Franklin County Human Services Plan
Fiscal Year 2018-2019

Submitted: May 31, 2018

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

Planning team members include human services providers and stakeholders as well as consumers and advocate family members. In addition, the team includes staff support from each of the departments included in the block grant. Appendix D includes a comprehensive list of the members of the planning team and their affiliations.

The leadership team is comprised of key fiscal and human services administration staff and includes: Human Services Administrator, Fiscal Specialist, Human Services Fiscal Director, MH/IDD/EI Administrator, Drug & Alcohol Administrator, Human and Health Services Planning and Development Director, County Grants Management Director, and the Assistant County Administrator.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

We have a small but active Planning Team that deliberates on the larger Block Grant Plan, monitors implementation, and recommends adjustments throughout the year. In addition to participating in the Human Services Block Grant (HSBG) meetings, program consumers and their families are often asked for their input through surveys, evaluations, and informal feedback; this feedback informs the operation of Block Grant funded programs. Block Grant hearings were advertised in the newspaper, on the County website, and the County's Facebook page to elicit stakeholder feedback.

3. Please list the advisory boards that were involved in the planning process.

- The Franklin/Fulton Drug & Alcohol Advisory Board holds eleven meetings per year, six in Franklin County and five in Fulton County. The voting members of the Advisory Board include the following sector representation: Criminal Justice; Business/Industry; Labor; Education; Medicine; Psycho-Social; Student; Elderly; Client and Community. They provide input into the Block Grant plan, are informed of Block Grant impact, and are made aware of any Drug/Alcohol requests for funding, projects, or service enhancements.

- The Franklin County Local Housing Options Team consists of individuals who meet monthly on issues around housing and homelessness. Representatives from the Franklin County Housing Authority, both County emergency shelters, as well as, the Homeless Assistance Program (HAP) attend regularly. In addition to these individuals, there are an array of representatives on the task force that also include Rapid Rehousing Programs, Permanent Supportive Housing programs, the Domestic Violence shelter, Veteran housing program Legal services, Coordinated Entry Staff, Self-Determination Housing Project of Pennsylvania, Inc. (SDHP), a Federally Qualified Health Center (FQHC), two Boroughs, and several religious organizations. They also receive updates on Block Grant plans and funding requests. The Task Force now combines their meetings with those of the Program Coordinating Committee hosted by the County Housing Authority, a change which has engaged additional community members and offered opportunities for presentations on local housing resources.

- The Franklin/Fulton County Mental Health/Intellectual & Developmental Disabilities/Early Intervention Advisory Board meets bi-monthly, with 13 members, including one Commissioner from Fulton County and one from Franklin County. The committee requires representation from each county: four members from Fulton County; nine members from Franklin County. At least two representatives appointed to the Board are physicians (preferably, a psychiatrist and a pediatrician). Four participants are consumers or family members, of which half represent Intellectual & Developmental Disabilities/Early Intervention. Additional representation comes from the following areas of expertise: psychology, social work, nursing, education, religion, local health and welfare planning organizations, local hospitals, businesses and other interested community groups. The MH/IDD/EI Administrator provides HSBG updates as applicable during the Board meetings. They have impact on decisions related to MH/IDD/EI funding, which indirectly can impact the HSBG.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

Franklin/Fulton Drug & Alcohol provides prevention, treatment, and recovery services in the environment most appropriate for the individual receiving the services. Prevention services are delivered to youth in either a school-based or after-school based environment appropriate to their age and the selected evidence-based program. Treatment services are delivered to individuals based on their substance use assessment's level of care recommendation. High levels of care (detox, short-term rehab and long-term rehab) include 24/7 monitoring and supervision as treatment services are delivered within the provider setting. Low levels of care (halfway housing, partial hospitalization, intensive outpatient, outpatient, and early intervention) services are delivered in a community-based setting by the provider of their choice. Recovery support/housing services are delivered to individuals based on their recovery needs which vary from ancillary treatment needs to direct treatment care in a community-based setting. Individuals are assisted by the department in discovering what recovery supports and services are the best fit for their current stage of recovery. Services are delivered in the least restrictive manner appropriate for the individual.

Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities follows the principle of least restrictive alternative when providing services. A full continuum of care from community

based to inpatient hospitalization is provided. Tools such as the Strengths Intensity Scale (SIS) are utilized to match individual need with the least restrictive services. Multiple criteria such as disability, level of autonomy, individual's request, and potential harm to self or others are evaluated to assure the least restrictive alternative is utilized through all levels of care.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

No substantial changes are planned; new programs may be added as part of the reallocation process in 2018-2019.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
   a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
   b. When was the ad published?
   c. When was the second ad published (if applicable)?

Please attach proof of publication(s) for each public hearing.

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716, the County conducted two public hearings to receive input on the Human Services Plan detailed in this document. Information regarding the 2 public hearings was published in the Public Opinion newspaper on May 9, 2018 and posted on the County's website May 11 through May 29, 2018 with the opportunity for public review and comment on the Draft Block Grant Plan. Public hearings were held at 3:00 p.m. on May 16, 2018, as part of the Human Service Block Grant Advisory Board meeting and 9:30 a.m. on May 29, 2018, as part of the Board of County Commissioners meeting. Appendix B contains the proof of publication, sign-in sheets, and summaries of the public meetings.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment: The Franklin/Fulton ID Program participates in the Transition Council with Office of Vocational Rehabilitation and the School Districts and providers to promote and support the Employment First Model. The Transition Council promotes employment as the first opportunity for students graduating from high school. The Transition Council has applied to be an Experience the Employment Connection Team to further promote the collaboration between these agencies to better support individuals with disabilities to obtain competitive integrated employment. Our Information and Referral specialist can refer individuals calling 2-1-1 to employment programs such as Career Link and United Way's Stepping Forward Works.

New Initiatives: Employment

SUPPORTING INDIVIDUALS TRANSITIONING TO EMPLOYMENT SUCCESS (SITES): [Provider—Occupational Services, Inc.]

This program serves to bridge gaps between case management, Vocational Rehabilitation (VR), Transitional Work (TW), and Extended Support Services (ESS) programs by providing individuals with another "stepping stone" toward successful competitive employment within the community. The program provides individuals with more intensive guidance and support on targeted issues than is available through other programs. When participating in other OSI programs, time limitations due to work demands and confidentiality issues due to program locations prevent intensive, focused guidance in "soft skills" and coping strategies. For those who have not worked for an extended period of time due to severe mental health related issues or who are coming out of institutional settings, the VR and TW programs may initially be intimidating or overwhelming. The SITES program provides a physical space separate from the VR or TW programs that is smaller and accommodates both individual and group activities. In addition, the maximum group size is six (6) individuals per one (1) staff person at any given time, with a maximum program enrollment of 12. Limits to the program size allow for structured group activities to develop employment readiness skills, as well as more opportunity to receive individualized attention.

REENTRY COALITION:

Franklin Together, Franklin County's Reentry Coalition, is actively pursuing local employers engaging in the employment of returning citizen's to the community after their incarceration. To date the Outreach Committee has identified and linked with 62 local employers who will hire returning citizens and work with them in the employment field. The Committee has reached out to Parole Officers, Drug Court staff and the President Judge (who presides over Drug Court) to identify individuals in need of employment in this arena. The Outreach Committee has identified transportation as one of the barriers to successful employment in rural Franklin County and throughout the upcoming year will look for creative ideas to help overcome this barrier.

Housing: The Franklin County Local Housing Options Team consists of individuals who meet monthly on issues around housing and homelessness. Representatives from the Franklin County Housing Authority, both County emergency shelters, as well as, the Homeless Assistance Program (HAP) attend regularly. In addition to these individuals, there are an array of representatives on the task force that also include Rapid Rehousing Programs, Permanent Supportive Housing programs, the Domestic Violence shelter, Veteran housing program, Legal Services, Coordinated Entry Staff, Self-Determination Housing Project of Pennsylvania, Inc. (SDHP), a Federally Qualified Health Center (FQHC), two Boroughs, and several religious organizations. They also receive updates on Block Grant plans and funding requests. The Task Force now combines their meetings with those of the Program Coordinating Committee hosted by the County Housing Authority, a change which has engaged additional community members and offered opportunities for presentations on local housing resources.

Our Case Management staff works through the Coordinated Entry Process with the assistance of multiple housing providers to help ensure a good match for individuals in need of housing. Through funds from the Homeless Assistance Program (HAP), Projects for Assistance in Transition from Homelessness (PATH), Housing and Urban Development (HUD), the Emergency Solutions Grant (ESG), 8-1-1 Housing and the Pennsylvania Commission on Crime and Delinquency (PCCD), we provide an array of housing options, transitional housing, master lease, rental assistance, rapid rehousing, and emergency housing supports, all of which are available to individuals/families meeting a range of specific criteria. Criteria are based on the completion of a Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment. The VI-SPDAT examines factors of current vulnerability and future housing stability and assists to identify what supports and Housing interventions will be most beneficial. In 2018-2019, we will continue to work through the Coordinated Entry process with the intent that this will result in continued collaboration, streamlining of services, and increased leveraging of funding sources.

Case management also works closely with the county contracted residential providers for MH/IDD/EI through attending meetings, email communications, etc. The County contracted residential providers have signed release of information forms with local outpatient mental health providers and will communicate with them if there are any changes in behaviors/functioning of the individuals in their programs.

PART IV: HUMAN SERVICES NARRATIVE

Created through a collaborative process utilizing local needs data and involving a cross-section of community stakeholders, the goal of this plan is to provide a comprehensive continuum of human services for residents in the least restrictive setting appropriate to their needs. Franklin County collaborates as a joinder with Fulton County in four of the funds included in the Block Grant. Both counties have longstanding Human Services Administrative models. Both counties are participating in the Block Grant and submit separate plans.

Franklin County's Human Services Block Grant Advisory Committee has established as its mission: *"to assist in identifying need-based program priorities for promoting the health, well-being, and self-sufficiency for all people in Franklin County by and through the maximization of HSBG resources".*

MENTAL HEALTH SERVICES

The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

a) Program Highlights: (Limit of 6 pages) Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

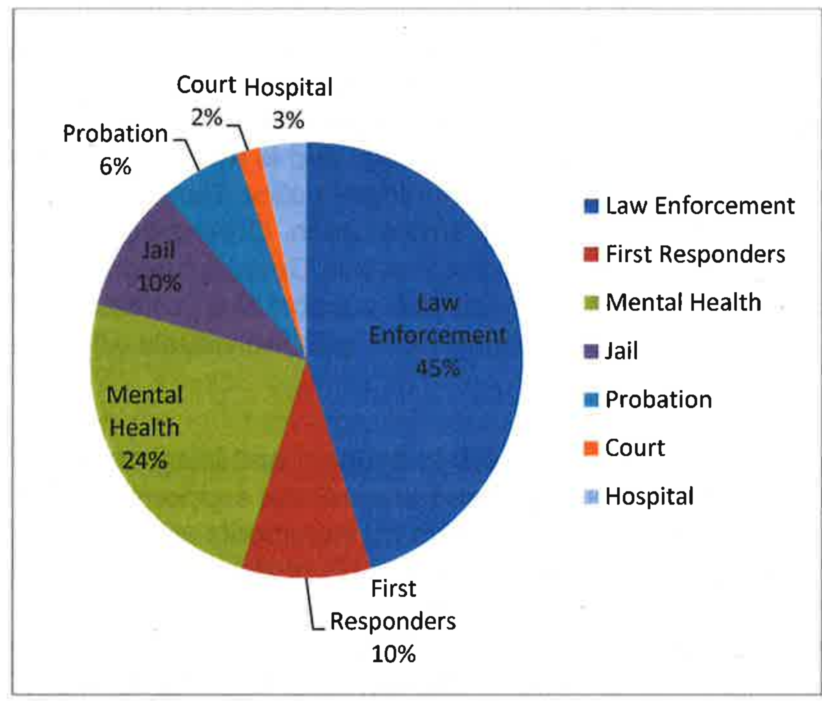
Crisis Intervention Team (CIT) –

- On January 1, 2017, Franklin County was awarded a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to pilot an innovative program to divert individuals with mental illness from the criminal justice system. The mental health co-responder program provides an integrated approach for individuals living with a mental illness, intellectual or developmental disability, Autism, and/or co-occurring disorder and coming into contact with law enforcement without rising to the level of police officer custody. The co-responder was hired through a service provider and is housed within the law enforcement departments. There are three (3) municipal police departments targeted for this project and the co-responder is assigned desk time at each. Greencastle, Waynesboro, and Washington Township, all in the southern part of Franklin County, have been identified by the District Attorney as benefiting from the additional support of a professional with mental health background to assist them in their interventions with individuals with mental health issues.

