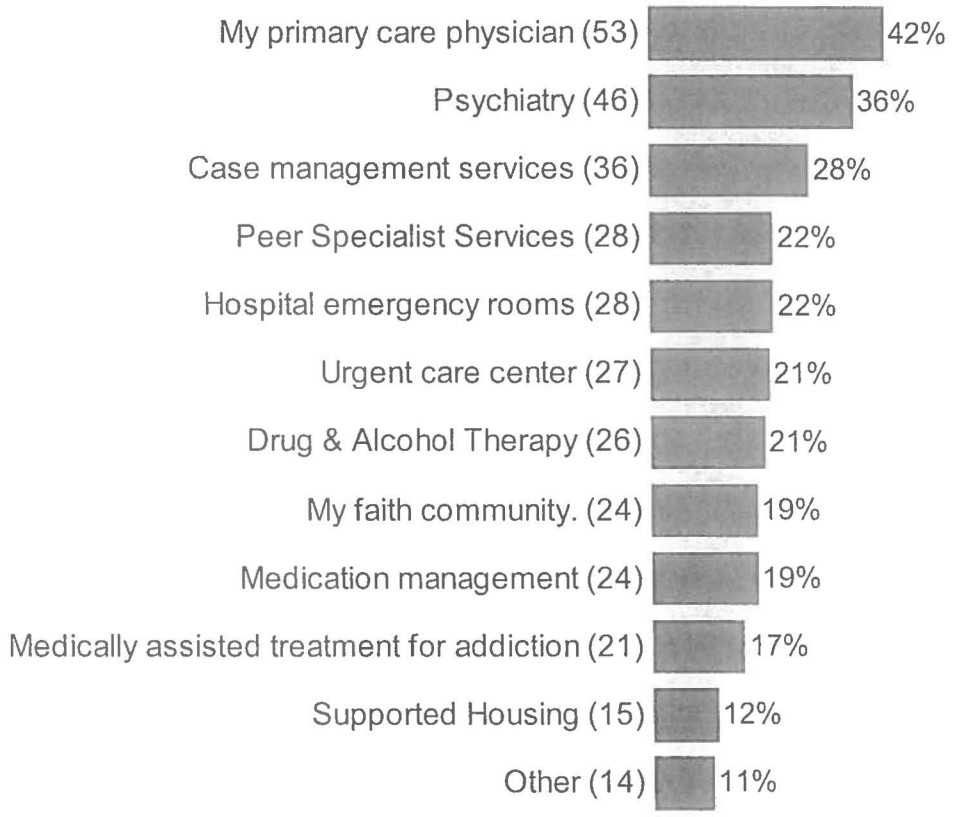
"Chambersburg Cold Weather Shelter (Craig)."

"Part time work."

"Goodwill."

Olmstead Plan Recommendations 2017

Select the 3 most important services or supports that have helped you manage your physical and mental health needs.

