

Franklin County Human Services Plan
Fiscal Year 2013/2014
Submitted: June 14, 2013

PUBLIC HEARING NOTICE

The Board of Commissioners approved the County's Human Services Plan, as illustrated by their signatures found in Appendix A – Assurance of Compliance.

Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716, the County Commissioners conducted two public hearings to receive input on the Human Services Plan detailed in this document. Public meetings were held at 1:00 PM on May 22, 2013 and 9:30 AM on June 11, 2013. Appendix B contains the proof of publication and summaries of the public meetings.

WAIVER

The County is not requesting a waiver at this time.

COUNTY PLANNING TEAM

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

The leadership team is comprised of key fiscal and human service administration staff and includes the: Human Services Administrator, Fiscal Specialist, Human Services Fiscal Director, Grants Associate, and the Assistant County Administrator. The team connected with direct MH/ID staff who reached out to engage individuals and family advocates. Their efforts resulted in a planning team that now benefits from the expertise and input of individuals receiving services and their family member advocates. The leadership team considers this a significant change from the team composition last year.

The County Planning Team members once again used an iterative planning process that began with a department-by-department review of current services and budgets. The County Planning Team then reviewed proposals for funding from projected funds available through the block grant. Staff then provided suggestions on best ways to utilize the flexible funds, with a focus on cross-systems initiatives. Staff also provided information regarding local needs and services, as well as process and outcomes data as available.

After staff reviews and clarifications, County Planning Team members offered suggestions and comments and made decisions that fall into one of two categories. First, the County Planning Team identified enhancements to current activities and initiatives; this document details those decisions. The County Planning Team also identified service enhancements that, due to complexity and/or timing, will be considered in future plans. From a planning perspective, this second 'future' category is heartening because it suggests that County Planning Team members value the planning process and wish to continue the idea moving forward.

One of the suggestions for future plans included an assessment initiative aimed at enhancing data available regarding local needs, services delivery, and consumer outcomes. During this process, County Planning Team members acknowledged that the existing data lacks the breadth and depth to make critical decisions regarding comprehensive human services initiatives that are responsive to local needs and the current service delivery

environment. The data available this year is slightly improved compared to what was available last year. Staff was able to provide process data, or outputs, this year. While the county also required outcomes for the 12/13 fiscal year, the block grant planning actually preceded the outcomes. In other words, the outcomes data was not available – in many cases the programs were still underway – when the County Planning Team had to decide on the plan for the 13/14 fiscal year. The County Planning Team still desires to establish an objective decision-making framework that incorporates needs, outcomes and values when developing future human services plans.

The collaborative nature of the Block Grant Plan process remains extremely beneficial to the county, especially this year when we were able to include more consumer and family perspectives. The team was better able to take a holistic approach because they better understood each department's mission and services. The process also yielded more empathy among planners. When the time came for the County Planning Team to deny requests, or deny fully funding requests, departments on their own suggested cuts to their own proposals in order for other departments to receive adequate funding. At the end of the first planning meeting one team member commented, "Well, this is the first time I've ever seen collaboration at this level." Planners were actually reducing their share in order for others to have more: a heartwarming experience.

The County Planning Team still considered the weighty question of, "How can we be expected to pick certain human services over others when there is such great need throughout all of the programs?" But, with the collaborative nature of Franklin County stakeholders, and the forward movement of integrating objective data into the decision-making process, this task is not nearly as daunting as County Planning Team members perceived last year.

NEEDS ASSESSMENT

Utilization rates, and associated funding, were the main data points analyzed to develop the plan proposed herein. Each affected Block Grant Department provided projected end-of-year spending levels for the County Planning Team to review. As mentioned earlier, outcomes data was not available in time for SFY 2013-14 Block Grant Plan drafting.

In addition to utilization and spending rates, department staff indicated to the County Planning Team the areas of greatest need that surfaced during the 2012-13 state fiscal year. For example, during the year the Homelessness Assistance Program (HAP) ran out of money. The contracted HAP provider is a County Planning Team member; she acknowledged that referrals and applications are still on the rise, indicating that the increased need will remain in the next state fiscal year.

Summit Health, our local healthcare and hospital provider, recently conducted a needs assessment that includes data related to the mental health of Franklin County residents. Mental Health was one of the top four priority needs identified as a result of this assessment. We will utilize the findings from the Community Needs Assessment to monitor need.