  The objectives of the co-responder program are to connect and integrate those individuals identified as being in crisis with community based and natural supports. The co-responder went live May 1, 2017 with the goal of working with 80 individuals within the two-year grant period. The following data is for 2017 based on seven (7) months:
  - Total referrals = 150 Total contacts = 1120
  - 124 referrals to service systems have been made. Service systems includes but is not limited to: human service providers, employment, housing, natural supports, medical/physical providers, and assistance.

  - Of the 150, 93 are living with a mental illness/intellectual and/or developmental disability/Autism or a dual diagnosis; 79 have mental health services and 47 of those 79 have returned to services/added new services or are new to the system.
- Offered the SAMSHA training "How Being Trauma Informed Improves Criminal Justice System Response" to 27 persons to include officers, Chaplin, probation, first responders, and 911 dispatchers from our identified service area. This class has been approved by Municipal Police Officers Education & Training Commission (MPOETC) for four credit hours.
- Our CIT training program is in its fifth year and continuing to gain momentum. The team is now 108 strong with over half of our members representing law enforcement and first responders to include one Pennsylvania State Police Lieutenant. The remainder of the team represents crisis, jail officers/staff, probation/parole officers, hospital staff, mental health professionals and advocates. South Central Region CIT continues to follow the fidelity of the Memphis Model of CIT.
- Our CIT training has been approved by Municipal Police Officers Education & Training Commission (MPOETC) for 40 credit hours and 30 continuing education hours for EMTs, paramedics and first responders.
- CIT has collaborated with Cumberland/Perry County to share in costs and resources for our CIT training.
- During the 40 hours of training, we are fortunate to have a certified trainer for the Veterans module, 2 certified trainers for the de-escalation and 1 scheduled to complete in May. We have 1 CIT Coordinator that is responsible for the whole program. We also offer evidence based training such as QPR (Question Persuade Refer) and Pat Madigan's *Hearing Voices* throughout the week.

- Outcomes:
  - To date we have held seven (7) CIT trainings and have 108 members with half of our team being represented by law enforcement and first responders:



Evidence Based Practices-

- DLA (Daily Living Activities) 20
  - As part of a reinvestment plan, HealthChoices provided a train-the-trainer event in March 2018 for local providers to begin implementing the use of DLA20. The plan is to have as many providers as possible using the same outcome tool and have a reporting system so that we will be able to make service decisions based on the needs being reported. The DLA 20, a functional assessment, is proven to be reliable and valid. It is designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

- Strengthening Families Program 10-14
  - SFP (10-14) is a seven (7) week program for families with youth between the ages of 10-14 years old. The program meets weekly for seven (7) weeks and focuses on discussions about showing love, setting limits, managing stress, peer pressure, communication, and consequences. A free dinner and free childcare for younger siblings is provided. After dinner, for the first hour, parents and youth participate separately but then come together for the family session the second hour. This program is highly interactive and our families LOVE it! The program has been shown to improve bonds between parents and youth, prevent teen substance abuse, violence, and aggression, as well as increase academic success. In 2016-2017, Healthy Communities Partnership had 13 staff and contractors trained to facilitate. HCP held three (3) cohorts in the first year of funding – two (2) in Chambersburg and one (1) in Waynesboro. The outcomes included the following:

    - 64% of parents/caregivers reported increased substance use rules and expectations for their youth
    - 41% of parents/caregivers reported increased parental monitoring
    - 55% of parents/caregivers reported improved parental expectations
    - 64% of parents/caregivers reported improved parent-youth relationship quality
    - 64% of parents/caregivers reported improved family problem solving
    - 59% of parents/caregivers reported increased positive parenting behaviors
    - 55% of parents/caregivers reported increased goals communication
    - 44% of youth reported increased parent expectations
    - 61% of youth reported improved parent-youth relationship quality
    - 72% of youth reported improved family problem solving
    - 44% of youth reported improved stress coping skills
    - 61% of youth reported improved family communication
    - 39% of youth reported increased future orientation
    - 56% of youth reported improved peer pressure refusal skills
    - 22% of youth reported improved substance abuse rules and expectations

Early Childhood-

- A newly formed committee, Franklin County's Families Forever Coalition, is in its infancy. The purpose is to create, implement and evaluate a coordinated system of hope, health, social and emotional connections and parenting education for each and every family expecting or with a young child from zero to kindergarten entry. The expectation is intercepting at zero will reduce the need for costlier (both financially and socially) interceptions later in a child's life, and will increase the health, happiness and prosperity of Franklin County's children and families.

b) Strengths and Needs: (Limit of 8 pages)

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

- **Older Adults (ages 60 and above)**

  - Strengths:
    - Franklin County Older Adult Advocacy Team (FCOAAT) continues into its second year. The partnership is with advocates, Area Agency on Aging, mental health, crisis, and first responders. The team has seen success in collaborating for housing issues as well.

  - Needs:
    - Specialized facilities for individuals living with dementia. Our crisis and ER's have seen an increase in patients and are having difficulty with locating facilities for care.
    - Training and understanding of dementia for front line staff; learning how to keep them safe as well as those around them.

- **Adults (ages 18 and above)**

  - Strengths:
    - Continuing to increase our employment support that includes job placement and shadowing. Our providers are being creative with the services and supports.
    - Physical and behavioral health providers continue to work on collaboration on health literacy and education. More and more of our residents are facing complex needs and the importance of addressing both issues for wellness drives the system to investigate new strategies to meet these situations.

  - Needs:
    - With the closure of the extended acute care beds at Holy Spirit, we have a need for replacing the beds that were lost. We are also looking into emergency respite/crisis stabilization beds.

- Appropriate housing for individuals with co-occurring mental health and physical health needs.

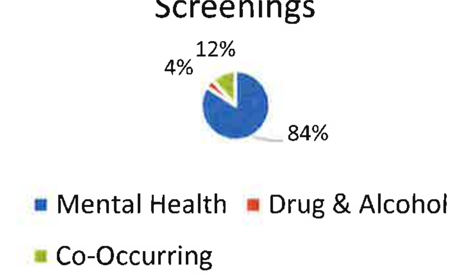
- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

  - Strengths:
    - Mental Health and HealthChoices is working to create a service description for Youth & Young Adult Peer Specialist services. The development of this service has been in the works and will hopefully have providers for FY 18-19.

  - Needs:
    - Housing that is supportive of the needs of these young adults. Some of those transitioning do not have an income at the time of transition and that lends to the difficulty of securing housing.
    - Services to better serve transition age youth that have Autism and graduate at 18 years old. They are not able to access the Autism waiver until they are 21 and IDD graduation slots are for 21 year olds. Autism is not recognized as a SMI.

- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

  - Strengths:
    - Student Assistance Program (SAP) liaisons serve 16 total teams at secondary schools in Franklin and Fulton Counties. Most teams meet weekly in order to discuss referrals and students of concern. During the 2016-2017 school year, the SAP teams throughout the two counties received 699 referrals. Many of these referrals then go on to be screened for further treatment needs by the SAP liaison assigned to the school. A total of 356 students received a screening by an Healthy Communities Partnership (HCP) liaison, with 4% of those being Drug/Alcohol related, 84% being mental health, and 12% co-occurring. Of those students receiving a screening, 57% were male and 43% were female; 41% of those screened for additional services were ages 10-13, 56% were ages 14-17, and 3% were ages 18 and older. Approximately 41% of students needing further resources were connected to additional treatment (15% were unknown).



- Elementary Student Assistance Program (ESAP) is in its second year. The 2016/17 school year saw 80 students; 50 were involved in a small intervention group led by the ESAP liaison at the school. An additional 334 students were served through the classroom lessons. These lessons included topics such as: attendance, manners, bullying, kindness, drug/alcohol prevention, apologizing, interrupting, tattling and more.
- Elementary Intervention Groups offers intervention groups at schools throughout Franklin County. These groups are offered to elementary schools to help serve students who need some special education on specific life skills. Several curricula are used, including Girls Circle, Boys Council, Too Good for Drugs, and Too Good for Violence. Other curricula are used as needed for specific topics. During the 2016-2017 school year, 58 total sessions were held for eight (8) different groups throughout the county.
- Healthy Communities Partnership (HCP) offered an educational-running program, entitled "Go Girls Go", for upper elementary school aged girls. The "Go Girls Go" program was designed to increase health and wellness of girls while providing opportunities for pro-social bonding, increased self-esteem, enhanced mental health and health education. During the 2016-2017 year, two (2) seasons of "Go Girls Go" were held – in fall of 2016 and spring of 2017. A total of 144 girls were served during the year. Students participated in a ten (10) week program, meeting for an hour and a half, twice each week. During this time, girls participated in group time, followed by games and running/activity time. The culmination of each season was a 5k walk/run hosted by Healthy Communities Partnership and open to the community. In addition to the 144 girls served, HCP engaged 25 adult female mentors in the fall and 46 adult female mentors in the spring as volunteers who worked with the students throughout the ten (10) weeks and ran with them in the 5K.
- Respite is available on an overnight and hourly basis. The number of unduplicated children served has reduced greatly this year; largely due to the severe complex needs.

Respite	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17	FY 17-18
Children Served	15	12	16	4	8	5
Hours of Respite	519	637	636	288	344.5	169

- Needs:
  - It has been identified that the school districts and the provider agencies need to have a better process for communication. When the schools recognize a student and/or family in need they need to know that there is

somewhere/someone they can refer them to for assistance. For this reason, a committee has been established to begin creating a plan for direct communication with families and community supports.
- This past year we did notice that there was a lack of available respite spots for our needs. It would be helpful to have more availability and specialty for complex needs.

Identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**
  - Strengths:
    - Franklin/Fulton Mental Health continues to assist in facilitating Community Support Plan (CSP) meetings held at the state hospital. Participation also continues with the quarterly Continuity of Care/Service Area Planning meetings and effective communication with various providers to assist in the transition back to the community.
  - Needs:
    - Many of our people currently at the Danville State Hospital have complex needs including physical health needs which require nursing home level of care or structured residential programs (the latter of which has very limited capacity and infrequent bed availability).

- **Co-occurring mental health/substance use disorder**
  - Strengths:
    - Implementation of Operation REACH (see below under Veterans).
    - Our community has two dually licensed (mental health and drug & alcohol) outpatient providers.
    - In addition to the mental health co responder, D&A has responders located at the hospital and with the courts to assist with accessing services for those that are interested in treatment.
  - Needs:
    - Health literacy of the community, recognizing that mental health and substance use disorder can be co-occurring and the treatment often includes addressing both.

- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.

    - Strengths:
        - Also see information above regarding CIT and the mental health coresponder.
        - The mental health program remains active on the Criminal Justice Advisory Board (CJAB) to include the Executive Committee, Forensic Initiatives, First Contact, Juvenile Justice, and the Behavioral Health Committee.
        - A mental health program specialist meets weekly with the Franklin County Jail to review individuals that are currently incarcerated with mental health issues.
        - Service Access & Management (SAM) provides forensic case management services for individuals currently incarcerated in the Franklin County Jail or recently released, as well as individuals who are within three (3) months of maxing out their sentences at State Correctional Institutions. SAM is also working on including individuals that are on probation to be served within the forensic case management arena.
        - Franklin County continues to be part of the national Stepping Up Initiative.
        - Intensive Reentry Case Management (IRCM) is provided for women with complex MH, D&A, housing, and other needs. The program ensures that trauma remains a central focus of programming for the women.
        - MH/IDD staff continues to be part of the Franklin Together, the Franklin County Reentry Coalition, as a vital voice regarding MH and criminality.

    - Needs:
        - Housing continues to be a barrier for those incarcerated needing an approved home plan for release.
        - The success of the mental health coresponder has proven the need for the expansion of the program throughout the county. Engagement in services appears successful when it begins with meeting the person where they are and being able to go mobile.

- **Veterans**

    - Strengths:
        - Franklin County Veteran Affairs Office (FCVAO) currently works collaboratively with Franklin/Fulton D&A and MH/IDD/EI on traditional case management needs, but specifically when a veteran needs behavioral health services that they may not qualify for through the VA due to discharge status (other than honorable discharge; bad conduct discharge; dishonorable discharge or entry-level separation). FCVAO also refers veterans that need treatment services

who have VA benefits, but who do not wish to utilize the VA for these services due to stigma, dissatisfaction with access, dissatisfaction with previous care, etc. For Operation REACH, FFD&A and MH/IDD/EI will partner with FCVAO to ensure the delivery of the recommended services and supports.
    - Veterans have access to a mental health counselor two (2) days a month in the local Veteran Affairs Office.

