

REVISION #1
Appendix A
Fiscal Year 2014-2015

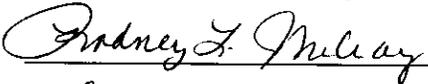
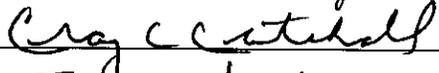
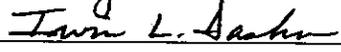
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: FULTON

- 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 Pre-Expenditure 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 necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.
- 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 handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Rodney L. McCray	Date: 08/12/14
	Craig C. Cutchall	Date: 08/12/14
	Irvin L. Dasher	Date: 08/12/14

Appendix B

County Human Services Plan Template

The County Human Services Plan Template is to be used to submit the information as outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department, as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

The Fulton County Commissioners formed a human services planning team in June, 2012 in order to explore opportunities that might arise from piloting the block grant. It was decided at that time that there likely would not be enough time to put together a plan in the first two years that would look a whole lot different from current plans. Also, with the state cuts in budgets, it was also felt that cutting those programs additionally would be detrimental to consumers. Therefore the initial planning team was composed largely of those persons representing agencies currently receiving funding. The planning team named for the 2014-15 year is included in Appendix E. It should be noted that the Fulton County Human Services administrator serves on the Franklin County planning team and the Franklin County Human Services Administrator serves on the Fulton County planning team in order to better facilitate cross-systems planning.

This team is currently responsible for developing the plan for the expenditure of human services funds for the 2014-15 fiscal year. The committee is also charged with considering the various reallocation of funds throughout the year and that is done through an application process that has been developed. The planning team met on the following dates with agenda items in parentheses:

- May 15, 2013 (Consumer Involvement, unspent 12-13 funds, discussion of 13-14 plan and planning process, needs assessment, data). 12 in attendance.
- January 9, 2014 (Consumer involvement, 12-13 wrap-up and dissemination of final expenditure report, waiver request for unspent funds, 13-14 plan approval, budget, financial position at ½ year, housing case management and outcomes). 13 in attendance
- April 10, 2014 (Waiver denial, final 12-13 reconciliation with Franklin County, decisions on individual requests for unspent funds, recommendations to be sent to Commissioners, consumer involvement and outcomes) 12 in attendance.
- May 30, 2014 (Financial position at the ¾ year, further requests for unspent funds, outcomes, discussion on newly-released 14-15 planning guidelines, discussion on writing the plan, individual assignments, public hearing dates and consumer involvement.) 12 in attendance

Although the above team represents the “working” team with regard to the 2014-15 plan, other groups who will be brought into the process include:

- 1) Fulton County Housing Committee – consists of 15 members including managers of local housing for the elderly, mentally ill and low-income families.
- 2) Fulton County Family Partnership – consists of more than 50 partners who represent other agencies, non-profits, churches and consumers.
- 3) Fulton County Services for Children Advisory Board – includes 15 members including three student members.

1. Critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers, and partners from other systems;

Although the above team represents the “working” team with regard to the 2014-15 plan, other groups who will be brought into the process include:

1) Fulton County Housing Committee – consists of 15 members including managers of local housing for the elderly, mentally ill and low-income families. This committee has provider and consumer participation.

2) Fulton County Family Partnership – consists of more than 50 partners who represent other agencies, non-profits, churches and consumers. This is the 301©3 which provides human services planning for the county. It is composed of providers, consumer representatives, clergy, business and other community individuals who seek membership.

3) Fulton County Services for Children Advisory Board – includes 15 members including three student members.

2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;

All were invited to the public hearings. The block grant is discussed at Family Partnership meetings and input is sought. The block grant is discussed at individual committee meetings of the each of the aforementioned boards/committees.

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. ***For those counties participating in the County Human Services Block Grant***, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;

The flexibility of the block grant allows counties to serve consumers in the least restrictive setting. It is now possible to assess and address need(s) at the local level and to provide the supports that are necessary for all consumers – aging,

adult, children as well as those with mental health, intellectual disability and drug and alcohol challenges to be served in the community. One of the outcomes that are measured in many of the funding streams is how many are served in their own home (as opposed to residential facilities), how many placements of children were prevented and other outcomes which are currently being identified.

4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

The biggest change is creating a better awareness of funding positions earlier in the year so that funds can be reallocated and targeted to areas of need. A big change from last year is twofold: 1) the ability to better fund our Homeless Assistance Program; and 2) the ability to better fund our Truancy Prevention/Intervention and School Success programs.

NEEDS ASSESSMENT

Describe the data reviewed by the County Planning Team and how the data was utilized in developing the plan for the expenditure of human services funds.

- a. 2013 Pa. Youth Survey (PAYS)
- b. Current Fulton County Medical Center Community Health Needs Assessment*
- c. Fulton County Children & Youth Annual Needs-Based Plan & Budget
- d. Communities That Care (CTC) plan
- e. 2010 Census Data
- f. Penn State Data Center – Census data for Fulton County
- g. Alan Collautt Associates – Health Choices data
- h. Casey 2013 Kids Count data book
- i. Area Agency on Aging survey
- j. Fulton County Services for Children and Human Services Administration Annual Report for calendar year 2013.
- k. County profile data
- l. Data dashboard furnished by AOPC which shows the statistics on juveniles in placement under the Court's jurisdiction.

Basically the data is used to try to determine "drivers" in expenditures for county human services. Rather than identifying new services needed, it was noted that the data currently matches the fact that expenditures are up in transportation and in healthcare costs, but that the effects of the economic downturn are beginning to show some signs of lessening. It was also noted, however, that although unemployment rates are down slightly, it still remains a problem and its effects still drive much of the human services costs. Because this is a budget identical to last year's and because last year's funds were basically used in the categorical areas covered (with the exception of ID funds), there were not many changes to be made other than the chance to reallocate funds during the year that, for individual reasons, may be under or over spent.

*During the 2014-15 year, the Human Services Administration along with the Fulton County Family Partnership, plan to continue working with Fulton County Medical Center to identify human services needs/gaps in service and outcomes to add to FCMC's online Data Dashboard to eventually measure results of various program funding.

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.

Please provide the following:

1. Proof of publication of notice; Attached (Appendix G))
2. Actual date(s) of public hearing(s); Wednesday, June 25, 2014 @11:00 a.m. (at Fulton County Services for Children conference room) and Thursday, June 26, 2014 at 6:00 p.m. at Fulton County Services for Children conference room.
3. A summary of each public hearing – please see Appendix G for a summary and list of those in attendance.

PART III: WAIVER REQUEST **(applicable only to Block Grant Counties)**

If you are requesting a waiver from the minimum expenditure level for any categorical area, provide the justification for the request.
No waiver is requested at this time.

PART IV: HUMAN SERVICES NARRATIVE

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:

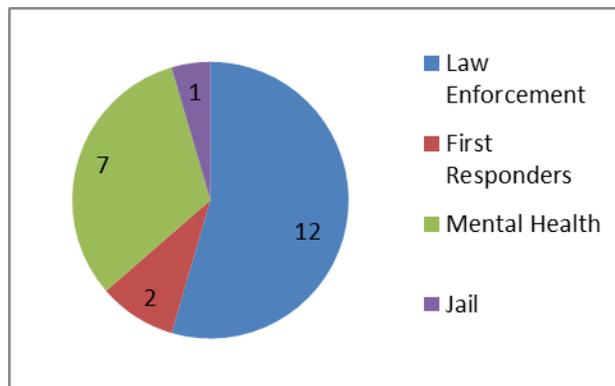
Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

The Franklin/ Fulton County Mental Health Program provides services to Franklin/ Fulton County adults with severe and persistent mental illness and children who have a mental health diagnosis or who are at risk of developing a mental illness.

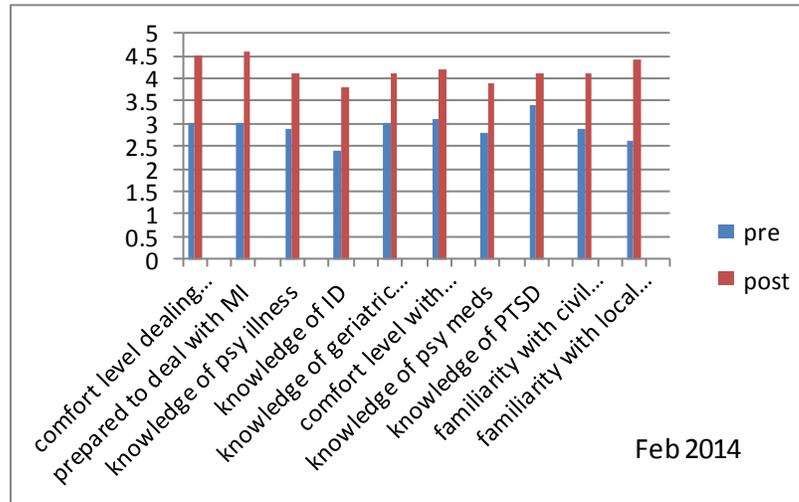
Through contracted case management, the agency provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and

psychological evaluation, medication monitoring, residential programs, vocational and social rehabilitation, short-term inpatient, partial hospitalization and 24- hour emergency services.