We will also utilize the PA Youth Survey (PAYS) to assess needs. In addition, we will track the degree to which the youth-focused programs are changing knowledge, attitudes and behaviors toward substance use and abuse.

One important point to note is the limitation to utilizing secondary data like the Summit Health Needs Assessment and the PAYS. The PAYS is administered every two years. The Health Needs Assessment is conducted every three years. These longer data collection intervals mean that the data will not be as sensitive to program impact as primary data collection efforts. To address this challenge, we initiated an Outcomes and Evaluation Committee that will focus on system-wide outcomes planning to measure the success of human

services initiatives throughout the county. This committee will help inform and evaluate the outcomes criteria proposed in subsequent Human Services Block Grant Plans. For FY 2013-14, the County Planning Team as a whole has thoughtfully considered the county-level measures discussed below.

The County level measures that will be monitored by the County Planning Team are presented below in the order they are addressed in the narrative. These measures include:

Mental Health –

1. Crisis Intervention Team (CIT): We will track the number of personnel trained and the number of CIT-related calls that these personnel responded to. We plan to also document the final disposition of these calls (hospital, arrest, etc.).
2. Mental Health First Aid: We will track the number of people trained.
3. Supportive Employment: We will track the number of employers engaged in Supportive Employment and present the percent change compared to last year.
4. Readmission: We will track the annual readmission rates and present the percent change compared to last year.
5. Medication Co-Pay: We will measure the degree to which the program is designed and implemented
6. Older Adults: We will track the number of Mental Health presentations conducted at Senior Centers. We will also collect the number of referrals to the psychiatric nurse and the number and types of community services requests.
7. Transition-Age Youth: We will track the number of apartments available as well as if there is a waiting list and, if so, how many are on it.
8. Children (under 18): We will track the number of youth attending Kick-off events by location
9. Student Assistance Program (SAP): We will track the number of Girls Circle/Boys Council programs and the number of youth who attended each.
10. Respite: We will track the number of requests for emergency and hourly respite and compare the figure to last year.
11. CASSP: We will track the number of families and schools accessing service and supports.
12. Grandparents as Caregivers: We will track the number of children placed with Grandparents due to parents' MH or C&Y involvement. We will also track the number of programs available to assist them.
13. Forensic Housing: We will track the number of former inmates in county-funding housing as well as the number of inmates in Jail lacking an approved home plan who have an SMI.
14. Community awareness: We will track the number of outreach materials produced and distributed and the location and number of community events attended.
15. Comprehensive Continuous Integrated Systems of Care Model (CCISC): We will track whether or not the Action Plan and the Change Agent Committee were created and whether or not the Co-Occurring Competency Certification Program was implemented.
16. Aging Integration: We will track the progress of the decision regarding implementation of cross-systems mobile team.
17. WRAP[®]: We will track the number of staff trained and the number of WRAP[®] plans developed.

Intellectual Disability –

The following goals and desired outcomes are detailed in the Quality Management plan for Franklin/Fulton MH-ID Developmental Disabilities Program as required by the Administrative Entity.

1. 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.
2. To maintain coverage for the Base Funded Supports Coordination for those who have had MA denial, we will track the number of MA denials and referrals to supports coordination.

3. To maintain the number of people in the lifesharing program, the MH-ID program will offer lifesharing as the first option for housing, and the number of individuals in the lifesharing program and their progress in the program will be tracked quarterly by the Quality Management Program Specialist.
4. 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.
5. 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.
6. To measure the goal of increasing the number of individuals in community employment by 10% by 7/31/15, data on the number of individuals who want to work and their desired work situations will be collected by the Transition/Employment Council on an ongoing basis. Providers will meet with employers to collect data on the available jobs within the community. Quarterly data collection from providers and the MH-ID Employment Point Person will be used to track the number of individuals employed in the community.
7. 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.

Drug and Alcohol Services –

1. For each treatment type and age-range, we will track the total number of people served as well as the unduplicated count of residents served in the year.
2. We plan to also track program data on the number of people who have requested assistance more than once in a 24 month period (the treatment type, time since last service, etc).
3. Comprehensive Continuous Integrated Systems of Care Model (CCISC): We will track the number of in-county facilities that offer specialized treatment programming for individuals with co-occurring conditions.