- Needs:
    - Reliable transportation to appointments and employment is needed. Currently, it is a barrier due to having to cross state lines and not having handicapped vehicles available.
    - The closest VA clinic is 25 miles away and out of state. Again, being out of state poses a barrier to healthcare. The appointment times are limited due to the availability of transportation.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

    - Strengths:
        - Within the past year, a 501 (c) 3 non-profit organization, Franklin County Coalition for Progress, was formed. Their mission is to advance social justice and equality for all Franklin County residents. They care about building a community where everyone is accepted and welcomed; a community where differences are valued and seen as strengths and opportunities. They work with a variety of community partners to increase social and civic competencies to empower individuals to use their voice and rights to help themselves, and others. Moving from conversations to action takes skill, knowledge and relationships.

    - Needs:
        - Health literacy for physical and behavioral health care professionals. The LGBTQI community requires health care and having a professional with whom they feel safe and can discuss health related issues is important.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

    - Strengths:
        - The County does have access to the language line that allows us to respond to any language.
        - We do have access to a small number of bilingual therapists and psychiatrists in our community.
        - Recently, we had the opportunity to add diverse facilitators for SFP 10-14 that will add diversity to the program and its participants.

- Needs:
  - The County continues to find it challenging to secure services of multiple bilingual professionals is our area.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)
  - Strengths:
    - HIV/AIDS Program – Keystone Health has been providing services in Franklin County for individuals living with HIV/AIDs since 1995. They offer a full range of services aimed at promoting healthy individuals and a healthy community.
  - Needs:
    - Health literacy and supports for traumatic brain injury and other diseases would be helpful for our providers. It would also assist those living with the diseases to live healthier and happier lives.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

☐ Yes ☒ No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Our suicide prevention initiative is part of the Community Health Improvement Plan under the priority of mental health and substance use and prevention. The committee responsible for this plan is Healthy Franklin County. Healthy Franklin County is composed of key community leaders from the education, health, faith, business, nonprofit and local government sectors. Our goal is to create and support healthy behaviors and lifestyles through education, awareness, programs, and access to services. These key leaders continue to identify value in identifying and strengthening efforts to address health and health care needs from a collective perspective.

2016-2019 Plan

Objective: Develop and implement a Zero Suicide Prevention initiative emphasizing the value and importance of each individual.			
Strategy	*Activities*	*Lead/Responsible*	*Performance Measures*
Strategy 3.2.1.1: Foster a leadership driven, safety oriented culture to reducing suicide.	Create a scalable pilot program to promote a zero suicide philosophy.	Suicide Prevention Coalition; Mental Health Task Force	Create program
	Provide QPR, ASIST, and other suicide prevention evidence-based trainings.	MHAFF; Mental Health Task Force	# trainings # people trained # of recipients of QPR newsletter
	Implement Suicide Prevention Month Campaign initiatives	Suicide Prevention Coalition; Mental Health Task Force; Summit C.S.	# events # attendees at events # media mentions

A few 2017 year accomplishments:

- Identified National Registry of Evidence-based Programs and Practices (NREPP) in treating children and adolescents experiencing trauma; task force members attended a school-based trauma model.
- Survey to support PCP's and MH professionals in utilizing assessment tools and referral resources was created and delivered.
- An inventory of current mental health providers and programs was completed.
- Three (3) evidence-based approaches to provide behavioral health services in Primary Care Offices were identified and assessed.
- The suicide prevention coalition completed research regarding a Zero suicide philosophy.
- The Mental Health Association provided suicide prevention training to 238 people in QPR, 14 people in ASIST, and 41 people in QPR-online.
- The Mental Health Association created and delivered a newsletter to promote suicide prevention trainings which reach 800 people.
- The Suicide Prevention Coalition researched strategies to expand Suicide Prevention Month Campaign initiatives.

c) **Supportive Housing:**

DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)***

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.								
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health

☐ Check if available in the county and complete the section.

Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health ☒ Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
HUD Master Lease PSH	Federal/HUD County Match	$178,435 $11,725	$206,841 $12,623	21	23	9/landlords	20	$548/ month/ participant	2006
Notes:									

4. Housing Clearinghouse for Behavioral Health ☐ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started

Notes:	

5. **Housing Support Services for Behavioral Health**	☒ Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
PATH Program	Federal State	$49,485 $16,495	$49,725 $16,575	25	25 – 30			22.08	2005
Notes:									

6. **Housing Contingency Funds for Behavioral Health**	☒ Check if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started

Family Housing Grant	County HSBG	$9,744	Uncertain of funding	14	Uncertain of funding			$698/ person	2016
Housing Expansion	County	$47,341	$22,000	29	10 - 15			$200/ person	2006
Notes:									

7. Other: Identify the Program for Behavioral Health ☒ Check if available in the county and complete the section.

Project Based Operating Assistance (**PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge** (**FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
HUD 3 Leasing Assistance Program	Federal In-Kind	$83,352 $48,438	$82,128 $46,688	16	14-16			2008
Housing Expansion	County	$47,341	$22,000	8	7-10			2006
Specialized Community Residence	County	$356,303	$376,218	9	8			2005

Supportive Living Program	County	$722,025	$731,193	23	19-20			2005
Community Rehabilitative Residential	County	$290,704	$301,262	19	22-25			2003
Notes:								

d) <u>Recovery-Oriented Systems Transformation:</u> (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

Priority	***Narrative***	***Action Steps***	***Timeline***	***Resources Needed***	***Tracking Mechanism***
1. Suicide Prevention	a. Develop and implement a Zero Suicide Prevention initiative emphasizing the value and importance of each individual.	Create a scalable pilot program to promote a zero suicide philosophy	December 2018	$10,000 may be needed to support the education and awareness campaign.	This is monitored through the Suicide prevention task force and Healthy Franklin County. The coroner's office will be a source of data collection.
		Provide QPR, ASIST, and other suicide prevention evidence-based trainings.	continual		
		Implement Suicide Prevention Month Campaign initiatives	September 2018		
2. Addressing health literacy in both our residents and our system	a. Increase the number of patients who are screened for depression within the primary care setting by December 2020.	i. Develop community consensus on a depression assessment instrument that can be used by all Primary Care Providers, Hospital Physicians, and Mental Health Professionals. The survey instrument should include questions related to screening for and managing patients with depression, and identifying resources needed to assist primary care providers.	Done	The dollar amount needed will be assessed as the committee is researching a program.	This is monitored through the MH task force and Healthy Franklin County.
		ii. Create an action plan for educating and gaining support on the use of the depression assessment tools, and compiling the assessment results at a centralized location for Primary Care Providers and Mental Health Providers.	March 2018		

		iii. Provide training and support for Primary Care Providers and Mental Health Professionals on the use of the assessment tools, documentation of assessment results, and making appropriate referrals for support for individuals experiencing depression.	January 2019		
		iv. Identify a lead organization for coordinating assessment tool training, collecting assessment results, and providing support and coaching for Primary Care Physicians and Mental Health Professionals in the assessment of patients for depression.	November 2018		
	b. Improve access and quality of care by designing a model by which behavioral health services are integrated	i. Develop a model for integrating behavioral health services, training and resources into Primary Care offices to include education for special populations such as older adults and LGBTQI.	December 2018	Referral process	This is monitored through the MH task force and Healthy Franklin County.
	with Primary Care offices.	ii. Conduct a pilot program in which behavioral health therapists serve as a resource and provide support to one or more (maximum of 3) Summit Physician Services offices.	December 2019		This is monitored through the MH task force and Healthy Franklin County.
	c. Increase community awareness about depression and available resources within the community	i. The Mental Health Task Force will develop a community awareness and education action plan for informing the community about depression and other mental illnesses. ii. Continue and expand existing community campaigns that educate the public about effective ways to manage depression (i.e., physical activity, nutrition).	December 2020	$2500 may be needed for educational and resource material identified to assist with community awareness campaign.	This is monitored through the MH task force and Health Franklin County.
3. Re-entry of individuals from our jail to our community.	As a result of Coalition Planning meetings and surveys, the Reentry Coalition has established the following priorities for the next steps of reentry planning: a. EDUCATION	i. Create an awareness/education plan for the county, including plans for media.	ongoing	$1500 maybe Stakeholders (faith organizations, jail, courts, human services, law enforcement, public)	Reentry Education Committee meetings
		ii. Educate employers about reentry and hiring individuals with criminal backgrounds.	ongoing	$2000 may be needed. Stakeholders (faith organizations, jail, courts, human services, law enforcement, public,	Reentry Education Committee meetings

	b. SUPPORT	i. Identify all existing community resources and update the Reentry Resource Guide available in print and digital formats.	Done	Stakeholders (jail, courts, human services, law enforcement)	Reentry Advisory Board reassess as needed
		ii. Identify inmate needs prior to release and craft individual release plan, providing the inmate with a resource directory and packet of materials. Offer guidance on how to connect with resources.	ongoing	Stakeholders (jail, courts, human services)	Case Review Task Force
		iii. Develop a reentry discharge planning team and/or follow up team to work with people before and after release.	Done	Stakeholders (faith organizations, jail, courts, human services, law enforcement, public)	Case Review Task Force
	c. INCREASE CAPACITY	i. Complete a housing inventory to ensure affordable housing is available to returning citizens and craft a comprehensive housing plan for reentry.	Fall 2018	Stakeholders (faith organizations, jail, courts, human services, law enforcement, public)	Housing Task Force
		ii. Commit to keeping formerly incarcerated people involved in Reentry Coalition meetings and include	ongoing	Stakeholders (faith organizations, jail,	Coalition Advisory Board
		on committee work.		courts, human services, law enforcement, public)	
	d. ADVOCATE FOR CHANGE	i. Examine reentry processes and protocols, looking for opportunities to enhance or develop better processes and remove process barriers.	ongoing	Stakeholders (jail, courts, law enforcement, human services)	Intercept Task Force
4. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.	County Human Services is working with our managed care organization to create a data warehouse to track human services data across systems.	Begin upload of data for county HS departments to compare and contrast for developing services	Spring 2018	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning
		Data scrubbing to ensure that the data is accurate and all paths are uploading correctly.	Spring 2018	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning

		Creating dashboards and report to begin analysis.	Fall 2019	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning
		Begin data driven decision making	Winter 2019	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☐ County ☒ HC ☐ Reinvestment
Partial Hospitalization		
Adult	☒	☐ County ☐ HC ☐ Reinvestment
Child/Youth	☐	☐ County ☐ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☐	☐ County ☐ HC ☐ Reinvestment
Children's Evidence Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-in Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☒ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☐	☐ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☒ HC ☒ Reinvestment
Family Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☒	☐ County ☒ HC ☐ Reinvestment
Outpatient D&A Services	☒	☐ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☒	☐ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☒	☐ County ☒ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx.)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No	0						
Supportive Housing	Yes	20	Outcomes Rating Scale/DLA 20	Agency	6 months	No	Yes	
Supported Employment	No							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes			Agency		No		Several agencies use different programs
Illness Management/ Recovery	Yes	20		Agency	Every Session	No		Only group members included
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes							
Multisystemic Therapy								
Functional Family Therapy								
Family Psycho-Education	Yes		Strengthen-ing Families Program 10 - 14	Agency	Every Session	No	Yes	

*Please include both county and Medicaid/HealthChoices funded services.

To access SAMHSA's EBP toolkits:

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	260	
Compeer	No	0	
Fairweather Lodge	Yes	10	
MA Funded Certified Peer Specialist- Total**	Yes	98	
CPS Services for Transition Age Youth	No	0	
CPS Services for Older Adults	Yes		Included in total
Other Funded Certified Peer Specialist- Total**	Yes	28	
CPS Services for Transition Age Youth	No	0	
CPS Services for Older Adults	Yes		Included in total
Dialectical Behavioral Therapy	Yes	20	2 providers offer group
Mobile Meds	No	0	
Wellness Recovery Action Plan (WRAP)	Yes	27	Groups & Individuals
High Fidelity Wrap Around/Joint Planning Team	No	0	
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	68	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment of Depression in Older Adults	No	0	
Consumer Operated Services	Yes	425	Mental Health Association
Parent Child Interaction Therapy	Yes	13	
Sanctuary	Yes	3	
Trauma Focused Cognitive Behavioral Therapy	Yes	44	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes		Included in Trauma
First Episode Psychosis Coordinated Specialty Care	No	0	
Other (Specify)			

*Please include both County and Medicaid/HealthChoices funded services.
**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

http://www.nrepp.samhsa.gov/AllPrograms.aspx

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	**16**
Number Full Time (30 hours or more)	**3**
Number Part Time (Under 30 hours)	**13**

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

**Please note that under Person Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

The mission of Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention is to partner with the community to develop and assure the availability of quality MH/IDD/EI services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the IDD program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention to budget and plan for the continuum of services and to develop programs to meet the needs of the community. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate. As of March 31, 2018, there were 559 people registered in the Intellectual and Developmental Disabilities program in Franklin County.