- **Crisis Intervention Team (CIT)** – These programs are local initiatives aimed at improving the community and law enforcement response to individuals experiencing mental health crisis situations. They rely upon extensive collaborations between first responders, law enforcement, mental health provider agencies, and individuals and families affected by mental illness.
 - County Police Chiefs and Mental Health committed to a partnership by sending a team of seven to become trainers for the Memphis Model of CIT. The team representing our county includes: three law enforcement officers, one dispatcher, one advocate, one crisis worker, and one mental health professional. We are creating a roll out plan in our community. We offered the first 40 hour course in February 2014. Our target audience includes police officers, emergency responders, probation officers, jail staff, crisis staff, and sheriff deputies.
 - Outcomes: We tracked the number of personnel trained. In the future, we plan to track the number of CIT-related calls that these personnel respond to, as well as the final disposition of these calls (hospital, arrest, etc.).
 - We held the first CIT training in February 2014 where 14 graduated after the 40 hour week. To date we have twenty-two members on our CIT, with twelve of them being law enforcement.



- According to the pre/post test data, knowledge in each core topic was increased a point or a point and half after the CIT training.



- We have talked with surrounding counties about the possibility of a regionalized partnership in order to share training resources and ideas.
- Data collection is targeted to begin in late 2014. The data collection tool is in draft form and the committee is planning the pilot roll out.
- Next scheduled training is Sept 29 – Oct 2, 2014.
- **Mental Health First Aid** – Mental Health First Aid is an interactive 12 hour public education program that enables individuals to identify, understand, and respond to signs of mental illnesses and substance use disorders. The course provides an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health crises. Participants learn a 5-step action plan to respond and connect individuals with appropriate resources.
 - o Mental Health sponsored 6 sessions this past year. Training was offered to several populations in the communities such as education providers, mental health providers, criminal justice system, healthcare systems, churches, etc.
- **Supportive Employment**
 - o Franklin Fulton MH/ID/EI participated in a job fair to continue educating our community employers on employees’ mental health needs and stress management for their employees. We also offered education regarding the evidence based supported employment philosophy.
 - o Continued working with our supported employment providers on the evidence-based philosophy and increased business interest in hiring individuals with a mental illness.
 - o We are analyzing number of employees engaged in Supportive Employment and assessing barriers.

- **WRAP[®]** : WRAP Education in 2013-14 has been very successful: 42 people have participated in WRAP groups, 20 have asked for additional information on specific recovery topics, and many more have participated in WRAP webinars. Please refer to the collaboration section in the intellectual disabilities section for more information.

In a review of system service needs, MH/ID recognized that historically, our system has required improvements in data collection related to quality of care. In response, MH/ID/EI partnered with other entities in our community to identify what areas should be analyzed for our system. We created workgroups and assigned them to priority areas for system indicators analysis. The following topics arose as needing improvement; we detail what has been done since last year to improve these areas.

- Readmission rates
 - o We analyzed readmission rates for individuals experiencing a serious mental illness. A workgroup comprised of outpatient providers, behavioral health unit, advocates, crisis, case management, HealthChoices, managed care, and the county focused on identifying any commonalities and discrepancies in our services compared to neighboring communities. The information will be combined with results of a survey from individuals that have experienced multiple admissions with the goal of creating an action plan.
 - o Outcomes: We tracked the annual readmission rates and the percent change compared to previous years.

Hospital Data					
	2011	2012	2013	2014	% Change (2012 to 2013)
Admissions	11	13	10	0	-23.1%
Unduplicated	7	6	7	0	+16.7%
Readmissions	3	7	3	0	-57.1%
Bed Days	172	212	164	0	-22.6%

*2014 current through April

*Only includes community hospital stays

Medication Co-Pay:

- o Co-pays for mental health medication may be a barrier for some individuals. We are examining solutions to address this need and identify funding.
- o As a result of surveys and conversations last year, this does seem to be a need for a minimal population primarily with individuals being released from jail; we are assisting on an individual basis with the supports

available in the community such as the Patient Assistance Program. The Patient Assistance Program (PAP) is available through designated Pharmaceutical Companies. The Companies will provide coverage for those that qualify through the application process. Franklin Fulton MH/ID/EI in collaboration with local case management, forensics representatives, local pharmacies, and local human service providers developed policy and procedures to provide coverage through PAP and Franklin Fulton MH/ID/EI funding.

b) Strengths and Unmet Needs:

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**
 - Strengths: Mental Health participated in a pilot project, Healthy ABC's, with PMCHA. It is a health literacy program designed to provide education to older adults about mental health and local services. There are three trainers now available in Franklin/Fulton Counties to offer this 90 minute training.
 - Needs: To provide outreach services in peoples' homes whereby a team composed of aging and mental health (and potentially nursing) staff would provide assessment and resource-sharing services to older adults to address quality of life issues.
 - Education surrounding dementia and behaviors. There have been lots of inquiries about involuntary commitments due to increased self-injurious behaviors
- **Adults (ages 18 and above)**
 - Strengths: Continue to offer the leadership academy for individuals interested in gaining skills that would assist them when holding a position on an advisory board or board of directors. The academy meets for 2 hours a week for 8 weeks featuring professionals from the community.
 - Needs: Availability of providers with expertise in Co-occurring services
- **Transition-age Youth (ages 18-26)**
 - Strengths: The focus has been on employment opportunities and skills training for the transition-age youth. We are offering education sessions to the families and support system so they are also aware of what is available in our community
 - Needs: Housing and employment options are needed in our community for transition-age youth

- o **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion:

Community events:

- o This past year was the first of our Kick-off your summer event and we partnered with the Fulton County Family Center and Medical Center. Over 350 people attended. Our booth featured information on bullying, suicide prevention and good mental health.

- o Children and Adolescent Service System Program (CASSP): We tracked the number of families and schools accessing service and supports:

CASSP	Calendar year		
	2014	2013	2012
Meetings Held	18	38	59
New Referrals	4	3	4
Higher level of care	0	1	2

*2014 is current through May

- o Strengths: The provision of school-based mental health services.
- o The provision of the Student Assistance Program (SAP) in all of the secondary schools in Franklin and Fulton Counties.

SAP Screening info				
	# students screened	% MH	% D&A	% CO
2013-14 (through 4/30)	38	87%	0%	13%
2012-2013	27	89%	0%	11%
2011-2012	41	85%	2%	12%

- o Needs: Funding to allow for the provision of SAP within the elementary schools in both counties.

Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.

- **Individuals transitioning out of state hospitals**

- o Strengths: During a person's treatment stay in a state hospital, a Community Support Plan (CSP) is created with input from the individual, their treatment team and family/friends. Prior to discharge this plan is reviewed again by the same group and follows the person into the community.
- o Access to extended acute care level of care has allowed individuals to receive psychiatric inpatient treatment closer to their home communities and has reduced the utilization of state hospital beds
- o Needs: There is a committee currently working to identify needs and make recommendations to decrease the number of hospitalizations.
- **Co-occurring Mental Health/Substance Abuse**
 - o Strengths: The Implementation committee created a co-occurring credentialing process for providers. It is mirrored from the OMHSAS bulletin that was created. The credentialing tool was still piloted by three providers, 1 mental health, 1 drug & alcohol, and 1 dually licensed facility. The results will be made available in late June after the committee reviews and makes recommendations for any revisions to the tool.
 - o Training related to adolescents having a co-occurring illness was offered free to our providers.
 - o Needs: Financial support is needed to afford clinicians the time to prepare for and complete the Certified Co-Occurring Disorders Professional (CCDP) credential
- **Justice-involved individuals**
 - o Strengths: The County serves these individuals through implementation of the CIT program, which emphasizes effective communication techniques for first responders and law enforcement in order to deescalate crisis situations. The goals of CIT are to reduce the number of emergency responses resulting in arrests and to increase the safety of those in crisis as well as officers.
 - o Needs:
 - o Individuals leaving the jail have difficulties obtaining insurance coverage. Franklin Fulton MH/ID/EI has established and participates in a regular meeting with the County Jail to examine process and possible system changes to help enroll individuals who qualify for medical assistance.
 - o Current perception is that individuals with serious mental illness have a high incidence of recidivism. Franklin Fulton MH/ID/EI, TMCA Healthchoices and the County Jail are examining patterns and trends to determine if this perception is accurate and develop strategies accordingly
- **Veterans:**
 - o Strengths: Law enforcement is being educated about experiences of Veterans returning home after combat from Veterans during the 40 week of CIT training.