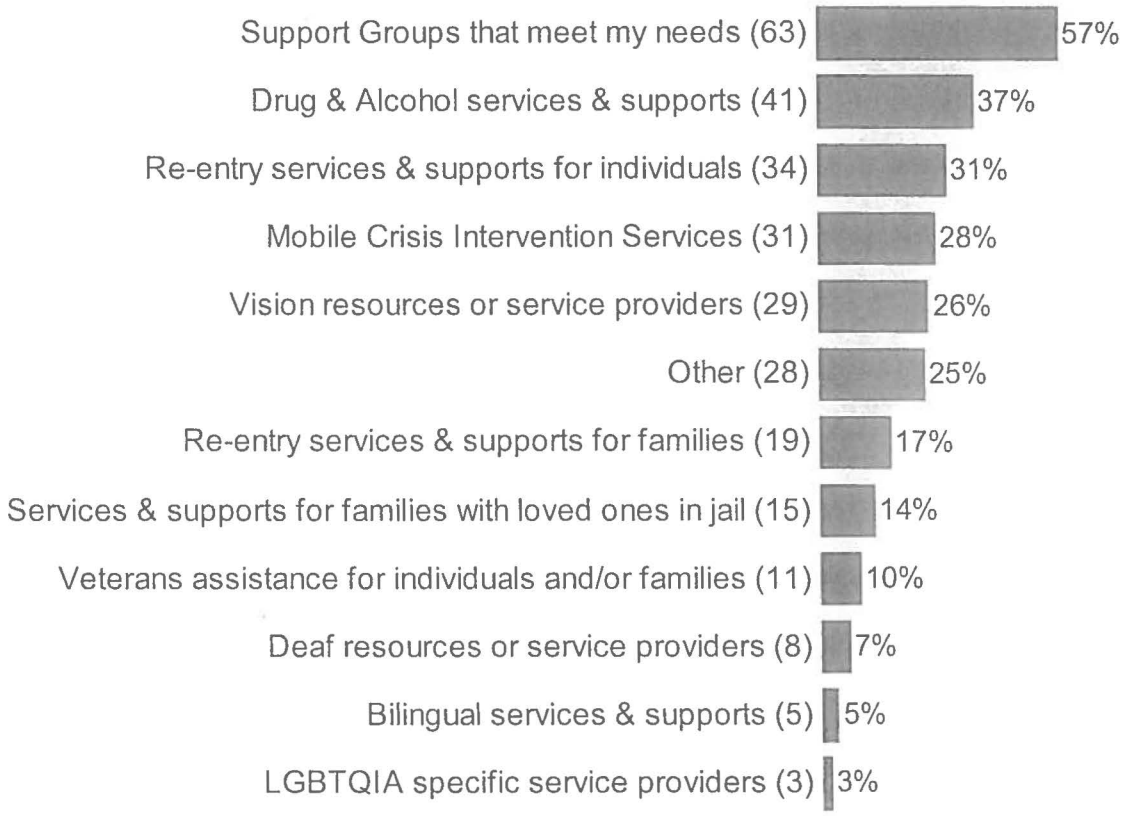


If "Other," please tell us which services or supports helped you.

Counseling
"Gym"
ommunity inclusion services."
"Lodge Quest."
"Therapist."
"DRC."
"Yoga class."
"Peer Specialist."
"Senior Reach."
"Speech/language therapy."
"I use the internet to help me make my diagnosis and then I google treatments."
""Therapists, counseling. again, need more availability to services in county. Medicare accredited therapist! dentist & eye care!!"
"Shelter & Mr. Newcomer."
"Cold weather shelter."
"AA meetings."

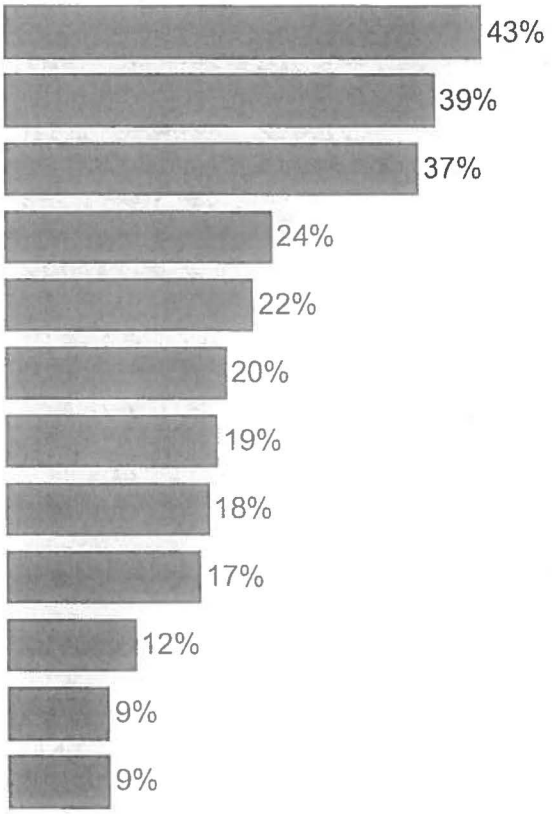
Olmstead Plan Recommendations 2017

Select the 3 services or supports you most wish were available to help you stay well and move forward through your recovery.