As of July 1, 2017, the Office of Developmental Programs opened the waivers to individuals with Autism only. As a result of this, the Franklin/Fulton Intellectual Disabilities program has changed their name to Franklin/Fulton Intellectual & Developmental Disabilities program (IDD) to include those with Autism Only. As of March 31, 2018, the IDD program has had contact with 41 individuals with Autism or their family members. The IDD program is in the process of registering five (5) of these individuals with the IDD program under Autism Only. The IDD program will continue to assist families in gathering the proper documentation needed and enroll them into the IDD program if they meet criteria.

Individuals Served

	Estimated Individuals served in FY 17-18	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 18-19*	*Percent of total Individuals Served*
Supported Employment	24	4	25	4
Pre-Vocational	0	0	0	0
Community participation	6	1	7	1
Base Funded Supports Coordination	69	12	65	12
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	2	0.4	0	0

PDS/AWC	17	3	10	2
PDS/VF	0	0	0	0
Family Driven Family Support Services	20	4	20	4

Supported Employment: "Employment First" is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

Employment First is a concept promoting competitive integrated employment. Franklin/Fulton IDD program is supporting this concept in a variety of ways.

The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources and post-secondary opportunities. One-to-one services include connecting with employers, job shadowing, community-based work assessments, and work incentive counseling. There are currently 45 students in the TALS program in Franklin County. The TALS program has a goal of placing ten (10) individuals into a competitive job. As of March 2018, seven (7) individuals had been placed into a competitive job.

Supported Employment Services include direct and indirect services provided in a variety of community employment work sites with co-workers who do not have disabilities. Supported Employment Services provide work opportunities and support individuals in competitive jobs of their choice. Supported Employment Services enable individuals to receive paid employment at minimum wage or higher from their employer. Providers of Supported Employment Supports have outcomes of "placing individuals with intellectual disabilities in a competitive job." Of the 23 people receiving base funded supported employment, 21 have competitive jobs.

Providers are working on developing small group employment opportunities, becoming trained in the discovery process as well as obtaining the Association of Community Rehabilitation Educators (ACRE) or Certified Employment Support Professional (CESP) certifications.

Small Group employment is a new service with the Waiver Renewals. Small Group Employment services consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan and it must be documented in the service plan how and when

the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Small Group Employment services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.

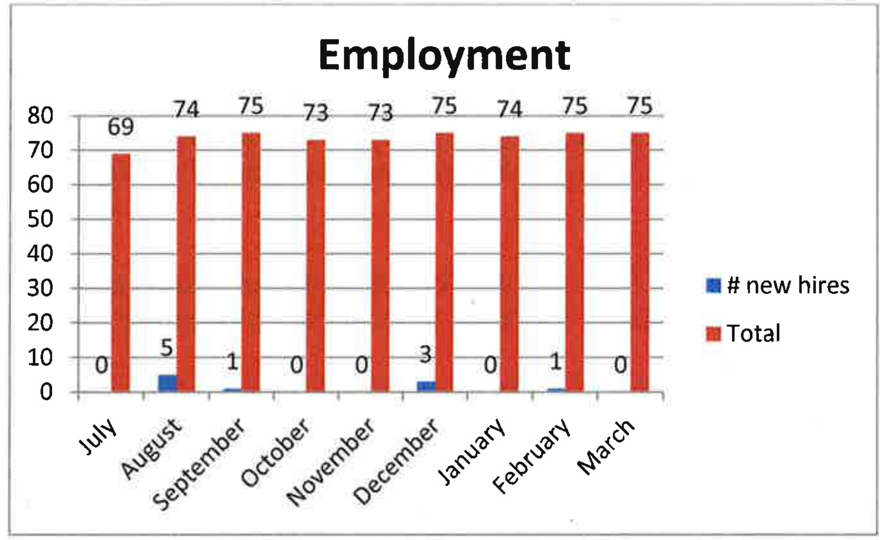
Discovery process is also new. Discovery is a targeted service for a participant who wishes to pursue competitive integrated employment but, due to the impact of their disability, their skills, preferences, and potential contributions cannot be best captured through traditional, standardized means, such as functional task assessments, situational assessments, and/or traditional normative assessments which compare the participant to others or arbitrary standards of performance and/or behavior.

Discovery involves a comprehensive analysis of the participant in relation to the following:

- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment; and
- Conditions necessary for successful employment or self-employment.

Community Participation Support is a new service with the Waiver Renewals. Community Participation Support is defined as "providing opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment". Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and membership. Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers. This service is expected to result in the participant developing and sustaining a range of valued social roles and relationships, building natural supports, increasing independence, increasing potential for employment, and experiencing meaningful community participation and inclusion." The Franklin/Fulton IDD program will continue to support providers in providing Community Participation Support. There are currently seven (7) individuals who utilize base dollars to pay for Community Participation Support.

The IDD department is concentrating on Competitive Integrated Employment which includes supported employment and small group employment for the Quality Management Goal. The outcome for the Quality Management Plan/logic model is "*people who choose to work are employed in the community*." As of April 1, 2018, there were 74 Franklin County individuals with IDD in competitive integrated employment. Franklin County's QM objective is to increase the number of new hires in Competitive Integrated Employment by 10% (n=5) each plan year by June 30, 2018. There are ten (10) new hires into Competitive Integrated Employment in this plan year which exceeds the objective. The Intellectual & Developmental Disability Program's QM plan is measuring the number of new hires in Competitive Integrated Employment to align with the definition by the Department of Labor and with the Office of Developmental Program's Quality initiative as set by the ISAC (Information Sharing and Advisory Committee).



The Franklin County IDD Program started supporting a new program which began in June 2016. The Pathways Program is a time-limited program that teaches independent living skills and/or employment skills. The outcome of this program is for individuals to complete this curriculum in a two (2) year period and live more independently in their own apartment and/or have competitive employment at the end of the two (2) years. The program is at capacity and the first group of individuals will be "graduating" from the program during this year.

The Franklin County IDD program collaborates with OVR in identifying people who will benefit from Pre-employment Transition Service (PETS) within the school districts. The Franklin/Fulton IDD Program participates in the Transition Council with OVR, the School Districts, and providers to promote and support the Employment First Model.

Supports Coordination:

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
- Describe the collaborative efforts the county will utilize to assist SCO's with promoting self-direction.

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities, MA eligible individuals who are admitted for psychiatric hospitalization and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There are 50 people who have base funded Supports Coordination either because they are not eligible for MA or they lost their MA for part of the year. There are 11 people who have the OBRA Waiver and have base funded Supports Coordination. There are 8 people who reside in an ICF/ID or State Center and receive base funded Supports Coordination. Currently no one is leaving a State Hospital system from Franklin or Fulton Counties, so transition services are not needed at this time. The program has MA denials for people who are receiving base services over $8,000.

The IDD Program collaborates with the Supports Coordination Organization (SCO) by holding monthly meetings with Supports Coordination Supervisors. During these meetings, individuals who are deemed high profile or have Emergency PUNS are discussed regarding natural supports and what supports are necessary for that person. Any individual can be added to this list. At these meetings, PUNS, ISPs, Levels of Care, incident management and other items are part of the standing agenda discussed monthly.

The SCO is also represented on the Transitional Council and is encouraged to participate in State Employment Leadership Network (SELN) trainings to promote community integrated employment.

The IDD Program and the SCO collaborate and participate in trainings with the Office of Vocational Rehabilitation on implementation of Workforce Innovation and Opportunity Act (WIOA). The IDD Program developed an OVR referral process to streamline, track, and facilitate in accessing OVR services.

Franklin/Fulton County is one of the Regional Collaboratives for the Community of Practice. The SCO is represented on the Stakeholder Committee for the Regional Collaborative. The Regional Collaborative has taken a three (3) prong approach to implementing the life course tools. The first prong is to engage families, the second is to engage the community and the final prong is to engage providers and professionals in the Human Services Field. The SCO has had training provided by the State Community of Practice Team. The Administrative Entity (AE) is also supporting the SCs through the Regional Collaborative to engage families.

Lifesharing and Supported Living:

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.
- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

According to 55 Pa. Code Chapter 6500: "Family Living Homes are somewhat different than other licensed homes as these settings provide for life sharing arrangements. Individuals live in a host life sharing home and are encouraged to become contributing members of the host life sharing unit. The host life sharing arrangement is chosen by the individual, his or her family and team and with the life sharing host and Family Living Provider Agency in accordance with the individual's needs. Licensed Family Living Homes are limited to homes in which one or two individuals with an intellectual disability who are not family members or relatives of the life sharing host reside."

Satisfaction surveys have shown that people in life sharing living arrangements are more satisfied with their life. This, along with the QM plan's outcome "that people choose where they wish to live", has driven the objective for Life Sharing, "to increase the number of people in life sharing."

The Franklin/Fulton County Intellectual & Developmental Disabilities Program will support the growth of life sharing in the following ways:

- The Administrative Entity (AE) and SCO will continue to work on providing information to individuals and families on the values and benefits of Life Sharing and correcting the "stigma" that it is "adult foster care. We will continue helping families understand that Life Sharing is a supportive, sharing and mentoring environment that enhances the natural supports of the family.
- The AE has encouraged local Life Sharing providers to develop new licensed homes to be used for periodic and emergency respite situations that can be available when needed. This has helped to expedite emergency respite placements which, in turn, has developed into a new lifesharing connection.
- The AE will work with providers with the expansion of the Life Sharing service definition to include individuals living in their own home or a home of a relative and receive agency managed life sharing services.

Life sharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 38 people living in life sharing homes in Franklin County (Franklin/Fulton QM information). The funding that supports these 38 individuals in their lifesharing homes have HSDF Based funds, one has financial resources to private pay and thirty-five have waiver funds. The Intellectual and Developmental Disability Program's Quality Management outcome is "*people live where they choose.*" The QM objective is to increase the number of new and unique people in life sharing in Franklin/ Fulton Counties by 10% (n=4) by June 30, 2019. There are currently five (5) new people who have moved into lifesharing homes this plan year.

Some of the barriers to growth in life sharing in Franklin/Fulton County are the lack of families interested in life sharing. Another barrier is the complex needs of individuals that may be interested in life sharing. The final barrier is that caregivers that are life sharers are aging. As they age, their own needs increase and they cannot continue to provide the care required. While there are barriers to life sharing in Franklin/Fulton Counties, there are also successes. Many of the people in life sharing have lived in their life sharing homes for 20+ years. One provider of life sharing actively recruits life sharing families successfully. Finally, Franklin/Fulton has been successful in moving people from CRR (Community Rehabilitation Residential) and Children's Foster Care to life sharing when they age out of the children's system.

Cross Systems Communications and Training:

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families paradigm.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

The IDD program collaborates with the following agencies to increase the support for individuals with multiple needs. The IDD program staff attends Child and Adolescent Service System Program (CASSP) meetings to discuss the supports needed for individuals to be supported in their community

and school. The IDD staff also has a working relationship with Home Health Aid Providers to support individuals in the home and community. Lastly, the Managed Care Organization Specialized Needs Unit is available for individuals who meet their criteria. The IDD program is sponsoring a Direct Support Professional Hiring Fair May 31, 2018. This fair is open to all providers who support people in Franklin/Fulton County to hire Direct Support Professionals and other staff. The fair will be marketed to the Career Link, OVR and also to the local schools that offer Human Services or Nursing degrees or certifications.

The IDD program also collaborates with the school districts by offering information sessions to both parents and teachers. The IDD staff has attended IEPs when requested to help problem solve and/or to provide intake information. The Administrative Entity (AE) also is a member of the transition council and attends the Transition Fairs at all High Schools county-wide. The IDD program partners with Children and Youth (C&Y) through CASSP. There are also individual cases where C&Y and the IDD Program are involved where communication between the two agencies resulted in the best outcome for the child while protecting the individual's rights. The IDD program collaborates with Franklin County Office of Aging through participation in the Aging/IDD Meetings as well as reviewing PASSAR packets.

The Mental Health and Intellectual & Developmental Disabilities program has a long history of communication and collaboration. IDD collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions, which supports people with both a mental illness and Developmental Disability. WRAP® is a recovery oriented evidence- based model that is accepted internationally. Franklin/Fulton County and Philadelphia are the pilot areas. The first group was held at Occupational Services, Inc. (OSI) in 2013. The County is also on the committee that wrote the WRAP® for People with Developmental Distinctions curriculum in collaboration with The Copeland Center, OMHSAS, NASDDDS and ODP. This curriculum is the next step for WRAP® for people with Developmental Distinction to become evidenced-based. The County has supported WRAP® efforts to explain this new program at conferences and trainings. WRAP® groups were held throughout the year. Franklin County IDD staff is scheduled to present the WRAP for People with Developmental Distinctions to the PMHCC in Philadelphia in May 2018 (See Mental Health Section.)