- o Participating in a Veteran’s Conference being held locally to share the services available and access information.
- o Needs: A method of better engagement is needed. Stigma also seems to play a role in lack of access.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - o Strengths: During our mental health month, Keystone Pride Recovery Initiative offered “Welcoming and Affirming Practice: Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) and cultural competence training”. In this 5-hour seminar they explored the effects of language, culture, and power dynamics on the developing personhood of those who carry the labels represented in the initials above. They also examined our own attitudes, values and thinking, conditioned by our own upbringing, acculturation, and knowledge. Our focus will be on ways to become more truly welcoming and affirming to all persons who differ from us and to learn from them how to be helpful as part of a healing community of support.
 - o Through CIT, Law Enforcement is being educated about experiences of persons identifying as belonging to the transgender culture.
 - o Needs: List of local MH providers trained to understand the needs of LGBTQI consumers
- **Racial/Ethnic/Linguistic minorities**
 - o Strengths: MH/ID/EI does have a contractual agreement with an agency which provides translation and interpretation services

Needs: None identified.

- **Other, if any (please specify)**

Strengths: None identified.

Needs: None identified.

c) Recovery-Oriented Systems Transformation:

Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and unmet needs.

For **each** Transformation Priority provide:

- A brief narrative description of the priority
- A time line to accomplish the transformation priorities
- 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.

TRANSFORMATION PRIORITY	
1	Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
2	Transition age and forensic population housing option to assist entry into the adult system and re-entry to the community from incarceration. It will offer supports for successful transition to independent living.
3	Public Awareness Campaign to assist the community in understanding mental health and substance use disorder and how to access services.
4	Increase integration between mental health and the aging population.
5	Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.

1. Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
 - i. Implementation team is working on a credentialing process to recognize local providers that have completed the criteria to be co-occurring capable.
 1. The certification program committee has just completed the pilot of its credentialing tool. The tool was used in credentialing three providers (1 mental health, 1 D&A, and 1 dual licensed). Results and recommendations will be presented to the committee in early June with the expectation that it will be ready by July 1.
 - ii. Change Agents are being trained in the manual so they can begin to educate their peers.
 1. Training held in February and March 2014
 - iii. Change Agent Committee has been created and meets on a quarterly basis. Every member received a change agent manual that contains information to be used during supervisions, such as: stage matched treatment, case review templates, treatment plan templates, local resources, etc.
2. Transition age and forensic population housing option to assist entry into the adult system and re-entry to the community from incarceration. It will offer supports for successful transition to independent living.
 - i. Currently have 2 apartments available for transition age.
 - ii. Continuing to look at model programs and grants available to help start up.
3. Public Awareness Campaign to assist the community in understanding mental health and substance use disorder and how to access services.

- i. *I Am the Evidence* awareness campaign through the PA Mental Health Association
- ii. Health Fairs, Job Fairs
- iii. Email blasts
- iv. Chamber of Commerce
- v. Community Events
 1. February 2014 – CIT training
 2. March 2014 –School District transition fair
4. Increase integration between mental health and the aging population.
 - i. Mental Health education with home health care
 - ii. Meeting with State Police, ER, Crisis, & Mental Health to discuss health situations in the elderly population and what options are available.
5. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.
 - i. Continue to track number of inpatient stays and recidivism for that level of care.
 - ii. Number of service units provided by level of care
 - iii. Number of persons served/county
 1. Currently, working with our computer program vendor to create reports based on data related to the block grant

INTELLECTUAL DISABILITY SERVICES

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For 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 expenditure should be included for both base/block grant and waiver administrative funds.

It is the mission of Franklin/Fulton Mental Health/Intellectual Disabilities/ Early Intervention to partner with the community to develop and arrange for the availability of quality 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 ID 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 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 individual engagement and provide access to services for employment, training, housing and family support as appropriate. As of March 31, 2014, there were 37 people registered in the Intellectual Disabilities program in Fulton County, of which 2 were participants in the Lifesharing program.

The following goals and desired outcomes are detailed in the Quality Management plan (Appendix E) for Franklin/Fulton MH/ID/EI Program as required by the Administrative Entity. Additional goals and outcomes are found in the sections below. The full QM Plan can be found in Appendix E.

- *To meet the goal of security and safety in home and community for participants, we will monitor the number of restraint incidents quarterly through analysis of the HCSIS Incident Data: As of May 1, 2014, there have been no restraints in the County.*
- *To measure the goal of participants in MH/ID who want to vote acquiring the proper identification cards to vote, ISPs will be cross-referenced with the registered voter list, and registered voters will be given voter identification information: This will be changed for 2014-2015 as the law has changed and it is no longer legal to require this. The QI Council will be meeting to discuss this goal in July.*
- *To measure the goal of reducing the number of 1-2-1 abuse incidents by 10%, the number of incidents of 1-2-1 abuse will be measured through quarterly analysis of the HCSIS Incident Data, the target trends to prevent future incidents will be analyzed by the Risk Management Team, and quarterly reports will be provided by the Quality Management Council: For 2014-2015, ODP has redefined 1-2-1 abuse, to make sure the definition is consistent across the state. As a result, the state expects to see 1-2-1 abuse sharply increase in the next 3-6 months, followed by a plateau which we will use as baseline data.*

To measure the goal of increasing the number of non-verbally communicative individuals who have an effective means of communicating their needs and choices by nine people by June 30, 2015, data will be gathered on nine individuals selected for an assessment and staff training program. The number of these nine individuals who have an effective means of communication by the end of the objective period will be measured: As of May 1, 2014, 6 of the 9 people selected have an effective means of communication. The QI Council is in the process of developing baseline data as to how many people do not have an effective means of communication

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	6	7
Sheltered Workshop	0	1
Adult Training Facility	0	0
Base Funded Supports Coordination	1	1
Residential (6400)	0	0
Life sharing (6500)	0	0
PDS/AWC	6	6
PDS/VF	0	0

Family Driven Family Support Services	0	0
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Supported Employment: Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.

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.

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.

Transitional Work Services support individuals transitioning to integrated, competitive employment through work that occurs at a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. Transitional work service options include mobile work force, work station in industry, affirmative industry, and enclave.

Pre-vocational service assists individuals in developing skills necessary for placement into competitive employment. Prevocational Services focus on the development of competitive worker traits, using work as the primary training method.

The ID department is concentrating on Community Employment for the Quality Management Goal. As of May 1, 2014, there was 1 Fulton County resident receiving Community Employment services through base funding. There are 5 students participating in the Transition to Adult Life Program. Fulton County's goal is to increase by ten percent the number of people receiving Intellectual Disability services who are competitively employed in the community. Fulton County expects to participate in the state initiative to double the number of individuals with intellectual disabilities that are employed over the next five years. Fulton County QM Council is collecting data on people who have not only have paid community employment, but also those who have an employment goal and those who volunteer in the community. The baseline data as of May 1, 2014 is 10 people have an employment goal to work in community. Of these 10 people, 1 is volunteering, 4 are in Transitional work program, 2 are students still in school, 1 is working with an agency to find a job and the other 2 are working on job skills.

Base Funded Supports Coordination: Describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported.

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There is 1 person who has base funded Supports Coordination. Currently no one is leaving a State Hospital system from Fulton County, so transition services are not needed at this time.

Life sharing Options: Describe the services provided and identify how you propose to support growth of this option.

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."

Lifesharing 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 2 people living in Lifesharing Homes in Fulton County. Both people have waiver funding to support the services they need in the lifesharing home. Almost one-third (31%) of people who are living in a residential placement have chosen lifesharing in Franklin/Fulton Counties. The Intellectual Disability Program's Quality Management Goal is to maintain the number of people in Lifesharing.

The Fulton County Intellectual Disabilities Program will support the growth of Lifesharing in the following ways:

1. The Administrative Entity (AE) and Supports Coordination Organization (SCO) will assist individuals interested in residential services by having him/her meet with Lifesharing providers and Lifesharers who have openings to promote Lifesharing as the first option for residential services.
2. Once per year at the annual Individual Support Plan (ISP) meeting, the AE will review the ISP of anyone who has a residential service to assure the SCO has discussed moving to Lifesharing. If the individual would benefit from Lifesharing or is interested in moving, the AE will follow up as in #1 above.
3. The AE Lifesharing Point Person will discuss with providers at least annually if anyone may benefit or want to move from a 6400 licensed home to a Lifesharing home.
4. The 2013-2014 Human Services Block Grant funded a program in which a provider recruited new foster parents and Lifesharing families. The AE will collaborate with this provider to follow up on all leads from this recruitment process.
5. In 2013/14 a 100% of the Fulton County residential services were Lifesharing Homes.

Cross Systems Communications and Training: Describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions.

ID collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/ Fulton County and Philadelphia are the pilot areas. The Wellness Recovery Action Plan training was held and 14 WRAP facilitators were trained to provide WRAP services in Franklin and Fulton Counties. Franklin/Fulton Counties piloted the new WRAP® for People with Developmental Distinctions which supports people with both a mental illness and Developmental Disability. The first group was held at OSI from March through May with 8 participants who all completed the program. The County is planning on sponsoring a WRAP® for People with Developmental Distinctions Group in the fall also. The County is also on the committee to write the WRAP® for People with Developmental Distinctions curriculum in collaboration with The Copeland Center, OMHSAS, NASDDDS and ODP.