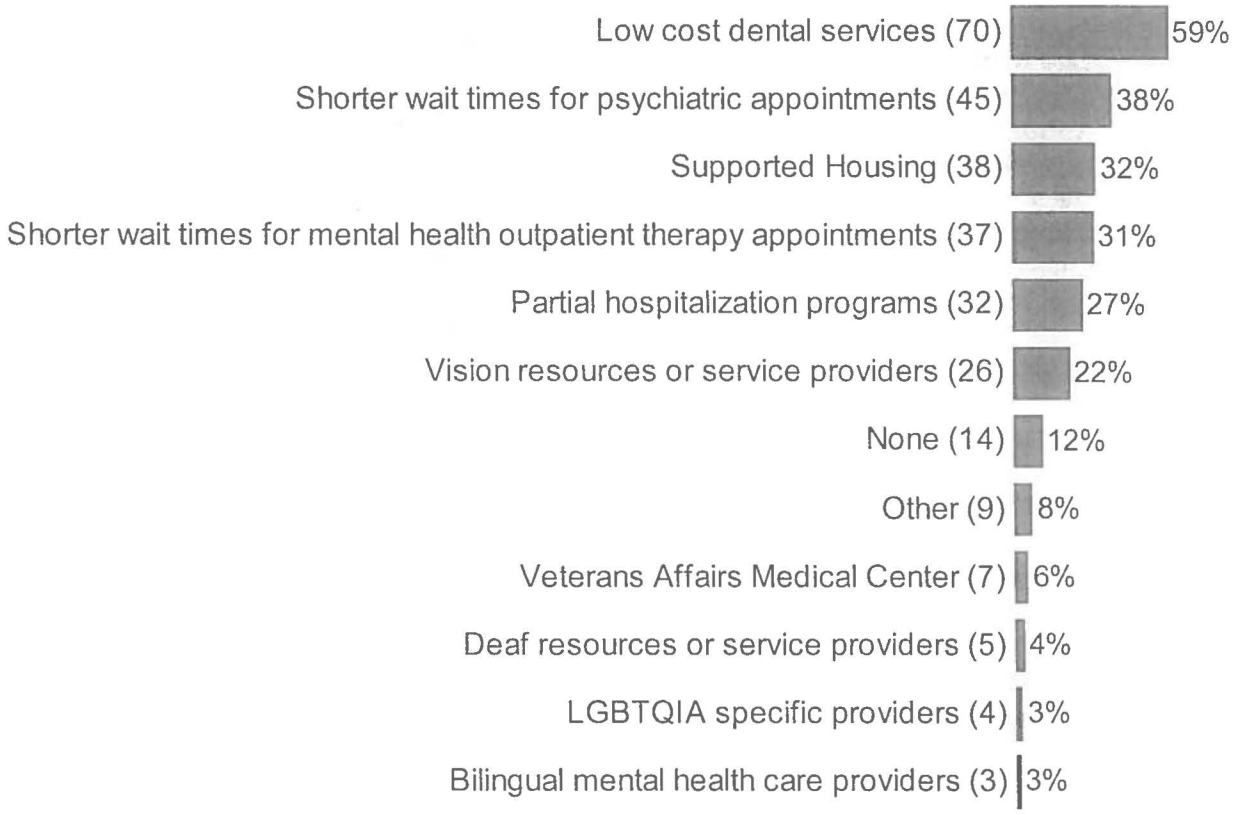
Olmstead Plan Recommendations 2017

Select the 3 services or supports you most wish were available to help you live as independently as possible in the community