The IDD program also presents the module on Intellectual & Developmental Disabilities in the Crisis Intervention Team Curriculum. This curriculum helps police officers, MH professionals and first responders respond to someone with a disability in the course of their professions.

The IDD program continues to collaborate with Mental Health, CASSP, Tuscarora Managed Care Alliance and Perform Care to support people who have a dual diagnosis.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?
  - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
  - Does your county provide mobile crisis?

  - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
  - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
  - Is there training available for staff who are part of the mobile crisis team?
  - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

If waiver capacity is unavailable, individuals will be supported out of funds in the Block Grant. Base money will be provided to graduates for day programs and transportation to maintain their residence at home, so their parents can maintain their employment status.

The IDD Independent Apartment Program has 13 people living in their own apartments with less than 30 hours of support per week. Base funds are used to subsidize the rent. The Franklin County IDD department will increase the availability for combinations of Family Aide, Day Programs, transportation, adaptive equipment, home modifications and respite so that individuals can continue to live at home instead of residential programs which are more costly.

The AE has a Risk Management Committee that meets quarterly to discuss incident management and any items that may arise to become a future emergency.

Franklin County responds to emergencies outside of normal work hours in Procedure Statement IDD-505 Incident Management. In this procedure statement, all Program Specialists are listed as well as the MH/IDD/EI Administrator with their cell phone numbers. These contacts can be used after hours for any emergency. All providers have been trained in the policy. Initial incidents are reviewed daily to assure the health and safety of the individuals served. This includes weekends and holidays. Franklin County reserves base respite funds to authorize respite services as needed in an emergency and works with providers and the Supports Coordination Organization to set up these services, whether during normal business hours or after. These services may become Emergency Life sharing or Emergency Residential while the person is in respite. This provides for the safety of the person and finds a long term solution.

The MH/IDD Department's mission of essential functions are those critical processes the department must maintain, during the response and recovery phases of an emergency, to continue to serve its constituents. The department's mission-essential functions must be able to be executed within 12 hours of a major emergency and be sustainable for up to 30 days during the recovery phase of the emergency.

The Intellectual and Developmental Disabilities Program utilizes the current contract with Keystone Behavioral Health for Crisis Services. The Crisis Department is operated 24 hours per day, 7 days per week for 365 days. One aspect of this contracted service is Mobile Crisis. Mobile Crisis is available in Franklin County. Any of the Crisis workers can provide mobile crisis. Some of the crisis workers do have a background in working with individuals with Autism and/or Intellectual & Developmental Disabilities. They do have some trained staff; training is available for any staff

as requested. As with the other crisis services offered, when an individual with an Intellectual Disability or Autism utilizes crisis services, the crisis staff will notify either the Supports Coordinator or the AE if the person is not registered with the IDD program. A program is being piloted in Franklin County to utilize a co-responder for individuals with MH or IDD. Please see Mental Health Section for details.

The Franklin/Fulton IDD Program is exploring the use of CSG's Mobile MH/ID Behavioral Intervention Services to expand the Mobile Crisis service in Franklin/Fulton County. The service would be a "time limited service designed to evaluate the current situation, develop treatment strategies, provide direct interventions with the individual, deliver consultation, provide resources and develop skills so that existing supports can continue to implement the treatment strategies developed by the team" for individuals who have a dual diagnosis and are struggling to have an "Everyday Life." The County is in the planning stages to determine if the program is able to be funded and sustainable. There is a current need for the service.

The County 24-hour Emergency Response Plan, as required under the Mental Health and Intellectual Disabilities Act of 1966, is on file but will be provided if requested due to the personal phone numbers published in it.

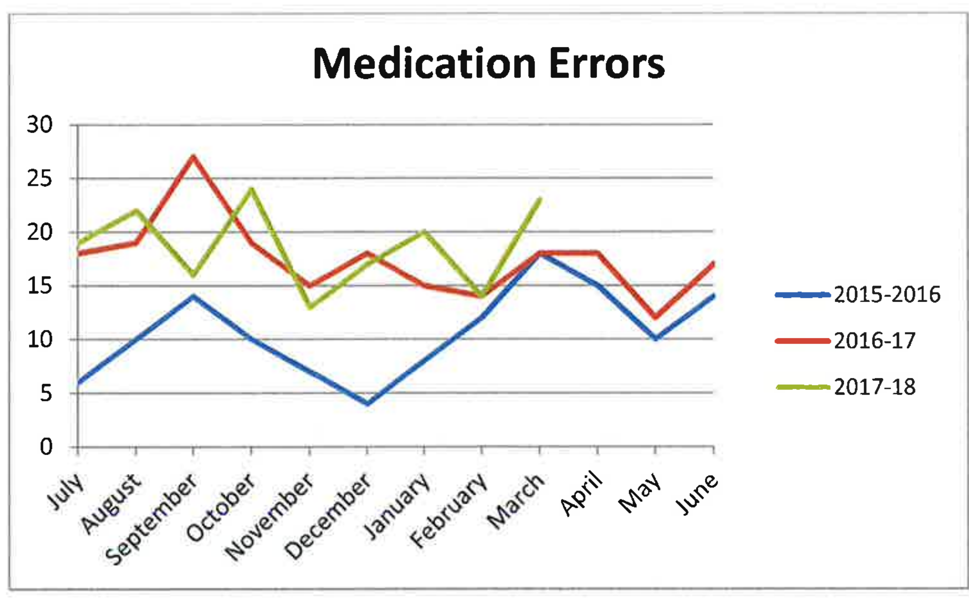
Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.

- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Franklin/Fulton IDD program is a Regional Collaborative for the Community of Practice. As part of the Community of Practice, the PA Family Network is part of our Stakeholder Group. In collaboration with the PA Family Network, the Franklin/Fulton County Collaborative will host events and parent seminars to present the Life Course Planning Tools. The Stakeholder group has decided to restructure to better meet the needs of families. In 2018, the stakeholder group will be narrowing our focus area to either transitional youth or early intervention to kick off family engagement. For the 2018-2019 fiscal year, there will be quarterly family information sessions scheduled in advance so that when at fairs, the sessions can be marketed. The sessions will be offered at multiple locations in Franklin/Fulton County and at different times and days. The Regional Collaborative currently attends fairs/expos and presents the information to families who attend such as the Autism Fair, Early Learning Expo, Human Services Expo, etc. The collaborative also utilizes Human Services Professionals to distribute and refer people to the Lifecourse tools. This was kicked off last year by ODP educating the SCO and presenting at Human Services Training Days. The ODP Regional Lead attends the Stakeholder group also. Once the restructuring of the committee is complete, the Stakeholder group will be creating Action Plans to support the new structure.

The IDD program uses the vast experience of the HCQU. Monthly trainings by the HCQU are held in Franklin County. They also provide individualized training that is requested by providers and families. The AE attends the Positive Practices Committee Meetings as well as Regional HCQU meetings. The HCQU is represented at our provider meetings and sits on both the Risk Management Committee and the QI Council. As a result of this collaboration, a Medication Error Task Force has been convened in Franklin/Fulton Counties. This is an outcome and objective in the QM Plan. The HCQU provides training to individuals, provider homes, staff or individuals depending on the trends found while analyzing the data. This supports the outcome *"people are healthy, Franklin/Fulton Intellectual and Developmental Disabilities Program will use the objective of reducing the number of medication errors by 10% by June 30, 2019".* The baseline data is 291 medication errors from July 2015 - April 2017. As of March 31, 2017, there are 168 medication errors this 2015-2017 QM year. The Med Error Task Force has nurses from all residential providers on the committee as well as HCQU nurses. They evaluate the Medication Administration processes at each provider and brainstorm ways together to solve the problems that they have with medication errors. The Task Force has not been in existence long enough to note if these changes are effective. It should be noted that the MH/IDD/EI Advisory Board requested that the IDD program look at the percentage of medication errors that were occurring. The QI council in conjunction with the SCO and provider nurses looked at the number of routine medications given and figured the percentage of all medication errors. The percentage of medication errors for September of 2016 was 0.04% (16/38340).



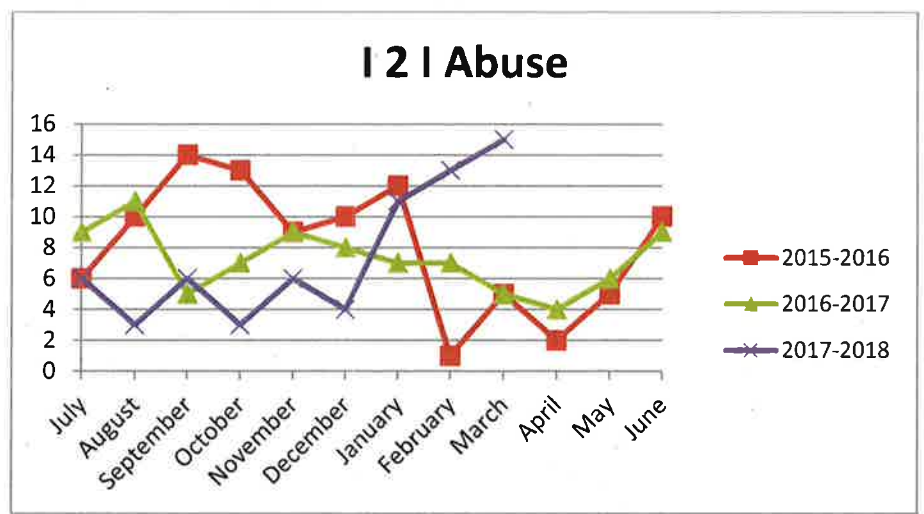
As with the HCQU, a representative for the IM4Q local program sits on the QI Council. As a result of the IM4Q data, the local program realized that people did not know what to do in an Emergency even though they had a backup plan in their ISP. So, the QI Council recommended that a one page "What to do in an Emergency" form be developed. This has turned into a folder with different Emergency Preparedness information in it. This folder is given to individuals when reviewing what to do in an emergency during considerations or at ISPs when questions are raised. The QI Council also reviews Employment and Life sharing IM4Q data to determine satisfaction with services. Both of these outcomes are included in the QM Plan. The biggest barrier to reviewing IM4Q data is that the reports are not current. As a result, there is a lag in developing QM outcomes and objectives. When a new QM plan is developed, IM4Q data is reviewed for Franklin/Fulton County to determine what the IDD program is either lagging behind the state average in or is a reoccurring issue for considerations.

The IDD program supports local providers by encouraging them to develop a relationship with the HCQU for trainings needed for their staff to support individuals with higher levels of need. The HCQU can also do biographical timelines, Consumer Data Collection (CDCs), medication/pharmacy reviews and provide training. CDCs are being scheduled for all residential homes on a routine basis. This will help providers improve the quality of life for individuals. The AE continues to support providers in developing relationships with the local hospital. As previously mentioned, the MH/IDD Coordination Meetings help to support providers also.

Franklin/Fulton County IDD Program has collaborated with the HCQU to provide training to individuals. These trainings are held monthly and are on various topics such as Summer Safety, Hygiene, How to Make a Friend, etc. Two (2) trainings per year will be held to help address the I-2-I abuse objective below.

The Risk Management Committee holds quarterly meetings to assess incidents to establish a higher quality of life for individuals. The Risk Management Committee realized that Individual to Individual (I-2-I) abuse was an issue that needed addressed. The logic model and QM Plan both address the I-2-I abuse issue. The outcome, *"People are abuse free,"* is measured by the objective of reducing the number of I-2-I abuse incidents by 5%. The number of incidents of I-2-I abuse will be measured through quarterly analysis of the HCSIS Incident Data and the target trends to prevent future incidents will be analyzed by the Risk Management Team. The baseline data is 157 incidents of I-2-I abuse for 2015-2017. As of March 31, 2018, there were 67 incidents of I-2-I abuse. The Risk

Management Committee has found several trends over this year as evidenced by the peaks in the graph and worked to resolve these situations. Several of the trends were resolved by making residential moves as the target and victim were always the same. Some of the trends required Behavior Support Plans to be modified or training for the individual or direct support staff. The Risk Management Committee will continue to monitor the data for trends.



The IDD Program partners with the County Housing Program to support an Independent Living Apartment Program for people living in their own apartments who need less than 30 hours of support a week. Because the County subsidizes the rent with base funds, people are able to live in affordable and safer neighborhoods. There are currently 13 people in this program.