Emergency Supports: Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)

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, and so their parents can maintain their employment status. The Fulton County ID department will increase the availability for combinations of Family Aide, Day Programs, Transportation, and Respite so that individuals can continue to live at home instead of residential programs which are more costly.

The County responds to emergencies outside of normal work hours per Procedure Statement ID-2014-505 Incident Management. In this procedure statement, all Program Specialists are listed as well as the MH/ID/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. The Incident Management Program Specialist checks the HCSIS database on a daily basis to assure that the all incidents provide for the health and safety of the individuals served. This includes weekends and holidays. The 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.

Administrative Funding: Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.

The administrative funding supports three program specialist positions. Two Program Specialists support all base contract functions. The third position collects and analyzes data for the Intellectual Disabilities portion of the Block Grant and monitors base providers. For FY 14-15, the program specialists will also use base admin monies to implement and maintain the new apartment program.

Waiver Admin monies primarily support the three program specialist positions. Each program specialist has specific duties in the AE Operating Agreement for which they are responsible. Program Specialist #1 is primarily responsible for waiver capacity. This program specialist makes sure all individuals served have the correct waiver to meet their needs. She is also responsible for Waiver Capacity Commitment, Residential Vacancy Management, Unanticipated Emergencies, Waiver Enrollment and Pre-surveys for IM4Q which are all in the AE Operating Agreement. IM4Q data is analyzed and used to measure objectives in the Quality Management Plan (Appendix F, Attached).

Program Specialist #2 is primarily responsible for Incident Management/ Risk Management. She is responsible for making sure incidents are entered, investigated and finalized in a timely manner. She also approves all incident reports at the county level. She is responsible for assuring for the safety and well-being of all individuals involved in an incident. She reviews all incidents within 24 hours of occurrence. She also takes all incident data and other associated data to facilitate the Risk Management Committee. She is responsible for the delegated functions in the AE operating agreement. She is also responsible for the level of care determinations and re-determinations. These duties are also part of the AE Operating Agreement. Two goals in the QM plan that are part of incident management are Restraint Reduction and Individual to Individual Abuse reduction.

Program Specialist #1 and #2 also are responsible for Intakes for eligibility, offering free choice of willing and qualified providers, approval and authorization of Individual Support Plans, Provider Recruitment and notice of Fair Hearing and Appeals. These duties are included in the AE Operating Agreement.

Program Specialist #3 is primarily responsible for Quality Management. She is to make sure the PUNS are done and completed in a timely manner. She also assures Provider Qualifications, Provider Monitoring, the AE Oversight Monitoring and any Corrective Actions Plans from the monitoring is completed in a timely manner. She is also responsible for the writing, implementation, data collection and analysis of the data for the Quality Management Plan. She is the facilitator of the Quality Improvement Council and acts as the Closing the Loop Point Person for IM4Q. These duties are indicated in the AE Operating Agreement. She also acts as the community liaison for the ID program at community events.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing		
Case Management	0	15
Rental Assistance	171	175
Emergency Shelter		
Other Housing Supports		

Bridge Housing: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Not provided – lack of sufficient funding

Case Management: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

We are currently exploring the possibility of a limited case management program with the Center for Community Action.

Rental Assistance: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Homeless Assistance is an area in which Fulton County has struggled to “do more with less” as homeless assistance funds have suffered continuous cuts in recent years. In the past six years, Fulton County has seen a reduction of 28% in homeless assistance funding. It was hoped that the county could offset this loss with HPRP funding, but the stringent requirements on such a small amount of money were unable to be met in a county that has no housing office or staff to administer the programs. Fulton County’s Section 8 housing is managed by the Huntingdon County Housing Authority. So although we are not always able to show a continuum of care locally, we have done a very good job with case managing and finding outside resources (homeless shelters, etc.) for the homeless or near-homeless. The block grant has assisted with providing extra funding for our program through reallocation of unspent funds from other categories.

Fulton County has a very active Homeless Assistance Committee. It meets quarterly and meetings were held: September 25, 2014, November 20, 2014, March 26, 2014 and June 25, 2014. There are sixteen (16) committee members and they are representative of: Consumers, Human Services administration, Fulton County Catholic Mission, Area Agency on Aging, Center for Community Action, Fulton County Family Partnership, Fulton County Commissioners, Fulton County CDBG, Cardinal Glen Apartments (low-income), Mountain View apartments (elderly), Huntingdon County Housing Authority (Section 8 housing), Fulton County Housing Authority, Fulton County Planning, Food Basket, Center for Independent Living, County Assistance Office and Franklin/Fulton MH/ID.

When Fulton County decided it could not meet the requirements of the HPRP grant, a meeting of the local housing committee was convened and the administration of the funds was offered to the Housing Authority, the Fulton County Catholic Mission, the Fulton County Partnership and the Huntingdon/Bedford/Fulton Center for Community Action (CCA) and all turned down the grant citing the amount of paperwork, inspections, etc. required to fulfill the grant requirements.

However, with a change in management of the CCA, that agency applied for and received an Emergency Solutions (ESG) grant for Fulton County which, is being successfully administered in the CCA’s Fulton County office in close cooperation with the county’s Homeless Assistance Committee This grant allows the HAP to serve families with higher incomes and direct very low-income families to the ESG services. CCA has an ESG grant of \$25,000 for Fulton County.

SERVICES: The Homeless Assistance Program is state-funded on a state fiscal year (July 1-June 30) and for the FY 2009-10, 2010-11, 2011-12 and 2012-13 funding has decreased with Fulton’s allocation at \$17,733 for 2009-10, \$17,765 for FY 10-11, \$15,988 for FY 2011-12 and \$14,389 for 2012-13. The result is that as need increases due to economic conditions, funding continues to decrease. Because of the flexibility of the block grant, we were able to reallocate an additional \$2,000 to the program in 2012-13. In 2013-14, we have been able to bring the funding up from \$16,389 to \$22,000 using reallocated funds. This has been a perfect example of the flexibility of the block grant and how it can be beneficial to counties. The following table is an example of an outcome of the grant – specifically the ability to increase per capita spending where needed which moves the ranking of the county in terms of per capital spending.

	Allocation	Per Capita	Ranking From Bottom	
Homeless Assistance Program (Original)	\$14,389	\$0.97	35th	33th out of 67
Homeless Assistance Program (With reallocation efforts)	\$22,000	\$1.48	50th	18 th out of 67

The funding is subcontracted to the Fulton County Catholic Mission and is used for:

- Homeless assistance (to pay rent for those facing eviction and for utility bills for those facing eviction). This represents approximately about 95% of the grant with the additional 5% going to administration.

COMMUNITY DATA AND INDICATORS: Approximately 119 clients were served with HAP funds in FY 2010-11, 135 clients in 2011-12, 151 in 2012-13 and an estimated 171 in 13-14. It is worth noting, that no actual homeless clients have been served in any of the years – all near-homeless or those who were facing eviction, but avoided it with the HAP assistance. Also, no homeless have been identified during the Point in Time surveys. Fulton County projects serving 175 clients in 2014-15. Funds have been

requested of \$20,000 for 2014-15. (Note: Funds were only requested for housing assistance in 2012-13 and 2013-14. Emergency Shelter is being provided by other funds available to the Salvation Army and also administered by the Fulton County Catholic Mission.)

Emergency Shelter: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Not provided – lack of sufficient funding. However these services are provided by Fulton County Catholic Mission using Salvation Army and other funding.

Other Housing Supports: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)

Fulton County has not used HAP funding for other housing support services due to the lack of sufficient funding. Limited housing options are available through other funding sources.

Homeless outreach events and activities are held throughout the year in Fulton County. Projects for Assistance in Transition from Homelessness (PATH) collaborates with the Fulton County Catholic Mission to recognize National Hunger and Homeless Awareness week each November. Outreach materials regarding homelessness and poverty are provided to the Fulton County Catholic Mission for distribution to those individuals who walk-in to the office for assistance. Outreach materials are also provided to local agencies who interact with families and individuals in the community. Additionally, the PATH program is present at the community events held by the community and human service providers to education families on homeless resources, mental health, and drug and alcohol services.

Homeless street outreach is conducted biannually during Point In Time counts. Homeless outreach is completed in partnership with housing agencies, human service providers, formerly homeless volunteers, and PATH staff. Formerly homeless volunteers are encouraged to participate in outreach activities and street outreach.

Describe the current status of the county's HMIS implementation.

Fulton County has actively participated in HMIS for over 5 years, entering data from existing programs -two Supportive Housing Programs and one Shelter Plus Care Program. Because Fulton County locally operates the Homeless Assistance Program, it is Franklin County and the Bedford/Huntingdon/Fulton Center for Community Action who use and enter HMIS data for Fulton County. In Franklin County, PA-HMIS is used for three HUD funded programs which total 30 independent apartments. Of those 30 apartments, three apartments can be located in Fulton County. Currently there is one apartment occupied, but can be two more when the need should arise for someone who meets the established criteria.