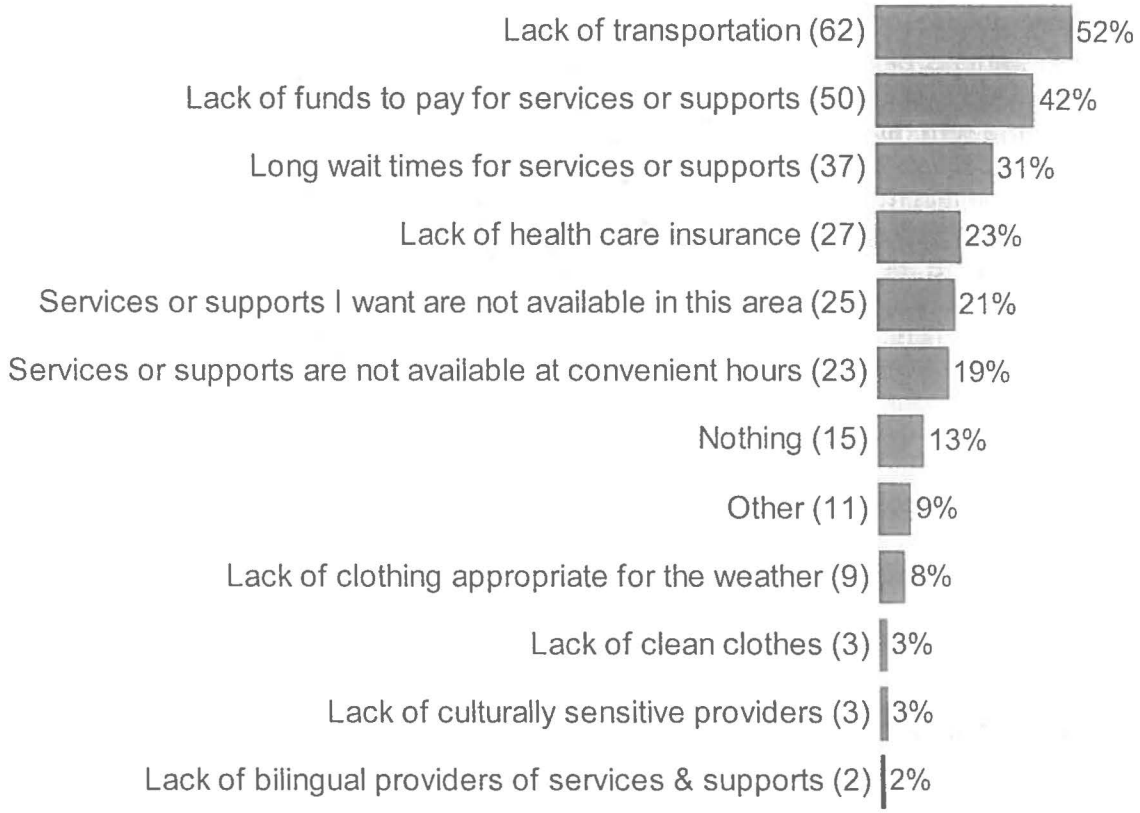
Olmstead Plan Recommendations 2017

Select the 3 services or supports you most wish were available to you to manage your physical and mental health.