The County engages providers of service by ensuring that all ISPs have backup/emergency plans included. As stated in the IM4Q paragraph, the county has developed Emergency Preparedness Folders for people who request them. A total of seven (7) folders were given out to individuals and their families in 2016-2017 and seven (7) have been given out so far in 2017-2018. Folders will continue to be updated and given to individuals and their families as requested.

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.
- Are there ways that ODP can assist you in promoting/increasing self direction?

Franklin/Fulton Counties have no individuals or families using VF/EA. When the VF/EA is explained to families, they choose Agency with Choice (AWC) instead. Franklin County has ten (10) families using AWC supports. All of their supports and services are paid with waiver funding. The county coordinates trainings for families through the Arc of Franklin/Fulton Counties (the AWC provider) and the HCQU.

The major challenge for AWC is that families have trouble finding staff especially in the rural areas of the county. This is due to the low wage, lack of transportation and/or locations far from any services, to name a few. Another challenge is that families have a lack of knowledge of the IDD system and the service definitions. And finally, families get frustrated at the amount of documentation required of

them. ODP assistance could be used to find creative ways to address these issues and to provide trainings to families.

The Franklin/Fulton IDD program will be sponsoring a Direct Support Professional (DSP) hiring fair on May 31, 2018 to address the shortage in DSPs in Franklin/Fulton counties. This hiring fair will be to attract DSPs for AWC providers as well as Traditional Providers.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

Franklin County has 18 individuals in congregate settings: three (3) of these individuals are in Private ICF/ID. Two (2) of the individuals have medical needs too complex to be supported by current providers in the local community. Two (2) of the people at State Centers could leave and go to a Nursing Home but are happy where they currently reside. The remaining person at a State Center is offered community placement annually and chooses to stay at the State Center. One (1) person in the nursing home expresses the wish to return to the community and is too young for the nursing home. She repeatedly refuses placements that are offered for various reasons. The remaining 11 individuals reside in nursing homes. This is a generic support for them due to their need for a nursing home level of care.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

Due to limited funds, Franklin County has not expanded into bridge housing support.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

Every Rental Assistance applicant will be part of HAP Case Management. A service plan will be established and signed by each applicant that will include referrals to address factors that led to the housing crisis in addition to other factors that may have contributed to the problem. Specifically, case management will be available through referrals with regard to budgeting, parenting, hygiene, sanitary housekeeping, accessing resources, and life skills with a goal of working towards self-sufficiency. Individuals that consistently do not participate in the service plan may transition out of the program and become ineligible for the program for a period of up to two years. In this event, efforts will be made to refer the individual to other programs for alternative shelter assistance.

The SCCAP HAP Program Coordinator will be responsible for completing all intakes and assessments for the Franklin County Homeless Assistance Program. This process will include assessment of other needs, especially those that brought the family to a housing crisis. Case management services/activities offered by SCCAP, as defined by the HAP Guidelines, may include but are not limited to the following:

- Intake and assessments (service plan) for individuals who are in need of supportive services and who need assistance in accessing the service system.
- Assessing service needs and eligibility and discussion with the individual of available and acceptable service options.
- Referring individuals to appropriate agencies for needed services.
- Providing referrals to direct services such as budgeting, life skills training, job preparation, etc.
- Providing advocacy, when needed, to ensure the satisfactory delivery of requested services.
- Protecting the individual's confidentiality.

The SCCAP HAP Program Coordinator will refer the individual to appropriate agencies/resources as needed for services such as linkages to income supports, parenting skills, life skills, budgeting, hygiene, food, making appointments, priority setting, maintaining records, literacy training, adult basic education, etc. The case manager will establish linkages with the Housing Authority and other local housing programs for low-income housing and the County Assistance Office. Specifically, the HAP Program Coordinator will assure that individuals who are eligible have accessed Emergency Shelter Assistance (ESA) through the Title IV-A program at the CAO so long as the ESA program exists. The SCCAP HAP case manager will discuss with the individual any service needs and options and any goals the family has identified.

Confidentiality of the individual will be protected, and all reasonable efforts will be made to coordinate service delivery and to avoid duplication of services. Therefore, Releases of Information will be required so that all other agencies offering housing services can be contacted to cross reference whether the family is receiving services elsewhere and to ensure coordination of services.

After the individual has been approved, we will complete a payment agreement between the individual, landlord and SCCAP. We will then complete a goal plan specific for the individual needs of the family and appropriate referrals will be made.

Individuals will be informed in writing by SCCAP, Inc. of the right to appeal if service is denied to them as set forth per the HAP guidelines. The following will be provided in writing to any individual who is denied or terminated from service:

- the action being taken;
- the reason for the action;
- the effective date of the action and
- the availability of an appeal process at the County and State level.

Written appeal may be made to the County of Franklin. The individual will be informed in writing of the result of the appeal. Further appeals will follow the guidelines as set forth by HAP which states that after exhausting the first level of appeal at the County, an individual may appeal to DHS to the Office of Hearings and Appeals. All individuals will be informed of the appeal process during their initial appointment. The appeal plan is explained at the first appointment and a copy is signed by the individual.

Some notable successes for Case Management have been the intentional referral to Support Circles for all HAP clients. That has allowed both families from the shelter and families applying for rental assistance to be enrolled in a long-term program that will support the family on their journey out of poverty. While not a requirement, we have seen several families take advantage of this opportunity and they are receiving ongoing appropriate support.

As we have evaluated the results of this program and the recidivism of families returning for help, we are also opening our case management opportunities to families after they receive help and promoting that as an ongoing opportunity so families can come back to talk through options before they are in another crisis.

Another addition to this component for SCCAP is Rapid Rehousing through HUD and ESG funding. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with families before they become homeless through HAP dollars, if they are currently homeless through our Emergency Shelter to get them off the streets and then through HAP or Rapid Rehousing to help them get into safe affordable housing and then on an ongoing basis through Case Management or Support Circles. We feel the addition of these services along with the coordination of internal and external supports provides a much better continuum of care for families experiencing the trauma of homelessness or near homelessness.

Of notable success are two additional partnerships. HAP is currently working with individuals referred through the Veterans program and the Franklin Together Re-entry Coalition. Both of those county collaborative groups have a host of supports which assist the individual in having a better opportunity of long term success.

Unmet needs for this program include a longer term money management program. SCCAP does not currently administer a Money Management Program. In assessing current programs in the community, we have a few organizations that offer financial services but most of those are geared toward individuals not in crisis. The ones offered for low income families are only budgeting sessions (one time – teach you to budget class) and we do that in our Case Management with all HAP clients. What we have seen be successful in the past were programs that met weekly for 6–12 weeks and helped individuals reassess their values and perceptions of money – planning for a way to stabilize their situation and then seeing what could happen once that was accomplished. There was a program like this in the past that had significant success but funding for the program was lost. We continue to look for ways to create or identify a resource similar to this.

The most common reasons we are unable to help individuals is due to individuals being over the income limit or not being a resident of Franklin County for 6 months. We also receive many calls about people wanting us to help before they have an eviction notice. Individuals are reaching out to receive help to prevent an eviction notice. If we are not able to help, there are not many other organizations in the community that are able to provide support. Many organizations have the same regulations; at times local churches can assist and we make those referrals as appropriate.

Franklin County staff completes an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

HAP's Rental Assistance program is for rent and security deposits for eligible low-income applicants who are homeless or near homeless as defined below:

Individuals or families are homeless if they:

- Are residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health; drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence; need a safe place to reside;
- Have received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement;
- Are living in a "doubled-up" arrangement for six months or less on a temporary basis;
- Are living in a condemned building;
- Are living in housing in which the physical plant presents life and/or health threatening conditions; e.g. having dangerous structural defects or lacking plumbing, heat, or utilities; or
- Are living on the streets, in cars, doorways, etc.

Individuals and families are **near homeless** if they;

- Are facing eviction (having received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Verbal notification must be followed up with written documentation). Actual Eviction notice is required in the file.

Individuals served by the HAP program must have been a resident of Franklin County for 6 months prior to applying for assistance. Rental Assistance is only provided to Franklin County applicants who can demonstrate that they will be able to become self-sufficient within three (3) months with regard to housing. Applicants are to engage with case management services and individuals will be required to sign a service plan showing areas of responsibility between the case manager and the individual.

Individuals served by the HAP Rental Assistance Program will fall into one or more of the following categories:

- Franklin County families with children who are homeless or near homeless and can show that with assistance they can be stable in the future.
- Persons fleeing domestic violence.
- Individuals who have fallen on hard times who need rental assistance and can show that with assistance they can be stable in the future.

To receive financial assistance, the individual or family must be at or below 150% poverty. Referrals to other agencies that can provide needed services will be made available to those who do not meet the income or residency guidelines as appropriate. Income requirements will be waived for persons fleeing domestic violence and for those who are experiencing a housing crisis due to a disaster such as fire or flood (upon State approval by the State HAP Manager as stated in the guidelines).
In cases where extenuating circumstances have been identified and a county based eligibility requirement is less than the States' HAP guidelines (e.g. income eligibility of 150% of FPIG is a county guideline and is less than the HAP guideline of up to 200% of FPIG, or the 6 month county residency requirement which is a county determined regulation) the HAP Program Coordinator may request a waiver from SCCAP's CEO or their designee to allow services to be provided to an otherwise eligible family or individual. SCCAP's CEO or their designee may approve services, but under no circumstances can services be provided that violate State Eligibility Criteria for the HAP Program. In instances where a waiver was granted, a note must be added to the file with the reason for the waiver and who approved the waiver.

The amount of Rental Assistance allocated will be determined by the facts of the case and the creation of a service plan for each household addressing the conditions which precipitated the housing crisis and addressing the acquisition of permanent housing including the schedule for disbursement of rental assistance funds. The service plan is signed and placed within the individual's file. The service plan will address other services needed and referrals made. In all cases the goal for the family will be to acquire stability and permanent, affordable housing. The household must demonstrate through the service plan and their actions that they have the ability to become self-sufficient and a commitment to work toward that goal. All service plans will include an agreement to cooperate with the HAP Program Coordinator/Case Manager. Individuals that consistently do not participate in the service plan may be transitioned out of the program and ineligible for assistance for up to two years.

Applicants will be expected to contribute financially towards the housing plan as determined by their individual service plan. The individual or family must have anticipated income sufficient to pay the rent in the future. Whenever possible and practical, payment plans will be established whereby the applicant retains part of the responsibility for current or back rent or utility payments. The maximum assistance available in a 24-month period is $1,500 for families with children, and $1,000 for adult only households. In most instances, households will not receive the maximum amount of assistance, but only the amount determined appropriate as stated in their service plan. Assistance given by Emergency Shelter Assistance (ESA) or Emergency Food and Shelter Program (EFSP) will be included in the maximum allowed per household, as per DHS.

Applicants will be required to exhaust all other resources available through the County Assistance Office (CAO) or other local resources before being considered for HAP Rental Assistance. This includes but is not limited to Emergency Shelter Assistance (ESA), Low Income Home Energy Assistance Program (LIHEAP), fuel assistance, utility assistance, etc. Applicants who may to be eligible for Title IV-A Emergency Shelter Assistance must apply at the County Assistance Office, and

receive a determination from the CAO before HAP can be considered. Families with a child under 21 whose income is below 80% of poverty will be referred for ESA before Rental Assistance is utilized. This requirement will end if the ESA program is discontinued.

Individuals or families must have an agreement with the landlord to rent to them before financial assistance will be provided. Written agreements must be confirmed by the HAP Case Manager before funds can be released.

Special services may be available in extreme hardship cases to provide services and/or items necessary to obtain or retain permanent housing or to achieve self-sufficiency. Applicants who receive Housing Vouchers/Section 8 or who live in subsidized housing will receive the same consideration as all other applicants. Circumstances that led to a housing crisis will be considered as will the applicant's ability to pay future rent.

Franklin County staff completes an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

Another addition to this component for SCCAP is Rapid Rehousing through HUD and ESG funding. SCCAP's emergency shelter had attempted rental assistance in the past with limited success. With the implementation of the longer term supports of Rapid Rehousing, we have found we are better able to help families find and maintain housing. While a relatively new program, this addition is strengthening our continuity for families. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with families before they become homeless through HAP dollars, if they are currently homeless through our Emergency Shelter to get them off the streets, and then through HAP or Rapid Rehousing to help them get into safe affordable housing and then on an ongoing basis through Case Management or Support Circles. We feel the addition of these services along with the coordination of internal and external supports provides a much better continuum of care for families. We believe these supports will help families stabilize and maintain long-term, safe, affordable housing!

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.
- If emergency shelter services are not offered, please provide an explanation.