Homeless Assistance –

1. We will use the Point-In-Time (PIT) counts, and compare them to previous years, to measure homelessness in our county.
2. We will track the numbers served and the waiting lists for local housing providers.
3. We will track the number of providers attending the county's Local Housing Options Team and will document identified needs and potential solutions for individuals and families experiencing a housing crisis.

Children and Youth –

1. Family Group Decision Making: For families with the goal of reunification, we will track the number of months children are in placement prior to reunification. For families with the goal of placement prevention, we will track the percent of children who were not placed in a residential setting.
2. Family Development Credentialing: We will track the number of staff and providers who enrolled and completed the course.

Human Services and Supports –

1. **Adult and Aging Services:** We will track the degree to which adult protective services are available by measure the number of consumers served.
2. **Generic Services:** We will measure the number of referrals process through our Information and Referral program. In addition, we will also track the degree to which residents are accessing the Link program. Regarding the new transportation initiative, we will track both the number served and the number of requests that were not able to be served (if applicable).
3. **Specialized Services:** Teen Intervene will be measured using the fidelity tools included with the evidence-based curriculum, including whether or not drug and alcohol use decreased among participants. We will track the number of Girls Circle/Boys Council programs and the number of youth who attended each. The elementary interventions will be measured by tracking the number of participants who enrolled, as well as completed, the various curricula. The Intellectual Disabilities Housing Program will measure the apartment program by monitoring the number of enrollees in the rental program, which services the individuals are utilizing, and if there are any individuals who would qualify for the program, but do not currently have an apartment available. Lifesharing program utilization by the individual who is funded out of the HSDF portion of the block grant will be measured by quarterly report and progress tracking by the Quality Management Program Specialist.
4. **Interagency Coordination:** We will track the number of people who attend the Human Services professional two-day training. We will also track the number of staff who attend the Introduction to Human Services workshop.

HUMAN SERVICES NARRATIVE

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

Mental Health Services

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, our 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.

New programs this year include the Crisis Intervention Team, and Wellness Recovery Action Plan training.

Based on spending of the Human Services Block Grant funds allocated to Mental Health for FY 2012-13, we are projecting to redistribute \$57,224 from the Mental Health budget for FY 2013-14.

The following list describes program improvements:

- ❖ **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.

- Franklin 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. The goal is to offer 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.
- ❖ 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.
 - Mental Health sponsored four sessions this past year in both Franklin and Fulton County.
 - We trained over 30 people and plan to continue offering this training program in the future as well. The target audience will be staff working with our older adults, first responders, office staff responsible for welcoming individuals into service, and the primary care staff.
- ❖ Employment
 - Attended Senator Alloway’s 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.
 - Continued working with our supported employment providers on the evidence based philosophy and increased business interest in hiring individuals with a mental illness.

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 partnered with other entities in our community to identify what areas should be analyzed for our system. We have created workgroups and assigned them to priority areas for system indicators analysis.

- ❖ Readmission rates
 - We have a high readmission rate for individuals experiencing a serious mental illness. In response, we organized a workgroup comprised of outpatient providers, behavioral health unit, advocates, crisis, case management, healthchoices, managed care, and the county. The group is 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.
- ❖ Medication co-pays
 - Co-pays for mental health medication may be a barrier for some individuals. We are examining solutions to address this need and identify funding.
 - In the July 2013 CCISC implementation meeting, Outpatient providers representing our area will be surveyed to determine the level of need.
 - We will also survey our Mental Health Association, Crisis, and our Certified Peer Supports to gather information.

- During September and October 2013, programs and funding options will be explored.
- By January 2014 a medication co-pay assistance program structure will be developed.

Older Adults (ages 60 and above)

- Mental Health presentations for the senior centers are underway. The target audience is older adults, family, and staff. The goal is to provide education and community resources for advanced directives, grief and loss, depression, medication and welcoming individuals into service.
- A community psychiatric nurse provides educational programs to the senior center members. She is also available to answer questions and refer individuals to community services as needed.

Transition-Age Youth (ages 18 through 26)

Franklin County MH addresses Transition-Age Youth through a housing program geared toward meeting the needs of this age demographic. At the end of the 2010-2011 fiscal year, MH/ID developed a transitional housing program focusing on the needs of transition age (18-26) and the forensic population. The committee agreed to start with one apartment to ensure the treatment team composition and supports are established. The purpose of the program is to provide a transition to independent living to young adults and individuals re-entering the community after incarceration. The goal is to provide three apartments by the year 2014.