The PATH program began entering data into PA-HMIS at the beginning of fiscal year 2013-2014. Intake forms for the Supportive Housing Programs, Shelter Plus Care, and PATH have been revised to capture the information that needs to be entered in to the PA-HMIS system. The goal is to have individuals' entered in to PA-HMIS immediately following enrollment in to the housing programs. Multiple human service employees

from the community are familiar with entering data in to the system as well as running reports.

The Housing Program Specialist II has participated in the PA-HMIS Procurement Advisory Committee for transitioning from the PA-HMIS system to another HMIS system during the 2013-2014 fiscal year. Looking forward to fiscal year 2014-2015, the Housing Program Specialist II will be participating on the committee responsible for the HMIS Governance Charter for the PA Eastern Continuum of Care as well as the Coordinated Assessment workgroup.

CHILDREN and YOUTH SERVICES

*****THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT*****

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

Fulton County Services for Children (FCSC) is committed to ensuring safety of children, reducing the number of out-of-home placements, improving permanency, reducing length of stay in out-of-home care and decreasing the number of re-entries into out-of-home care. A new priority for this year is to safely reduce the number of children in congregate care.

AGENCY SUCCESSES

- 1) Increased focus on Family Engagement. The agency has held several trainings and conferences related to Family Engagement. Family Engagement is now a subcommittee of the Children's Roundtable and quarterly meetings are held to discuss Family Engagement initiatives in place and those that could be planned. The county's Juvenile Court Judges as well as the Children's Roundtable support these efforts.
- 2) Increased focus on the schools and how the agency and schools can partner with Family Engagement and with our Truancy Initiative.
- 3) The School Success and Check and Connect programs have now been implemented in all three school districts using a combination of HSBG and of Act 148 funds which we requested and received to expand the program to all the schools.
- 4) Increased focus on child abuse reporting with regard to the new Child Protective Services Laws. A breakfast conference was held in April (in conjunction with Child Abuse Prevention Month) where Joyce Hatfield-Wise, Esq. was the guest speaker and presented on changes with the new laws to 110 in attendance. Further training on the new CPSL will take place in the region in July and then within the agency prior to December, 2014.
- 5) Our Independent Living Peer Group Sessions have been very successful and the agency has gone from very little spending in IL to having a robust IL program given the

size of our county. We are now holding two groups of Peer Group Session per year. Each group attends eight weekly sessions and a graduation ceremony is held on the ninth session

6) The agency, along with Franklin County Children & Youth, continues to support the Family Development Credentialing (Credential for Strengths-Based Family Workers) and staff from the agency attend as available. These classes are offered one time per year in multiple sessions.

7) The agency, along with its provider agency, has been able to produce outcome reports with regard to the FGDM and the Alternatives to Truancy program. Measurements for the FGDM have included # of referrals, # of successful conferences, # of children who remained in their home vs. out of home care, and # of children in placement reunified as a result of FGDM. Outcomes for the Truancy Program are now being outlined.

AGENCY CHALLENGES

1) The agency continues to struggle with recruitment and retention of caseworkers. Reasons include: low salaries, unwillingness to relocate to the area due to limited recreational, shopping, etc. experiences, job stress, the additional paperwork required now vs. past years and the on-call rotation.

2) Too many children in congregate care settings. JPO currently has youth in very expensive congregate care settings due to behaviors such as sexual assault, fire-setting.

3) Due to the above, the agency continues to be "over-cap" with regard to Act 148 funds. Last year it was about \$100,000 and this year will be at least that much if not more.

4) Need for more office space.

5) Need for providers to have more foster homes in Fulton County in all three school districts so that children going into care do not have to change school districts.

6) Continuing increase in referrals which will likely increase even more when the new CPSL legislation goes into effect.

In addition to chronic high levels of unemployment over the past several years, 17.8% of children under the age of 18 years live below the poverty level compared with 17.1% for the state of Pennsylvania. This has, of course, impacted the need for our services as it has all of the human services agencies in the county.

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Safety – Number 2	Measured annually using FGDM outcomes tool as described above	FGDM
Permanency – Number 2	Measured annually using FGDM outcomes tool as described above	FGDM
Child & Family Well-being – Number 2	Measured annually using a Truancy Alternative tool now being developed	Alternatives to Truancy (Truancy Prevention/Intervention, School Success and Check and Connect)

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter Y or N
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Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

FGDM is a strength-based, family-driven evidence-based process that empowers families to develop their own plan to assure the safety and well-being of their children. If engaged in this process, the family will be more successful in eliminating circumstances that could lead to an out-of-home placement. By identifying and strengthening internal family supports, kin may be an early resource for respite and/or a temporary family plan which could avert a formal placement. No child from an ongoing case should enter placement without benefit of FGDM services. A FGDM log clearly tracks cases reviewed, the decision re: FGDM and the results if a FGDM referral is made. By helping the family to learn to utilize natural supports, they can become more self-sufficient, stronger and better able to provide for their children while assuring their safety without the need for continued child welfare involvement and/or intervention by the Juvenile Court.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.
N/A

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Families on C&Y caseload	Families on C&Y Caseload
# of Referrals	20	20
# Successfully completing program	13	13
Cost per year	\$27,000	\$27,000 (includes state and local match)
Per Diem Cost/Program funded amount	\$2,000/successful conference	\$2,000/successful conference
Name of provider	-Professional Family Care Services -Fulton County Family	-Professional Family Care Services -Fulton County Family

	Partnership	Partnership
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- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

No underspending in previous year.

Program Name:	Family Development Credentialing Credential for Strength-Based Family Workers
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

FDC is a professional development course and credentialing program. The curriculum provides workers with the skills and competencies necessary to empower individuals and families to solve problems and to set and reach their own goals. This systematic, comprehensive program of study provides both skill development and a way to identify the “credentialed worker” as one with consistency and professionalism in their work with families. Originally this service was provided by the South Central Center for Community Action (SCCAP). However, now the program is operated in conjunction with SCCAP and with an Advisory Board that is co-chaired by the Franklin and Fulton County C&Y Directors. There are generally two classes offered each year that are 90 hours in length. Each class has 10-15 students. This program is now called Credential for Strength-Based Family Workers (SFW)

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.
N/A

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Children & Youth workers	Children & Youth workers
# of Referrals	1	2
# Successfully completing program	1	2
Cost per year	\$4,500	\$4,489 (state and local match)
Per Diem Cost/Program funded amount	\$4,500	\$4,500
Name of provider	Franklin and Fulton Counties Children & Youth Agencies.	

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

There was no underspending during the past year.

Program Name:	Alternatives to Truancy
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The current protocol for the TIP is as follows: Each district has a designated staff that will track student attendance and send the recommended notices to parents

if unexcused absences occur. Every effort will be made by the child’s home school team to identify and address issues that may contribute to the student’s attendance problem by developing a Truancy Elimination Plan (TEP). Each school district will follow Section IV of the Department of Education Basic Education Circular (BEC) issued to address truancy. Each district has a designated staff person who will track student attendance and send the recommended notices to parents if unexcused absences occur. The FCSC Intake Supervisor will review every referral received to determine the most appropriate course of intervention. If there are no allegations of abuse or neglect and if the case is not an open case with FCSC, the new referral will be diverted to the Truancy Intervention Program (TIP) offered by the Center for Families. The Center for Families TIP coordinator will employ an evidence-based approach to truancy intervention. This program will be time limited and adjusted to meet the needs of each student and their families. Collaboration will continue with the referring school district, and with FCSC until the attendance problem is resolved. FCSC will provide feedback to the DMJ. If there are allegations of abuse or neglect, they will be investigated by the C&Y agency and the TIP program and the agency will provide a collaborative effort to address all of the youth and family needs.

If, despite these efforts, unexcused absences persist, a citation will be filed with the Magisterial District Judge (MDJ). These filings will be timely as per the BEC guidelines. The school districts will submit their TEP and the Fulton County Services for Children (FCSC) Referral for Truancy Intervention form with the documentation for the citation. When making a judgment on the citation, the DMJ will have the prerogative to order the student and the parents to cooperate in a course of intervention decided by FCSC in lieu of payment of a fine. It is suggested that maximum fines be the alternative in order to encourage participation with FCSC rather than simply paying the fine.

Last year, in addition to TIP, the School Success and the Check and Connect programs were added to our school services. The School Success program identifies (done by the schools) youth at-risk of truancy, poor grades or drop-out and a worker from the provider agency works with those children in school during the year to reverse the at-risk issues. Check & Connect is also used in conjunction with the School Success program. *Check & Connect* is a comprehensive intervention designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of *Check & Connect* is to foster school completion with academic and social competence.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.
N/A

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Students at risk of truancy, failing grades,	Students at risk of truancy, failing grades,

	dropping out of school	dropping out of school
# of Referrals	30	
# Successfully completing program	26	
Cost per year	\$45,000	\$44,550 HSGB (state and local) + \$19,800 Act 148 funds
Per Diem Cost/Program funded amount	\$50/hour	
Name of provider	Fulton County Family Partnership	Fulton County Family Partnership

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

No underspending

DRUG and ALCOHOL SERVICES

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should include:

1. Information regarding access to services;
2. Waiting list issues;
3. Coordination with the county human services system;
4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

The Franklin/Fulton Drug and Alcohol Program (FFDA) provides funding for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. In order to provide funding for all levels of care, there are contracts established with facilities across the Commonwealth. Currently, there are three outpatient treatment providers and one inpatient drug and alcohol treatment facility located in Franklin County. Within Fulton County, there is one outpatient treatment provider.