Emergency Shelter is provided to families who are currently homeless. Basic needs (shelter and food) are provided in conjunction with intensive case management and effective referrals. This program is evaluated on a number of factors:

- Did the individual increase their income?
- Did the individual obtain needed supportive services (mental health, job training, physical health needs, etc.)?
- Did the individual achieve safe affordable housing?

The Franklin County Shelter for the Homeless is located in downtown Chambersburg, at 223 South Main Street. The Shelter provides 9 bedrooms with the capacity to house up to 18 individuals at one time. Two of our rooms are family rooms. The Franklin County Shelter for the Homeless is the safety net for the residents who may find themselves without a place to live. The Franklin County Shelter uses a Housing First Model and we work diligently to get individuals into housing quickly and then work to help them stabilize and move forward. Our goal is to move homeless residents back into permanent housing and toward self-sufficiency. In order to accomplish this, the Shelter staff provides case management activities during and after their stay.

We also coordinate with other agencies within the County to direct residents to the available resources that will help them achieve their established goals and long term success.
In order to become an individual at the Franklin County Shelter for the Homeless, an individual/family must be legally homeless. Families either come to the shelter, where we work with the coordinated entry system to get them registered and evaluated for service, or we receive a referral from the coordinated entry system and a family or individual comes to the shelter referred through 211. Immediately we perform a housing barriers assessment to identify what will prevent the family or individual from getting housed quickly and then begin the work of finding safe, affordable, appropriate housing and stabilizing the family. Our work with the family continues after the family is housed so we can provide the best opportunity for long term success. Homeless Assistance Program funds are needed to support the daily operational costs of the Franklin County Shelter for the Homeless and the extensive case management needed to help families and individuals, many who are chronically homeless or have extensive housing barriers, obtain and maintain long term housing.

Another addition to the Homeless Services Toolkit for SCCAP is Rapid Rehousing through HUD and ESG funding. SCCAP's emergency shelter had attempted fragmented one time rental assistance in the past with limited success. With the implementation of the longer term supports of Rapid Rehousing, we have found we are better able to help families find and maintain housing. This addition is strengthening our continuity for families. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with families before they become homeless through HAP dollars, if they are currently homeless through our Emergency Shelter to get them off the streets, and then through HAP or Rapid Rehousing to help them get into safe affordable housing, and then on an ongoing basis through Case Management or Support Circles. We feel the addition of these services along with the coordination of internal and external supports provides a much better continuum of care for families. We believe these supports will help families stabilize and maintain long-term, safe, affordable housing!

Franklin County staff completes an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

Other Housing Supports:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Franklin County has not used HAP funding for other housing support services. Independent living and forensic apartments are available through other funding sources.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

Franklin County actively participates in HMIS. The Emergency Solutions Grant, HUD Permanent Supportive Housing Programs, PATH and one Shelter Plus Care Program through Franklin County are currently entering data into the PA-HMIS. Intake forms are organized to capture the information that needs to be entered into the PA-HMIS system. The goal is to have individuals entered in to PA-HMIS immediately following enrollment in the housing programs. Multiple staff members are familiar with entering data into the system as well as running reports.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Please provide the following information:

1. **Waiting List Information:**

	# of Individuals	Wait Time (days)**
Detoxification Services	23	1-2
Non-Hospital Rehab Services	71	0-1 Short Term 1-3 weeks Long term
Medication Assisted Treatment	6 Vivitrol 2 Methadone	7-10 days (OP Vivitrol) 3-5 days (OP Methadone)
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	Intake = 131 1st Tx Session = 131	Intake = 1 day 1st Tx Session=1-2 days

**Use average weekly wait time

**Reported numbers are representative of the number of SCA funded individuals that experienced a wait time and the average wait time for the specific level of care from the time of the request/need to the time of admission in FY17/18 year-to-date (7/1/17-3/31/18)*

- Detoxification services: In FY17/18, average wait for a detox bed in or out of county was 1-2 days from the time of the request and regardless of current environment of the individual. The primary substances for detox placement were opioids (prescription and illicit) and alcohol.

- Non-hospital rehabilitation services: In FY 17/18, average wait for a short-term rehab bed was 0-1 days from the time of the request across all provider networks (in/out of Franklin County); however, average wait for a long-term rehab bed was 1-3 weeks from the time of the request, across all provider networks (in/out of Franklin County). There were a total of 3 individuals that received a long-term rehab bed within 1-2 days due to someone at the provider facility leaving against medical advice.

- Medication Assisted Treatment: In FY17/18, FFDA contracted with one methadone provider (closest in geographical proximity) as there aren't any methadone providers within Franklin County. There are a total of three Buprenorphine prescribing providers within the county. There are a total of 3 prescribing physicians of oral naltrexone (Vivitrol) in the county with limited physician time. Same day/same week access hasn't been obtainable. This is extremely important for individuals stepping down from a high level of care/secure environment (rehab, incarceration, psychiatric placement, etc.) where they received MAT to be able to engage in a community-based delivered process. FFDA partnered with a mobile Vivitrol provider, Positive Recovery Solutions (PRS) to assist in reducing this barrier for individuals that have started Vivitrol as their chosen MAT. In FY17/18, PRS provided mobile Vivitrol services in one location (geographically central to the county), one time per month. In FY18/19, PRS will be providing services in one more additional location (geographically south central to the county) at one time per month; this allows individuals the opportunity of two separate locations, two times per month. In FY18/19, FFDA will be able to provide funding for Methadone, Buprenorphine and Vivitrol if needed.

- Halfway House Services: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).

- Partial Hospitalization: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).

- Outpatient: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry). One outpatient treatment provider that operates two (2) sites in the county offers a same day intake which has allowed individuals to get into outpatient services more quickly, but also allowed individuals waiting for a detox or inpatient bed to engage in treatment services until the bed became available.

2. **Overdose Survivors' Data**: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
156	156	118	25

The reported numbers are based off of FY17/18 year-to-date data (representative of 7/1/17 through 4/30/18 only through Franklin County's two hospitals' admission and warm-hand off program data for any substance resulting in an overdose)

Franklin County's Warm Hand Off process is the primary model to address overdose survivors' linkages to treatment. It is implemented in two out of the two hospital emergency room departments (Chambersburg Hospital and Waynesboro Hospital) in the county; however, each set of protocols as well as resources look different due to the lack of financial resources to support the process. FFDA is able to supply one full-time case management specialist to the Chambersburg Hospital to complete assessments, make appropriate level of care treatment placements and provide case management services to individuals entering through the Chambersburg ER onsite. Waynesboro Hospital utilizes FFDA to make referrals for a case manager or recovery support specialist (both current FFDA employees) to come onsite to provide assessments, placements and case management services. In FY18/19, FFDA will be partnering with Chambersburg Hospital to provide tele-conferencing for the case manager to complete the level of care assessments from Chambersburg Hospital to individuals receiving

care at Waynesboro Hospital. FFDA needed to obtain a waiver from the Department of Drug & Alcohol Programs (DDAP) in order to engage in the practice to provide assessments and was granted the waiver to do so. FFDA works collaboratively with both hospital systems to leverage resources and to also offer these services to any individual that presents as needing substance use disorder treatment; however, overdose survivors are a prioritized population within this process. As a long-term, sustainable effort for the warm hand off process, FFDA will be collaborating with TMCA (BHMCO) and Keystone Health Franklin (FQHC and contract hospital crisis provider) to engage Keystone Health as the primary provider for the warm hand off process, as Crisis is provided 24/7 within both hospital ER's and could meet the need more efficiently than the current model of having one full-time case manager. FFDA will be entertaining ways to extend the warm hand off process to EMS/first responders through the county's Overdose Task Force in FY18/19 as a strategic plan goal.

3. **Levels of Care (LOC)**: Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	0	Complex Medical
Inpatient Hospital Rehab	2	0	Complex Medical
Inpatient Non-Hospital Detox	14	1	IDU; Pregnant Women; Overdose Survivors; Veterans
Inpatient Non-Hospital Rehab	18 (ST) 10 (LT)	1	Co-Occurring; Women Specific; Women with Children; IDU; Overdose Survivors; Veterans; Pregnant Women
Partial Hospitalization	1	0	
Intensive Outpatient	3	3	Co-Occurring (2 providers); IDU; Overdose Survivors; Veterans; Pregnant Women
Outpatient	3	3	Co-Occurring (2 providers); IDU; Overdose Survivors; Veterans; Pregnant Women
Halfway House	8	0	IDU;Veterans; Overdose Survivors; Co-Occurring

The reported number of providers is based upon the number of individual facilities that FFDA contracted with in FY17/18 to provide that level of care, regardless of the umbrella provider network the facility falls within.

4. **Treatment Services Needed in County**: Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

Tuscarora Managed Care Alliance (TMCA) oversees Franklin/Fulton County's Behavioral Health HealthChoices Program. Reinvestment Plans that benefit Franklin County residents include two approved and currently implemented programs for Recovery Bridge Housing Subsidy and Certified Recovery Support Specialists. The Recovery Bridge Housing plan focuses on providing a rent subsidy for individuals who are Medicaid eligible/members to

receive financial assistance for recovery housing rent. The recovery house must be PARR certified or an Oxford House Model in order to receive a contract from TMCA for this plan. To date in FY17/18, this plan has provided rental subsidies for thirty males and two females. TMCA's Certified Recovery Specialist plan provides the opportunity for the in-network local outpatient drug/alcohol providers to employ a certified recovery specialist to provide peer support to individuals transitioning from a high level of care (detox/inpatient) to a lower, local level of care such as IOP or OP services. FFDA partners with TMCA on this endeavor by providing FFDA's Recovery Support Specialist (RSS) to serve as the centralized referral hub. Inpatient providers make the referral on behalf of the individual to FFDA's RSS who then reaches out to the individual's provider choice. After the referral is accepted by the provider, the provider's CRS makes face to face contact with the individual while still completing Inpatient treatment, prior to discharge. Once the individual is discharged, the CRS meets with the individual upon return to the community and begins providing peer and recovery case management support. The primary goal is to provide individuals with needed, yet voluntary peer support while in turn reducing the rate of re-admission into a higher level of care. A current need in Franklin County is the lack of drug/alcohol free pro-social activities for individuals who struggle with substance use disorders and their families/natural supports. TMCA and FFDA will be working together to submit a third reinvestment plan to focus on funding a recovery rec center with a primary/centralized center as well as satellite centers in both Franklin and Fulton counties.

Another community-based treatment need is funding/financial assistance for individuals that are under/un-insured to obtain assistance with Buprenorphine as their form of medication-assisted treatment. FFDA will be meeting this need in FY18/19 by providing funding to provide financial assistance to those that meet the funding and clinical eligibility criteria.

5. **Access to and Use of Narcan in County**: Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

   Intra-nasal naloxone is available to both professionals as well as the general community in Franklin County without a prescription due to the current standing order status in which the medication has been made available. FFDA provides overdose response/naloxone administration training, known as "Operation Save A Life" (OSAL) to anyone that wishes to attend, free of charge. Individuals that are residents of Franklin County are eligible to receive a free dose of intra-nasal naloxone upon completion of the OSAL training. Trainings occur monthly in various geographic areas within Franklin County for easy accessibility. FFDA provides funding to contract with Healthy Communities Partnership (HCP) to deliver the majority of the community-based trainings. Residents that wish to purchase the medication can do so at any Franklin County pharmacy, as 100% of them are carrying/dispensing the medication. Naloxone is also available and used by county first responders. Each of the six (6) law enforcement agencies in Franklin County are also carrying/administering intra-nasal naloxone. In FY17/18, FFDA began serving as the Centralized Coordinating Entity (CCE) through PCCD to provide free intra-nasal naloxone to agencies/organizations that serve as first responders in the county. FFDA will continue to serve as the CCE in FY18/19 as the project is a two-year project.

6. **Americn Society of Addiction Medicine (ASAM) Training**: Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM.

See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	**# of Professionals Already Trained**
SCA	6	0
Provider Network	74	0

ASAM Criteria training will be accomplished through a funding/payor partnership between Tuscarora Managed Care Alliance (TMCA) and the SCA/Franklin-Fulton Drug & Alcohol (FFDA). Both entities are sharing the costs to provide two ASAM Criteria trainings for those providers in network/contracted to provide licensed substance use treatment. Two trainings will provide training for 100% of the staff currently working with the FFDA as well as the providers setting (for those providers that are within the Franklin and Fulton county jurisdictions). The first training will occur on June 18-19th, 2018 and the second training will occur on July 9-10th, 2018 as confirmed.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on "please choose an item".***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

No services are funded through the block grant.

Aging Services: Please provide the following:
Program Name:
Description of Services:
Service Category:
No services are funded through the block grant.

Children and Youth Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

No services are funded through the block grant.