Children (under 18)

- The Community Coalition's goal is to bring together area leaders, residents, agencies/organizations and professionals to support youth in making drug-free choices. Last year's Kick Off Your Drug-Free Summer brought in close to 400 area youth and adults. We are hoping to see at least 500 area youth this year. This event will be open to any area resident who wishes to join and provides the public with a fun, free opportunity to interact with members of the community. This event helps to showcase local activities for youth and promote healthy decision-making. We have expanded this event to include Fulton County and Waynesboro this year and hope to add more locations in the future.
- Our Student Assistance Program has implemented Girls Circle (an OJJDP Promising Practice) and Boys Council this school year as a group available to our youth during school hours.
- Respite is available on both an hourly and an emergency overnight basis. In 2012, there was an increase in respite use by new families. We have seen a decrease in the emergency respite needed now that the hourly respite is available and families can schedule this service.
- The CASSP Coordinator has increased the communication between the schools and the families. Families and schools have become aware of additional supports and services available in the local communities and have accessed them.
- Our area has seen an increase in grandparents and great grandparents responsible for parenting young children. Due to age requirements, these grandparents do not always qualify for support from the Area Agency on Aging.

Special/Underserved Populations

Franklin County Mental Health/Intellectual Disability serves individuals with co-occurring diagnoses through a collaborative housing program.

Another underserved population that receives MH/ID program focus is the group of Justice-involved individuals. Franklin 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. Additionally, the Forensic Housing program addresses the needs of those individuals returning to the community after incarceration, many of whom receive MH services.

Other programs for special/underserved populations are described in greater detail under the Recovery-Oriented Systems Transformation section that follows.

Recovery-Oriented Systems Transformation

Results of family and individual satisfaction surveys indicate a lack of knowledge and understanding of the roles and responsibilities of the County MH/ID office. As a result, the discussion of systems transformation priorities fostered the creation of a campaign of awareness and community outreach.

It is anticipated that by increasing the presence and understanding of MH/ID in the community, the utilization of services will improve. At the same time, we will have a greater opportunity to improve the co-occurring competency of our service system. Creating a system that responds to the complex issues of individuals with improved coordination between programs will allow greater access to services for children, transition age individuals, adults, and older adults.

- ❖ Mental Health awareness campaign –
 - Gather educational materials on mental illness for distribution throughout the community.
 - Target the community through health fairs, job fairs and other community events.
- ❖ CCISC Implementation –
 - Analyze COMPASS-EXEC and create an action plan that includes any themes that may emerge from the analysis by July 2013.
 - Creating a Change Agent committee that will be responsible for educating their peers in direct care about complex issues.
 - Team has identified a need for a certification program for providers in our community committed to be co-occurring competent.
 - Continued educational program this past year with motivational interviewing. The coming year will focus on children/adolescents with complex issues.
- ❖ Transition age and Forensic Housing availability –
 - With the close of the 2010-2011 fiscal year, MH/ID was able to develop a transitional housing program focusing on the needs of transition age (18-26) and the forensic population. The committee agreed to start with one apartment to ensure the treatment team composition and supports are established. The purpose of the program is to provide a transition to independent living to young adults and individuals re-entering the community from incarceration. The goal is to reach three apartments by the year 2014.
- ❖ Aging integration –

- In 2013, a workgroup will be assembled to research the ability to create an integrated mobile team that represents aging, MH/ID, and healthcare profession. The team will expect referrals from law enforcement, crisis, MH/ID, and aging at a minimum.

❖ **Pilot for the WRAP® for Everyday lives**

- **“WRAP® stands for Wellness Recovery Action Plan™.** WRAP® is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:
 - Decrease and prevent intrusive or troubling feelings and behaviors
 - Increase personal empowerment
 - Improve quality of life
 - Assist people in achieving their own life goals and dreams

WRAP is a structured system to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reducing, modifying, or eliminating them. It also includes plans for responses from others when you cannot make decisions, take care of yourself, or keep yourself safe.”