All treatment services are provided to any eligible resident despite age, gender, race, and ethnicity. However, we serve individuals by our priority populations. These priority populations are identified in the following order: Pregnant Injection Drug Users, Pregnant Substance Abusers, Injection Drug Users, and all others.

An estimated 64 Fulton County residents will be funded for treatment through the drug and alcohol program in fiscal year 2014-2015. FFDA projects that 38 Fulton County individuals will receive level of care assessments. Level of care assessments are completed by contracted outpatient providers or FFDA Case Management staff.

Research has shown that a decrease in funding for treatment means an increase in cost for other systems (i.e. jails, prisons, hospitals, crisis centers). Our population served continues to increase as our funding constantly reduces each year. Therefore, Franklin/Fulton Drug and Alcohol Program has taken the initiative to research and identify new potential funding sources for services.

FFDA works closely with Adult Probation, Children & Youth, and Juvenile Probation to coordinate drug and alcohol services for individuals involved in the criminal justice system.

Target Populations

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

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

If indicated, older adults are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment.

- **Adults (ages 18 and above) –**

If indicated, adults ages 18 to 55 are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. It is anticipated that many of our priority populations, including Pregnant Injection Drug Users and Pregnant Substance Abusers will fall into this age demographic.

- **Transition Age Youth (ages 18 to 26) –**

If indicated, transition-age youth are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. It is anticipated that some of our priority populations, including Pregnant Injection Drug Users and Pregnant Substance Abusers will fall into this age demographic.

- **Adolescents (under 18) –**

If indicated, adolescents are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. Additionally, FFDA also contracts with providers of prevention and intervention programs focusing on the adolescent population.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

In conjunction with Franklin/Fulton Mental Health and Tuscarora Managed Care Alliance, the Franklin/Fulton Drug and Alcohol Program has implemented a Co-occurring initiative in both counties. This initiative uses the Comprehensive Continuous Integrated Systems of Care Model. All local providers participate in this initiative for co-occurring competency. There are facilities that offer specialized treatment programming for individuals with co-occurring conditions for providers outside of the two counties.

- **Criminal Justice Involved Individuals –**

If indicated, criminal justice involved individuals are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. All contracted treatment providers have specialized programming for this population

- **Veterans –**

If indicated, veterans are eligible for all levels of care for substance abuse

treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. The County provides drug and alcohol treatment funding to a minimum number of veterans due to the majority of this population has insurance to cover their costs.

- **Racial/Ethnic/Linguistic minorities –**

If indicated, minorities are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment.

Recovery –Oriented Services

Describe the current recovery support services available in the county and any proposed recovery support services being developed to enhance the existing system. Address any challenges in moving toward a recovery-oriented system of care in the county.

Individuals in need of recovery support services receive information about local Narcotics Anonymous, Alcoholics Anonymous, Al-Anon, and Alateen meetings. This information is provided by inpatient providers at discharge, outpatient providers at admission or by Case Management staff at FFDA. All individuals are encouraged to seek a Sponsor through these 12-Step Programs to aid them in their recovery.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

	Estimated / Actual Individuals served in FY 13- 14	Projected Individuals to be served in FY 14-15
Adult Services	15	18
Aging Services	50	45
Generic Services		

Specialized Services		
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Adult Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided. These services remain basically unchanged from last year.

-Transportation – to be delivered by the Fulton County Family Partnership and by Area Agency on Aging. Fulton County Family Partnership has requested \$2,000 for supplemental transportation- not MATP-eligible- and Area Agency on Aging has requested \$1,000.

-Home-Delivered Meals – to be delivered by Area Agency on Aging. - \$500

-Adult homemaker services - \$1,500

Aging Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

-Transportation – to be delivered by Area Agency on Aging – Decreased from \$13,000 in 12-13 to \$12,000 for this fiscal year based on historic use.

-Personal Care – to be delivered by Area Agency on Aging – \$5,000 remains the same as funds that were allocated to this in the 2013-14 year.

Generic Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

None

Specialized Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

None

Interagency Coordination: Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.

Fulton County traditionally uses interagency coordination funds to support Fulton County Family Partnership, Inc. which is a non-profit 501©3 agency that coordinates human services planning for the county in close partnership with the county's Human Services Administration department.. The funds are used to set up meetings, secure venues and coordinate planning among agencies providing human services. Funds are also used for needs assessments, resource directories, consumer satisfaction surveys, etc. The Partnership is also the administrator of the Communities That Care grant which also assists with planning for county human services. Fulton County's resource directory can be found on their website at Helpline/Human Services - www.fcpinc.net.

Beginning on July 1, 2013, we are pleased to announce that the Fulton County Partnership and the Fulton County Center for Families merged to become Fulton County Family Partnership Inc. As such, they, in conjunction with the County's Human Services Administration office will coordinate all human services planning activities.

This year funding will also be used for: a portion of the Human Services Administrator's salary; a portion of the Family Partnership director's salary as it pertains to planning and coordination;

\$15,000 is requested by Fulton County Family Partnership and \$8,000 will support the county's Human Services Administration office.

If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding.

N/A

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			62,194		1,667	
Administrative Management	211		71,075		1,888	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	4		4,704		126	
Community Residential Services	1		16,148		433	
Community Services	375		48,511		1,300	
Consumer Driven Services						
Crisis Intervention	300		7,592		203	
Emergency Services	3		498		13	
Facility Based Vocational Rehab						
Family Based Services	1		10,144		272	
Family Support Services	2		403		11	
Housing Support						
Other						
Outpatient	35		156,789		3,975	
Partial Hospitalization						
Peer Support	10		11,952		320	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehab Services	125		42,526		1,140	
Targeted Case Management	100		4,097		110	
Transitional and Community Integration						
TOTAL MH SERVICES	1,167	436,632	436,632	0	11,458	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office			54,806		587	
Case Management	1		540		14	
Community Residential Services	0		0		0	
Community Based Services	22		40,361		1,192	
Other	0		0		0	
TOTAL ID SERVICES	23	95,707	95,707	0	1,793	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management						
Rental Assistance	175		14,389			
Emergency Shelter						
Other Housing Supports						
TOTAL HAP SERVICES	175	14,389	14,389		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	18		29,925		1,496	
Promising Practice						
Alternatives to Truancy	30		40,500		4,050	19,800
Housing						
TOTAL C & Y SERVICES	48	70,425	70,425		5,546	19,800

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital					0	0
Inpatient Hospital	7		18,627		0	0
Partial Hospitalization					0	0
Outpatient/IOP	32		9,886		0	0
Medication Assisted Therapy					0	0
Recovery Support Services					0	0
Case/Care Management					0	0
Other Intervention					0	0
Prevention					0	0
TOTAL DRUG AND ALCOHOL SERVICES	39	28,513	28,513		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	18		5,000			
Aging Services	45		17,000			
Generic Services						
Specialized Services						
Children and Youth Services						
Interagency Coordination			23,000			
TOTAL HUMAN SERVICES AND SUPPORTS	63	50,000	45,000		0	0
COUNTY BLOCK GRANT ADMINISTRATION			5000		0	
GRAND TOTAL	1,515	695,666	695,666	0	18,797	19,800

Appendix D

Eligible Human Service Definitions

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Adult Development Training

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (i.e., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a Department-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Crisis Intervention

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disability

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; i.e., have no permanent legal residence of their own. ***Other Housing Supports***

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implement with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2014-15, the CCYA may select any EBP (including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: https://www.childwelfare.gov/preventing/evidence/ebp_registries.cfm.

Drug and Alcohol

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted clients with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/ Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Prevention

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or Vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals gain access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund / Human Services and Supports

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Generic Services

Services for individuals that meet the needs of two or more client populations include: Adult Day Care, Adult Placement, Centralized Information and Referral, Chore, Counseling, Employment, Homemaker, Life Skills Education, Service Planning/Case Management, and Transportation Services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a client population that are difficult to meet with the current categorical programs.