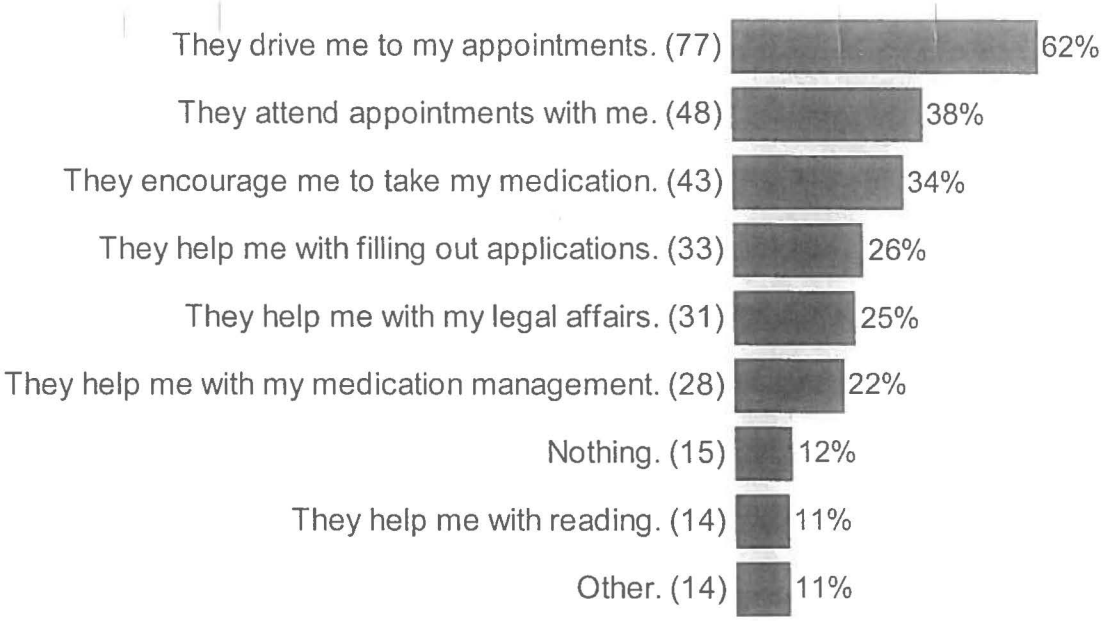


Olmstead Plan Recommendations 2017

What keeps you from accessing services or supports that you need in the community?

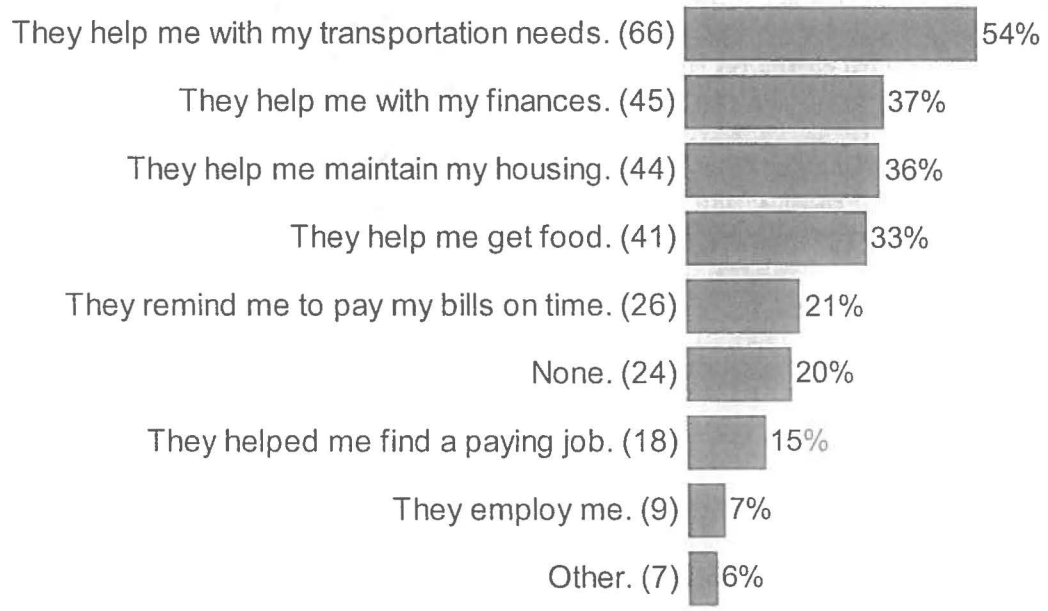


What 3 types of support have you received from your friends, family and others in the community that help you stay well?