- ❖ Mental Health and Intellectual Disabilities will be hosting a facilitator training series in July and September 2013 to encourage providers to have staff trained and be able to offer **WRAP® plans as part of treatment.**

Intellectual Disability Services

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 client engagement and provide access to services for employment, training, housing and family support as appropriate. As of May 1, 2013, there were 475 people registered in the Intellectual Disabilities program in Franklin County, of which 30 were participants in the Lifesharing program.

New programs this year include the ID apartment program, and the Wellness Recovery Action Plan training.

Based on spending of the Human Services Block Grant funds allocated to Intellectual Disabilities for FY 2012-13, we are projecting to redistribute \$50,000 from the Intellectual Disabilities budget for FY 2013-14.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Supported Employment	25	25
Sheltered Workshop	7	7

Adult Training Facility	5	5
Base Funded Supports Coordination	55	55
Residential (6400)	2	2
Lifesharing (6500)	0	0
PDS/AWC	24	29
PDS/VF	0	0
Family Driven Family Support Services	0	0

Supported Employment

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: 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: 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: This 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, 2013, there were 60 Franklin County residents receiving Community Employment services. Franklin County's goal is to increase by ten percent the number of people receiving Intellectual Disability services who are competitively employed in the community. Franklin 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.

Base Funded Supports Coordination

Base Funded Supports Coordination includes home and community based case management for clients in nursing facilities and in community residential settings. These services are only paid for clients who have had a

denial of Medical Assistance Coverage. Currently no one is leaving the State Hospital system from Franklin or Fulton Counties, so transition services are not needed at this time.

Lifesharing Options

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 30 people living in Lifesharing Homes in Franklin County. All 30 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. The Intellectual Disability Program’s Quality Management Goal is to maintain the number of people in Lifesharing.

Franklin County is funding one additional participant in its Lifesharing program through the Human Services Development Fund. Please refer to this section for the description of this portion of the program.

Cross Systems Communications and Training

ID collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for Self-Determined Life. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/ Fulton County and Philadelphia are the pilot areas. Training for this pilot program will be sponsored with ID Waiver Admin monies.

Emergency Supports

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. Additionally, the new apartment program, which is described in greater detail in the Human Services Development Fund section of this narrative, will allow those with the skills to live independently with some supports. The Franklin County ID department will increase the availability for combinations of Companion, Home and Community Habilitation, Transportation, and Respite so that individuals can continue to live at home instead of residential programs which are more costly. Per the ODP, waiver slots will be given to new graduates (14 in 2013-2014) and aging caregivers again in the 2013-14 fiscal year.

Administrative Funding

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 13-14, 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 clients 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 E, 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. She is also 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

Homeless and near homeless assistance is provided through the County’s Information and Referral Coordinator, PATH, ESG and HAP. There are two main shelters within the County, the Franklin County Shelter and the Waynesboro New Hope Shelter. South Central Community Action Program (SCCAP) runs the Franklin County Shelter for the Homeless and is contracted to administer the County’s HAP funds. Because of the flexibility of the block grant, we were able to provide additional support for HAP and the Franklin County Shelter for the Homeless for FY 2012-2013. SCCAP has received ESG funding in the past and will apply for funding in future years. New Hope Shelter in Waynesboro is receiving ESG funds to assist with rapid rehousing and shelter operations. In 2012, Franklin County contracted with Waynesboro New Hope Shelter to provide forensic housing to former inmates of the Jail. Franklin County also provides transitional housing and offers an independent living program through the Mental Health funding.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	0	0
Case Management	322	280

Rental Assistance	314	275
Emergency Shelter	121	43
Other Housing Supports	12	12

Bridge Housing

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

Case Management

Case Management services activities offered by SCCAP, as defined by the HAP Guidelines, may include but are not limited to the following:

- Intake and assessments (service plans) for individuals who are in need of supportive services and who need assistance in accessing the service system.
- Assessing service needs and eligibility as well as discussion with the client of available and acceptable service options.
- Referring clients to appropriate agencies for needed services.
- Providing referrals to direct services such as budgeting, life skill training, job preparation, etc.
- Providing advocacy, when needed, to ensure the satisfactory delivery of request services.
- Protecting the client’s confidentiality.
- Follow-up to assure compliance with the continuity, appropriateness, and effectiveness of service.