Generic Services: Please provide the following:

Program Name: Information and Referral
Description of Services: I&R provides a service that links individuals and the community through a variety of communication channels, including in person presentations to local agencies to help educate the community of the various services throughout the County. The I&R department is also the contact point for PA 211 coordination.

Coordinated Entry refers to coordinating access, assessment and referral for housing and services for people experiencing or at imminent risk for homelessness in a community. This system started on January 24, 2018. The Pennsylvania 211 system received the contract with the responsibility as the lead agency for entering this system via phone. Assessments are based on the information that individuals or families provide during the VISPDAT and allows for a better determination of what type of housing services and area agencies are best suited to assist in connecting them to a home.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☑ CYS ☐ SUD ☑ MH ☑ ID ☑ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name:
Description of Services:

No services are funded through the block grant.

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

Franklin County Human Services Training Days is a 1 day event, held in October and April of each year, as a format to provide up-to-date training for those who serve in the human services profession.

The participants, who attend, are from a wide array of human services agencies, faith-based organization, not-for-profits, and medical programs and range from case managers, to support staff, to directors and administrators. Our goal is to provide them with quality professional training that will enhance their skills, increase their professional development, and ensure that they are aware of the current trends in their profession. From the information they receive, agencies and staff can use the new tools as a way to take their existing and new programs and strengthen the delivery of the service.

The event is held at the Rhodes Grove Conference Center, which is located in Chambersburg, Pennsylvania. The site is chosen because of the unique ability to provide space for 200 – 250 individuals to attend. All training is provided at no cost to those who are a part of the human services community.

The Franklin County Human Services Training Days format provides the opportunity for individuals to

learn from several different areas in the field of human services. The event is kicked off by having a Keynote Speaker, who will present for an hour. Afterwards individuals will attend one of the four 1 ½ hour sessions/presentations that are occurring. A total of 12 session/presentations are held over the course of the one day.

Individuals are given the opportunity to register for the specific classes that they feel they will benefit most from. From this, we can expect approximately 20-50 participants for each session, unless there is a request for a limit due to the nature of the presentation. These sessions will cover areas of topics that relate to Veterans/Military, the Aging Community, Mental Health, Early Intervention, Intellectual Disabilities, Services to Children, as well as ways to take care of ourselves as the human service professionals.

If funding becomes available, the expenses associated with this event will be for the facility's fees, trainers and supplies.

Franklin County Intro to Human Services is a second training event that provides individuals the ability to become educated directly on the specific services that the Franklin County Human Services Administration departments offer to the residents of Franklin County.

The event is open to the first 40 who register to attend. There is no cost associated with this training. Individuals are given an overview of each of the departments and how their services are able to benefit those in the Franklin County community. The session is held twice a year. The participants are from a wide array of human service agencies, faith-based organization, not-for-profits, and medical programs and range from case managers, to support staff, to directors and administrators who will be in attendance.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below. Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties only).

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Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Franklin

A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.

B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.

C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures 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; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.

2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
[signature]	David S. Keller	Date: 5/29/18
[signature]	Robert L. Thomas	Date: 5/29/18
[signature]	Robert G. Ziobrowski	Date: 5/29/18

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Appendix B

Proof of Publication
State of Pennsylvania

AD # 0001672377-01

The Public Opinion is the name of the newspaper(s) of general circulation published continuously for more than six months at its principal place of business, 77 North Third Street, Chambersburg, PA 17201.

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issues of the said **The Public Opinion** published on the following dates, viz:

Attach Copy of Advertisement here

Public Notice
Human Services Block Grant Committee Meeting

Initial Public First Draft Plan Meeting
May 22, 2017
3:00 p.m. - 4:30 p.m.
Human Services Building
425 Franklin Farm Lane
Chambersburg, PA 17202

Second Public Draft Plan Meeting will be held during the Board of Commissioners Meeting
May 25, 2017 at 9:30 a.m. - 10:30 a.m.
Commissioners Complex
14 North Main Street, Chambersburg

Final Approval on the Draft Plan will be held during the Board of Commissioners Meeting
June 1, 2017 at 9:30 a.m.
Commissioners Complex
14 North Main Street, Chambersburg

5/9/2017

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF FRANKLIN

Before me, a Notary Public, personally came Pam Rodencal who being duly sworn deposes and says that she is the Legal Advertising Clerk of The Public Opinion and her personal knowledge of the publication of the advertisement mentioned in the foregoing statement as to the time, place and character of publications are true, and that the affiant is not interested in the subject matter of the above mentioned advertisement.

Sworn and subscribed to before me, on this 9 day of May 2017

Amy L. Miller } Pam Rodencal

Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
AMY L MILLER
Notary Public
WEST MANCHESTER TWP, YORK COUNTY
My Commission Expires Apr 7, 2019

The charge for the following publication of above mentioned advertisement and the expense of the affidavit.

Advertisement Cost	$95.50
Affidavit Fee	$5.00
Total Cost	$100.50

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Appendix B

BLOCK GRANT PLANNING COMMITTEE MEETING PARTICIPATION LOG
5/16/18

Name	*Agency*	*Representing*	*Please Initial*
Amsley, Doug	*Franklin County*	*CYS*	[illegible]
Briggs, Christy	*Franklin County*	*Human Services*	CDB
Brown, April	*Franklin County*	*D&A Administrator*	[illegible]
Goshorn, Buddie			
Gray, Carrie	*Franklin County*	*Human Services*	
Hicks, Amy	*United Way*	*Community Funder*	[illegible]
Horvath, Stacie	*Franklin County*	*Administrator*	[illegible]
Johnston, Karen	*HCP*	*D&A*	[illegible]
Kline, Traci	*Franklin County*	*Aging*	Traci G. Kline
Larew, Anne		*Community Member*	[illegible]
Michelle Mosher	*Franklin County*	*TMCA*	[illegible]
Nevada, Steve	*Franklin County*	*MH/ID/EI*	
Overcash, Sharyn	*Franklin County*	*D&A/HS*	[illegible]
Rowe, Stacy	*Franklin County*	*Human Services Fiscal*	Stacy Rowe
Schwartz, Sheldon	*MH/ID Board Member*	*MH/ID/EI*	
Seilhamer, Cori	*Franklin County*	*MH*	[illegible]
Shreve, Megan			

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BLOCK GRANT PLANNING COMMITTEE
MEETING PARTICIPATION LOG
5/16/18

Spottswood, Ann	Summit Health	Community Funder	[signature]
Wertz, Kim	Franklin County	Community Member	KAW
Young, Lori	Franklin County	MH/ID/EI	Lori Young
Yurko, Stacy	Franklin County	HSA	Stacy Yurko

Additional Attendees (Public)

NAME	REPRESENTING	SIGNATURE
Ashley Yinger	MH/IDD/EI	[signature]
Alicia Kanelopoulos	Consumer	Alicia Kanelopoulos
Julie Dovey	Fulton Co. Human Services	[signature]
John Patterson	MHA F-F	[signature]
Glenda S Helman	CJAB/Grants Mgt	Glenda S Helman

JPatterson
@ MHAFF.ORG

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FRANKLIN COUNTY

CONFERENCE: FRANKLIN COUNTY COMMISSIONERS DATE: May 29, 2018

PRINT NAME	TITLE/OFFICE	SIGNATURE
Stacie Horvath	Human Services Administrator	Stacie M. Horvath
KIM WERTZ	HSBG HUD-PATH	[illegible]
JAMES SULLIVAN	DW. JAIL	[illegible]
Michelle Davis	Jail - Adm	Michelle Davis
SHELLY SCHWARTZ	SELF	[illegible]
BILL BECHTOLD	WARDEN / JAIL	[illegible]
Stacy Rowe	HS Fiscal Mgr.	Stacy Rowe
April Brown	FFDA Administrator	[illegible]
Ashley Yinger	MH/IDD/EI Administrator	[illegible]
JOHN THIERWECHTER	DIR / DES	[illegible]
Tammy Heckman	B.M. Jail	Tammy Heckman
Tiffany Bloyer	HR Director	[illegible]
Chris Mann	HR Generalist	[illegible]
Glenda Helman	CJAB/Grants Mgt	Glenda S Helman
Julia Lehman	Communications Coordinator	[illegible]
Michael HUNTSBERRY	LT M. Huntsberry Jail	[illegible]
Dawn deSalis	Dawn deSalis Admin	

NEWS REPORTERS

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Appendix B

Public Hearing #1 – May 16, 2017

One question/comment was received during the May 16 Public Hearing:

A local provider asked – Will the planned closing of the Keystone Psychiatric Rehabilitation Center affect Block Grant funds? Might those funds be available to other providers.

Staff Response – Staff responded that some providers have come in with larger budgets this year and the funds may be needed to address those budgetary needs prior to being made available to additional providers.

Public Hearing #2 – May 29, 2018

There were no questions/comments from those in attendance at the May 29 Public Hearing.

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APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

Directions:	**Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.**
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures **(MH, ID, and SUD only)** that are **not** associated with HSBG funds in the applicable cost centers. *This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.*
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.

■ Please use FY 17-18 primary allocation plus the supplmental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.

■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

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APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	484		$ 261,508		$ 7,061	
Administrator's Office			$ 622,492		$ 1,390	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	125		$ 247,910		$ 6,694	
Community Residential Services	51		$ 1,517,987		$ 40,143	
Community Services	1,772		$ 509,823		$ 13,765	
Consumer-Driven Services						
Emergency Services	162		$ 43,107		$ 1,164	
Facility Based Vocational Rehabilitation	24		$ 84,625		$ 2,285	
Family Based Mental Health Services	3		$ 37,050		$ 1,000	
Family Support Services	5		$ 6,020		$ 163	
Housing Support Services	50		$ 37,621	$ 54,558	$ 1,016	
Mental Health Crisis Intervention	3,182		$ 364,895		$ 9,433	
Other						
Outpatient	39		$ 19,970		$ 539	
Partial Hospitalization						
Peer Support Services	26		$ 66,749		$ 1,802	
Psychiatric Inpatient Hospitalization	1		$ 24,557		$ 663	
Psychiatric Rehabilitation	48		$ 76,909		$ 2,077	
Social Rehabilitation Services	137		$ 264,685		$ 7,146	
Targeted Case Management	200		$ 258,410		$ 6,977	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	6,309	$ 4,444,318	$ 4,444,318	$ 54,558	$ 103,318	$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 563,382		$ 3,270	
Case Management	65		$ 57,456		$ 1,594	
Community-Based Services	135		$ 295,259		$ 39,599	
Community Residential Services	14		$ 58,269		$ 1,617	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	214	$ 974,366	$ 974,366	$ -	$ 46,080	$ -

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APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	86		$ 51,860			
Rental Assistance	86		$ 43,000			
Emergency Shelter	15		$ 14,996			
Other Housing Supports						
Administration			$ 3,802			
TOTAL HOMELESS ASSISTANCE SERVICES	187	$ 113,658	$ 113,658		$ -	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	40		$ 86,087			
Medication Assisted Therapy	12		$ 22,500			
Other Intervention	120		$ 12,000			
Outpatient/Intensive Outpatient	91		$ 43,046			
Partial Hospitalization						
Prevention	724		$ 15,314			
Recovery Support Services	278		$ 68,000			
Administration			$ 43,579			
TOTAL SUBSTANCE USE DISORDER SERVICES	1,265	$ 290,526	$ 290,526	$ -	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	3,189		$ 86,121			
Specialized Services						
Interagency Coordination			$ 250			
Administration			$ 9,597			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,189	$ 95,968	$ 95,968		$ -	$ -
GRAND TOTAL	11,164	$ 5,918,836	$ 5,918,836	$ 54,558	$ 149,398	$ -

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Appendix D

Block Grant Planning Committee

Committee Members:

- Megan Shreve (HAP Provider)
- Sheldon Schwartz (Mental Health/Intellectual Disabilities Community Rep)
- Kim Wertz (MH Advocate)
- Anne Larew (IDD Advocate)
- Amy Hicks (United Way)
- Ann Spottswood (Summit Health)

Staff Members:

- Steve Nevada * (Assistant County Administrator)
- Stacie Horvath * (Human Services Administrator)
- Stacy Rowe * (Fiscal)
- Christy Briggs * (Fiscal)
- Ashley Yinger * (MH/IDD/EI)
- Lori Young (Intellectual Disabilities)
- Sharyn Overcash (Human Services)
- Doug Amsley (Children and Youth Services)
- Traci Kline (Aging)
- April Brown * (Drug & Alcohol)
- Justin Slep (Veterans Affairs)
- Glenda Helman * (Grants Management)
- Melissa Reisinger * (Tuscarora Managed Care_
- Michelle Mosher * (Health and Human Services Planning and Development)
- Julie Dovey (Fulton County)

- Denotes Leadership Team Members

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