Olmstead Plan Recommendations 2017

What 3 types of support have you received from your friends, family and others in the community that help you live more independently in the community?

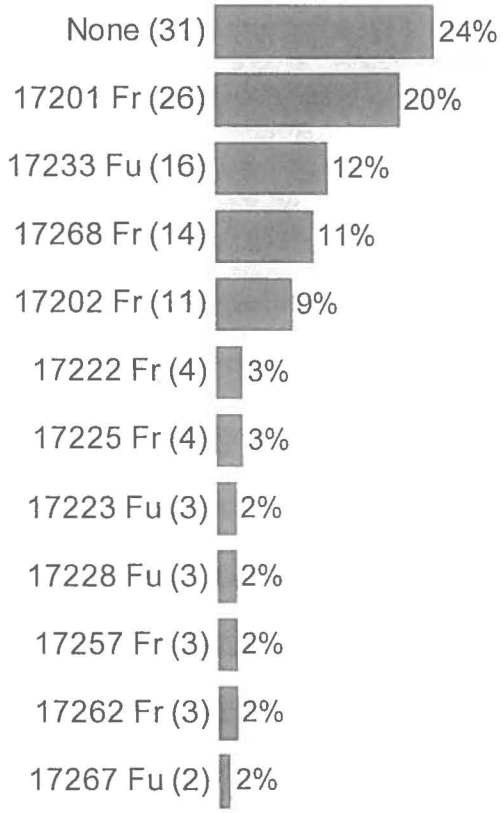


What is your zip code? (This can be found on your state issued ID)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
0	-	-	-	-	-	-

Olmstead Plan Recommendations 2017

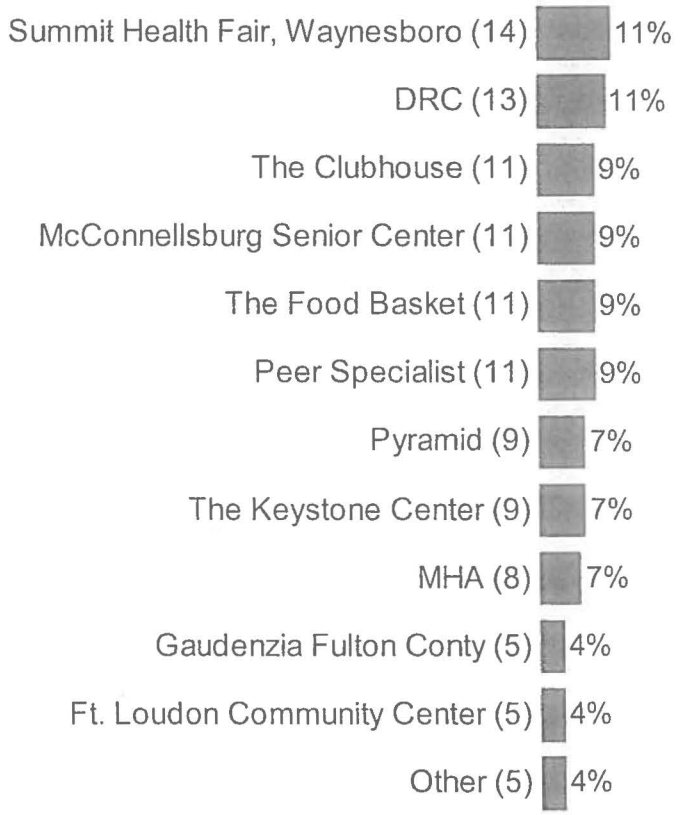
What is your zip code? (This can be found on your state issued ID.)



At this time, do you consider yourself to be homeless?

Olmstead Plan Recommendations 2017

Where were you when you received this survey?



If "Other," please tell us where you were.