Case Management services are contracted out to South Central Community Action Program (SCCAP). Every rental assistance applicant will be part of HAP case management. Specifically, case management provides referrals with regard to budgeting, parenting, hygiene, sanitary housekeeping, accessing resources, life skills, and becoming more self-sufficient. A service plan is established and signed by each applicant that includes referrals to address factors that led to the housing crisis in addition to other factors that may have contributed to the problem.

The SCCAP HAP Program Coordinator is responsible for completing all intakes and assessments for Franklin County Homeless Assistance Program. This process includes assessment of other needs, especially those contributing to the housing crisis.

Rental Assistance

HAP’s Rental Assistance Program provides funding for rent and security deposits for eligible low-income applicants who are homeless or near homeless as defined below:

Individuals or families are homeless if they:

- Are residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health; drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence; needs a safe place to reside;
- Have received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement;

- Are living in a “doubled-up” arrangement for six months or less on a temporary basis;
- Are living in a condemned building;
- Are living in housing in which the physical plant presents life and/or health threatening conditions; e.g. having dangerous structural defects or lacking plumbing, heat, or utilities; or
- Are living on the streets, in cars, doorways, etc.

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

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

Individuals served by the HAP program must have been a resident of Franklin County for six (6) months prior to applying for assistance.

Priority for Rental Assistance will be given to Franklin County applicants who can demonstrate that they will be able to become self-sufficient within three (3) months with regard to housing. Applicants are required to cooperate with case management services and clients will be required to sign a service plan showing areas of responsibility between the case manager and the client.

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

- Franklin County families with children who are homeless or near homeless.
- Persons fleeing domestic violence.
- Individuals who have fallen on hard times who need temporary assistance to get back on their feet.
- Homeless families with children who are candidates for Transitional Housing.

To receive financial assistance, the individual or family must be at or below 150% poverty. As appropriate, those who do not meet the income guidelines will be referred to other agencies that may be able to provide needed services. Income requirements will be waived for persons fleeing domestic violence and for those who are experiencing a housing crisis due to a disaster such as fire or flood (upon State approval by the State HAP Manager as stated in the guidelines).

The amount of Rental Assistance allocated will be determined by the facts of the case. A service plan is created for each household. The plan addresses the conditions precipitating the housing crisis. It also addresses the acquisition of permanent housing, including the schedule for disbursement of rental assistance funds.

The Block Grant Planning Committee proposes redirecting FY 2013/14 funds to the HAP Rental Assistance Program in order to address the severe local need: the needs of our citizens outnumbered the funding for the 2012-13 fiscal year.

Emergency Shelter

The Franklin County Shelter for the Homeless is located centrally at 223 South Main Street in Chambersburg, PA. The Shelter provides 10 bedrooms, two of which are family rooms, with the capacity to house up to **24** individuals at one time. The Franklin County Shelter for the Homeless is the last safety net for the residents who may find themselves without a place to live. One of its major goals is to move homeless residents back into permanent housing and toward self-sufficiency. In order to accomplish this, the Shelter staff provides case management activities, setting goals with the residents to be accomplished during and after their stay, and cooperates with other agencies within the County to direct residents to the available resources that will help them achieve their established goals. Clients are also required to participate in a basic life skills program.

In order to become a client at the Franklin County Shelter for the Homeless, an individual/family must be legally homeless. If legally homeless, the potential client completes a Common Application for Assistance and Assessment package, which includes a self-declaration of homelessness. A potential client will only be considered a client once he/she has completed the intake forms. Upon completion of the form, the client/family works with the staff to identify his/her/their particular causes for homelessness. Once the causes have been identified, the client/family, in coordination with the staff, develops a plan of action including specific goals to be achieved during their stay at the Shelter. Long term goals that lead to the attainment of stable housing are also set. The caseworker assesses the client's work history, medical history, and educational background. This information becomes a permanent part of the client's file. The staff identifies the client's family needs such as nutritional education, parenting classes, and drug/alcohol treatment services. Using this information, staff, under the supervision from the Program Coordinator, acquires the necessary information or services to address that particular client/family's needs.

In 2012, the Shelter provided temporary shelter to 121 homeless individuals representing a total of 4,196 nights of shelter. From January through March 30, 2013, the shelter has served a total of 38 individuals representing a total of 1,025 nights of shelter.

Homeless Assistance Program funds are needed to support the daily operational costs of the Franklin County Shelter for the Homeless as it tries to adapt to the steady increase in homeless needs and extensive supportive services. The shelter staff is finding that an increasing number of homeless individuals need more than 30 days of emergency shelter due to the lack of employment opportunities.