Appendix E

1 Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program		Year: 2013-2015
Focus Area: Participant Safeguards /Restraint Reduction				
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person	
Participants are safe and secure in their homes and communities.	People are safe and restraint free.	<p>Due to the low number of restraints, Franklin/ Fulton County Risk Management Team monitor the number of restraint incidents and take action immediately as warranted.</p> <p>Baseline: Calendar Year 2012-13 Restraint Incidents = 2 # of individuals = 2</p>	<p>Performance Measure: # of Restraint Incidents</p> <p>Data Sources: HCSIS Incident Data</p> <p>Frequency: Quarterly</p> <p>Responsible Party: F/F Incident Manager F/F Risk Management Team F/F ID QI Council F/F MH-ID</p>	

Administrative Entity Name: Franklin/Fulton MH-ID Developmental Disabilities Program **Year:** 2013-2015

Focus Area: Provider Capacity and Capabilities/Lifesharing

Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
<p>Sufficient HCBS providers' options are available in which individuals live and share life experiences with supportive persons who form a caring household.</p>	<p>People live where they choose.</p>	<p>Maintain June 2013 baseline level number (n = 32) of people residing in Life Sharing.</p> <p>Baseline: 32 people in Lifesharing in year 2012-13</p>	<p>Performance Measure: # of individuals enrolled in Lifesharing settings</p> <p>Data Sources: Franklin/Fulton ID Lifesharing Tracking Form/ DocuShare</p> <p>Frequency: Quarterly</p> <p>Responsible Party: SC Organization. F/F MH-ID</p>

<i>Action Plan</i>						
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program			Year:	2013-2015
Focus Area:		Provider Capacity and Capabilities/Lifesharing				
Desired Outcome:		People live where they choose.				
Target Objective:		Maintain 7-31-2013 baseline level number (n = 32) of people residing in Life Sharing.				
Performance Measure(s):		# of new individuals enrolled in Lifesharing settings				
Data Source(s):		Franklin/Fulton ID Lifesharing Tracking Form				
Responsible Person:		SC Organization. and F/F MH-ID				
	<i>Action Item</i>	<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>	
1.	Identify people that have the potential or interest in residing in Lifesharing.	SC Organization.	ongoing			
2.	Participate in the Central Region Steering Committee on Lifesharing and actively participate in the Strategic Planning.	County Lifesharing Point Person	7/31/2015			
3.	Community Awareness and Education to attract potential Lifesharing homes and individuals interested in lifesharing.	Providers and F/F MH-ID	7/31/2015			
4.	Quarterly data collection to track # of individuals participating in Lifesharing options	County Lifesharing Point Person	Quarterly/ongoing			
5.	Quarterly report and tracking of progress	Quality Management Program Specialist	Quarterly/ongoing			

Administrative Entity Name: Franklin/Fulton MH-ID Developmental Disabilities Program			Year: 2013-2015
Focus Area: Participant Access /Employment			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
Individuals work in the community.	People who choose to work are employed in the community.	<p>Increase the # of individuals in employment by 10% (n = 67) by 7/31/2015.</p> <p>Baseline: 61 individuals employed in 2013.</p>	<p style="text-align: center;">Performance Measure: # of individuals who are employed</p> <p style="text-align: center;">Data Sources: Franklin/Fulton ID and Provider Employment Tracking Form, ISPs, Employment Tool from ODP and DocuShare</p> <p style="text-align: center;">Frequency: Quarterly</p> <p style="text-align: center;">Responsible Party: SC Organization. F/F MH-ID Transition Employment Council ID Providers</p>

<i>Action Plan</i>						
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program			Year:	2013-2015
Focus Area:		Participant Access/Employment				
Desired Outcome:		People who choose to work are employed in the community.				
Target Objective:		Increase the # of individuals in employment by 10% (n = 67) by 7/31/2015.				
Performance Measure(s):		# of individuals who are employed				
Data Source(s):		Franklin/Fulton ID and Provider Employment Tracking Form, ISPs, Employment Tool from ODP				
Responsible Person:		SC Organization., F/F MH-ID, Transition Employment Council, ID Provider				
	<i>Action Item</i>	<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>	
1.	Provide funding to Transition to Adult Life Success Program for people ages 14- 21. The goal of this program is to prepare students for adult life, encourage, and seek competitive employment.	F/F MH/ ID ID Employment Point Person, Providers	07/01/2013 and 07/01/2014			
2.	SCs complete the employment tool to identify who wants to work and what they would like to do. Providers meet with employers to determine jobs that are available in the community.	Transition/Employment Council, F/F MH-ID, & SC Organization.	ongoing			
3.	Coordinate annual Transition/Employment Expo- for students transitioning from school	Transition/ Employment Council, F/F MH-ID	07/31/2012			
4.	Quarterly data collection to track # of individuals employed in the community.	Providers and F/F MH- ID Employment Point Person	Quarterly/ongoing			
5.	Quarterly report and tracking of progress	Quality Management Program Specialist	Quarterly/ongoing			

Administrative Entity Name: <i>Franklin/Fulton MH-ID Developmental Disabilities Program</i>			Year: 2013-2015
Focus Area: <i>System Performance/PUNS</i>			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
Franklin/Fulton MH-ID performance is continuously measured, evaluated, and improved.	Franklin/Fulton MH-ID consistently and appropriately utilizes the PUNS to identify services and supports needed.	<p>Increase the # of PUNS reviewed within the expected timeframe of 365 days to 100% by 07/31/2015.</p> <p>Baseline: % of individuals with PUNS updated in 365 days = 96.5%</p>	<p>Performance Measure: Total # of PUNS completed within the expected timeframe of 365 days Denominator: Total # of active PUNS</p> <p>Data Sources: HCSIS, DocuShare</p> <p>Frequency: Quarterly</p> <p>Responsible Party: SC Organization. F/F MH-ID Quarterly Administrative Entity Oversight Monitoring Point person</p>

<i>Action Plan</i>						
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program			Year:	2013-2015
Focus Area:		System Performance/PUNS				
Desired Outcome:		Franklin/Fulton MH-ID consistently and appropriately utilizes the PUNS to identify services and supports needed.				
Target Objective:		Increase the # of PUNS reviewed within the expected timeframe of 365 days to 100% by the end of the calendar year.				
Performance Measure(s):		Total # of PUNS completed within the expected timeframe of 365 days, Numerator: Denominator: Total # of active PUNS				
Data Source(s):		HCSIS, AE Oversight Monitoring Data, DocuShare				
Responsible Person:		SC Organization., F/F MH-ID, Quarterly Administrative Entity Oversight Monitoring Point person				
<i>Action Item</i>		<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>	
1.	Utilize the PUNS review process established by the AE.	AEOM Point Person	Ongoing			
2.	SC Supervisors will review PUNS completion during the annual ISP review.	SC Organization	Ongoing			
3.	Review of the ODP monthly PUNS report/ Sent to SC Organization by QM Program Specialist	AEOM Point Person & SC Organization	Monthly/ongoing			
4.	Review and completion of Active PUNS list report	QM Program Specialist	Quarterly/ongoing			
5.	Quarterly report and tracking of progress	AEQM Point Person & Quality Management Council	Quarterly/ongoing			

Administrative Entity Name: Franklin/Fulton MH-ID Developmental Disabilities Program			Year: 2013-2015
Focus Area: Participant-Centered Service Planning and Delivery/Communication			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
<p>Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.</p>	<p>People are supported to communicate.</p>	<p>Increase the number of people who do not communicate through speech to have an effective means of communicating their needs, choices, wishes, etc by 9 people by June 30, 2015.</p> <p>Baseline: It is an increase of 9 people in 2 years' time period; therefore no baseline is needed.</p>	<p style="text-align: center;">Performance Measure: 9 people will be chosen by July 1, 2013 and then number of people of these 9 who have an effective means of communication on July 31, 2015 will be the performance measure.</p> <p style="text-align: center;">Data Sources: F/F MH-ID ISPs, assessments, IM4Q surveys</p> <p style="text-align: center;">Frequency: Quarterly</p> <p style="text-align: center;">Responsible Party: Supports Coordination Organization F/F MH-ID IM4Q Coordinator</p>

<i>Action Plan</i>						
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program			Year:	2013-2015
Focus Area:		Participant-Centered Service Planning and Delivery /Communication				
Desired Outcome:		People are supported to communicate.				
Target Objective:		Increase the number of people who do not communicate through speech to have an effective means of communicating their needs, choices, wishes, etc by 9 people by June 30, 2015.				
Performance Measure(s):		9 people will be chosen by July 1, 2013 and then number of people of these 9 who have an effective means of communication on July 31, 2015 will be the performance measure.				
Data Source(s):		F/F MH-ID ISPs, assessments, IM4Q surveys				
Responsible Person:		Supports Coordination Organization, F/F MH-ID, IM4Q Coordinator				
	<i>Action Item</i>	<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>	
1.	Each SC will choose one person who does not use words to communicate and report to the AE.	SC Organization, Individual, and ISP team	July 1, 2013			
2.	SC will consult ISP team to develop a communication goal to develop an effective means of communication.	SC Organization, Individual, and ISP team	December 31, 2013			
3.	The AE will approve and authorize ISPs that require speech and language assessments be done.	F/F MH- ID	Ongoing			
4.	Information on training opportunities will be provided by the AE to SCO, Providers, Individuals, and families.	F/F MH-ID	July 31, 2015			
5.	The AE will train SCs on the definition of “effective means of communication”.	F/F MH-ID	September 30, 2013			
6.	Quarterly report and tracking of progress	F/F MH-ID & Quality Management Council	Quarterly/ongoing			