"Parent's home."

"IOP"

"At my home in Greencastle."

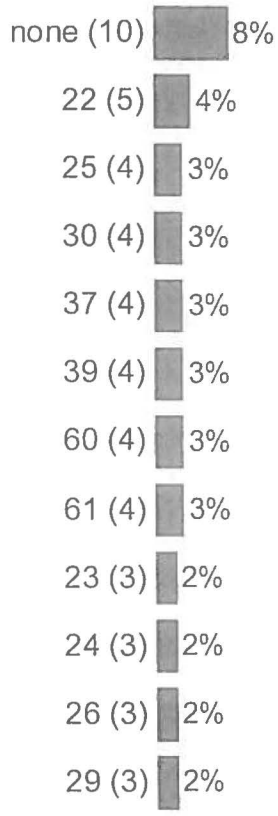
"In my son's home."

"I am filling this out with my mom in our home."

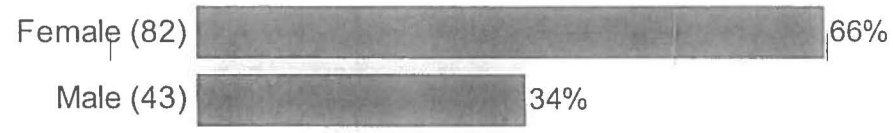
"At my parent's home."

Olmstead Plan Recommendations 2017

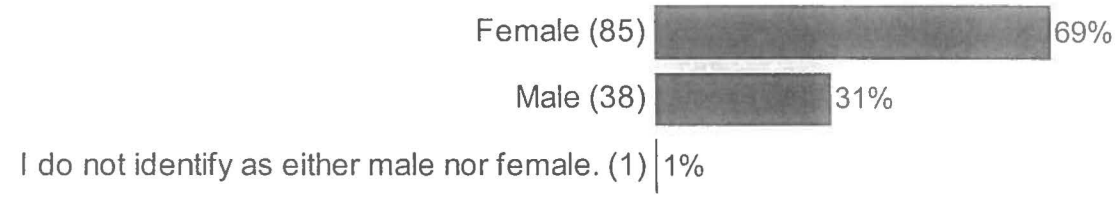
How old are you?



What sex were you assigned at birth, on your birth certificate?



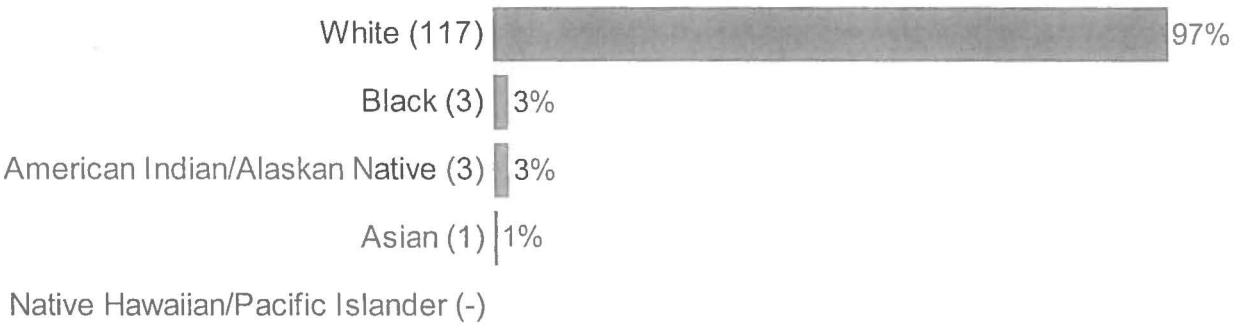
How do you describe yourself?



Olmstead Plan Recommendations 2017

What do you consider your ethincity to be?

What do you consider your race to be? (May select more than one.)



Are you currently or did you serve in the military (Army, Navy, Marines, Air Force, National Guard, Coast Guard)?