Administrative Entity Name: Franklin/Fulton MH-ID Developmental Disabilities Program			Year: 2013-2015
Focus Area: Participant Rights and Responsibilities/Individual to Individual Abuse(I-2-I)			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
People are safe in their homes and their community.	People are abuse free.	Reduce the # of I-2-I abuse incidents by 10% by June 30, 2015 (n= 29). Baseline: Fiscal Year 2012-2013 I-2-I abuse = 38	<p>Performance Measure: # of incidents of I-2-I abuse</p> <p>Data Sources: HCSIS Incident Data</p> <p>Frequency: Quarterly</p> <p>Responsible Party: F/F Incident Manager F/F Risk management Team F/F MH-ID ID Providers</p>

<i>Action Plan</i>						
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program			Year:	2013-2015
Focus Area:		Participant Rights and Responsibilities/I-2-I Abuse				
Desired Outcome:		People are abuse free.				
Target Objective:		Reduce the # of I-2-I abuse incidents by 10% by June 30, 2015 (n= 29).				
Performance Measure(s):		# of incidents of I-2-I abuse				
Data Source(s):		HCSIS Incident Data				
Responsible Person:		F/F Incident Manager, F/F Risk Management Team, SCO, F/F MH-ID, & ID Providers				
	<i>Action Item</i>	<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>	
1.	Identification of individuals identified as the target in I-2-I abuse incidents.	Incident Manager	Quarterly			
2.	Look at target trends that may prevent future occurrences at a broad and/or individual level.	Risk Management Team	Quarterly/ongoing			
3.	Offer providers tools to track Individual to Individual Abuse Trends such as the OPTIMA form	F/F MH- ID	As available/ Ongoing			
4.	AE review of incidents to ensure roommate matches are suitable and offer optional living arrangements as they become available	F/F MH-ID	As needed/ongoing			
5.	Quarterly data collection to track # of I-2-I abuse incidents.	Incident Manager	Quarterly/ongoing			
6.	Quarterly report and tracking of progress	Quality Management Council	Quarterly/ongoing			

Administrative Entity Name: Franklin/Fulton MH-ID Developmental Disabilities Program			Year: 2013-2015
Focus Area: Participant Rights and Responsibilities/Voting			
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
People exercise their rights.	People who want to vote are supported to vote.	<p>100% of people registered to vote have the proper Identification Card to vote.</p> <p>Baseline: There are 134 people registered vote. Eleven people need an ID card to vote. Forty people have an ID card but it is not known whether it is valid for voting. The remaining 83 people have a state issued photo ID that will enable them to vote.</p>	<p style="text-align: center;">Performance Measure: Numerator: Number of Voters with ID Denominator: Total number of people registered to vote.</p> <p style="text-align: center;">Data Sources: F/F MH-ID voter declination forms, ISPs</p> <p style="text-align: center;">Frequency: Quarterly</p> <p style="text-align: center;">Responsible Party: F/F MH-ID SC Organization</p>

<i>Action Plan</i>					
Administrative Entity Name:		Franklin/Fulton MH-ID Developmental Disabilities Program		Year:	2013-2015
Focus Area:		Participant Rights and Responsibilities/Voting			
Desired Outcome:		People who want to vote are supported to vote.			
Target Objective:		100% of people registered to vote have the proper Identification Card to vote.			
Performance Measure(s):		Numerator: Number of Voters with ID Denominator: Total number of people registered to vote.			
Data Source(s):		F/F MH-ID voter declination forms, ISPs			
Responsible Person:		F/F MH-ID, SC Organization			
<i>Action Item</i>		<i>Responsible Person</i>	<i>Target Date</i>	<i>Status</i>	<i>Completion Date</i>
1.	Determine baseline data of those already registered to vote.	QM Program Specialist	06/320/2013		
2.	SC Organization will offer the voter registration declination form at every ISP annually.	SC Organization	Ongoing		
3.	Identification card information will be included in the ISP.	SC Organization	As needed/ Ongoing		
4.	QM Program Specialist will cross reference the registered voter list with the ISP.	QM Program Specialist	Ongoing		
5.	QM Program Specialist will send free voter identification information to each person without an ID.	QM Program Specialist	Ongoing		

Appendix F

**FULTON COUNTY
HUMAN SERVICES BLOCK GRANT
PLANNING TEAM**

NAME	REPRESENTING
Anne Harvey	Area Agency on Aging
Carrie Gray	Franklin County Administration
Craig Cutchall	Fulton Co. Commissioner (Non-voting)
Doug Tengler	Fulton Co. Chief Financial Officer
Ed Franchi	Franklin ID Fiscal
Elen Ott	Fulton County Family Partnership
Irvin Dasher	Fulton Co. Commissioner (Non-voting)
Jean Snyder	Fulton County Human Services Admin.
Julie Dovey	Fulton County Family Partnership
Richard Wynn	Franklin County Human Services Admin.
Rodney McCray	Fulton Co. Commissioner (Non-voting)
Shalom Black	Franklin County Planning/Grants
Skip Ramsey	Consumer representative
Sr. Margie Monahan	Fulton County Catholic Mission
Steve Nevada	Franklin/Fulton MH/ID/EI
Wendy Melius	Center for Community Action

Appendix G

PROOF OF PUBLICATION NOTICE

PROOF OF PUBLICATION

STATE OF PENNSYLVANIA, COUNTY OF FULTON, ss:

Jamie Greathead, being duly sworn, deposes and says: that The Fulton County News was established in 1899, that it is a weekly newspaper of general circulation, published weekly, as defined by the Act of Assembly approved May 16, 1929, P.L. 1929, page 784, and that its place of business is McConnellsburg Borough, Fulton County, Pennsylvania, and that the attached printed notice is a copy of the legal advertisement, exactly as printed in the said publication in its issue of 6-19-14.

That the affiant is not interested in the subject matter of the advertisement or advertising and that I, Jamie Greathead, am the publisher of The Fulton County News and that all allegations of the statement as to the time, place and character of publication are true.

Sworn to and subscribed before me this 21st

day of June, A.D., 20 14

My commission expires

MY COMMISSION EXPIRES

**FIRST MONDAY IN
JANUARY 2018**

**PUBLIC HEARING
NOTICE**

The Fulton County Commissioner will hold two public hearings on the planned use of 2014-18 Human Services Block Grant funds in Fulton County. The first hearing will be held on Wednesday, June 25, 2014, in the conference room of the Fulton County Services for Children offices at 219 N. Second St., Suite #201, McConnellsburg, Pa. The public hearing will begin at 11:30 a.m. The second hearing will be held on Thursday, June 26, 2014 at 8:00 p.m. in the in the conference room of the Fulton County Services for Children offices at 219 N. Second St., Suite #201, McConnellsburg, Pa. The block grant consists of seven funding streams and allows counties the flexibility to decide where the money is needed most. Those funding streams are: Mental Health Community Programs, Intellectual Disabilities, Community Base, County Child Welfare Special Grants, Homeless Assistance Program, Act 163, Behavioral Health Services Initiative and Human Services Development Fund. Questions and comments, both written and/or oral, are invited and welcomed.

County of Fulton
Board of Commissioners
Rodney L. McCahey,
Chair
Craig C. Cutchall
Irvin L. Decher
6-19-14

Appendix G Con't

Summary of Public Hearing Comments:

Wednesday, June 25, 2014 @11:00 a.m. in the Services for Children conference room. 14 in attendance (Attendance sheet attached)

Anne Harvey – Area Agency on Aging - my agency has really felt the benefit of the block grant in that we have been able to provide adult personal care services which we had not been able to do before.

Julie Dovey – Fulton County Family Partnership – The Partnership, using HSBG funds, has been able to provide better transportation options for those consumers who before had “fallen through the cracks.” With no public transportation in Fulton County, HSBG funds have enabled us to serve the “hard-to-serve transportation consumer – those not eligible for MATP, CART or Welfare to Work transportation.

Julie also commented that the HSBG funds that we were able to reallocate also assisted the Partnership with presenting their “Kick Off Your Drug-Free Summer” event.

Sister Margie – Fulton County Catholic Mission – Sister reported that the HSBG funds were a blessing for the mission this year especially because it had been such a difficult winter in terms of utilities.

Rick Wynn, Steve Nevada, Shalom Black – Franklin Human Services Administration, MH/ID Administrator and Grants Administration – a discussion was held on how the categories begin the year flat-funded in the HSBG and then reallocations are made as financial positions for each agency become clearer. There was also concern expressed that there could be further cuts to the block grant when the state budget is passed.

Commissioner Craig Cutchall – said he believes the block grant has allowed everyone to take a better look at their funding process throughout the year.

Appendix G Con't

Summary of Public Hearing Comments:

Thursday, June 26, 2014 @6:00 p.m. in the Services for Children conference room. 6 in attendance (Attendance sheet attached)

This public hearing was attended only by the County Commissioners, the Fulton County Human Services Administrator, the Franklin County Human Services Administrator and the Franklin/Fulton MH/ID Administrator

While no comments were presented for the plan, there was a general overview of the plan and a discussion among those in attendance about the block grant, how it has been beneficial, changes that could be considered going forward in terms of flat-funding, what has worked really well and what could be improved.

This public hearing was held during the evening hour in the hopes that it would allow anyone who is working to be able to attend.