Other Housing Supports

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

Franklin County has actively participated in HMIS for approximately three years, entering data from existing programs, including Shelter Plus Care and Supportive Housing grants through HUD as well as the ARRA-funded Homelessness Prevention and Rapid Rehousing Program (HPRP) grant. Our PATH Coordinator will be attending a two-day training regarding the data entry into HMIS. Beginning July 1, 2013 all PATH services will be entered into HMIS.

Children and Youth

The Franklin County Children and Youth Service (FCCYS) is the local public child welfare agency responsible for ensuring that the children of Franklin County are safe and receiving the essentials of life. The agency provides services to any child from birth to 18 years of age who has been abused, neglected, exploited, is

incorrigible and/or truant and their families. Additionally, youth who were determined to be ‘dependent’ *prior* to the eighteenth (18th) birthday and request to re-enter care are also provided child welfare services.

Services are provided to families who request and voluntarily accept services or who have been ordered to participate in services by the Franklin County Courts. Services are designed to promote the safety, permanency, and well-being of children and their families. These are specialized services dealing with the problems of children whose families need help in caring for them. Reports involving abused, neglected, exploited or truant/incorrigible children are investigated and in-home services and/or placement services are provided to families who meet Children & Youth legal criteria. Children and Youth can help intervene in family disputes and crises; however, Children and Youth does not have the authority to determine, mediate or change Court-ordered custody or visitation agreements. Government intervention is justified when the family cannot, or will not, provide for the child’s safety and/or basic needs. Placement of a child by Children and Youth can only occur if ordered by the Juvenile Court. FCCYS provides an array of services (either in-house or through private contracted providers) to accomplish the goals set forth above.

Based on spending of the Human Services Block Grant funds allocated to Children and Youth Services for FY 2012-13, we are projecting to redistribute \$4,410 from the Family Development Credentialing line to the Family Group Decision Making line of the Children and Youth budget for FY 2013-14.

Promising Practice

The FCCYS does not provide any ‘Promising Practice’ programs.

Housing

FCCYS does not have any formalized housing programs. (Other than *limited* emergency placement in a hotel for homeless families referred to FCCYS.)

Alternatives to Truancy

FCCYS provides significant services to truant and/or incorrigible youth; however, none of these services are funded by any Special Grant. The agency has a Truancy Prevention Unit comprised of four caseworkers and a supervisor to work with truants referred to C&Y. A series of truancy elimination classes are provided to youth and in 2013, the agency developed a two-hour class for the parents of truant youth. Referrals to this class come from the schools, CYS, and Magisterial District Judges. All of our truancy services are funded through the Needs-based Budget.

Evidence Based Programs

The Pennsylvania Department of Public Welfare’s Office of Children, Youth, and Families lists Family Group Decision Making (FGDM) and Family Development Credentialing (FDC) as Evidence Based Programs. Franklin County Children and Youth Service is a Phase II participant in the Administrative Office of PA Courts’ Office of Children and Families in the Courts’ Permanency Practice Initiative (PPI). A requirement of the PPI is the implementation of FGDM and FDC.

Family Group Decision Making (FGDM) is a process in which family members, community members and others collaborate with the child welfare agency to create a plan for a child or youth. The family members define who comprises their family group. In FGDM, a trained coordinator, who is independent of the case, brings together the family group and agency personnel to create and carry out a plan to safeguard children and other family members. FGDM processes position the family group to lead decision making, and the statutory authorities agree to support family group plans that adequately address agency concerns. The statutory

authorities also organize service providers from governmental and non-governmental agencies to access resources for implementing the plans.

The key to successful FGDM practice is engaging the family group — those people with kinship and other connections to children, youth and their parents. This includes those who may not be currently connected to children and youth — for example, paternal relatives who are often excluded or marginalized.

FGDM affirms the culture of the family group, recognizes a family's spirituality, fully acknowledges the rights and abilities of the family group to make sound decisions for and with its young relatives and actively engages the community as a vital support for families. FGDM has the potential to energize hope, guide change and foster healing. Through FGDM, a broad support network is developed and strengthened, significantly benefiting children and their family groups. Government, local and tribal programs also benefit, learning from and relying on the family group and community as resources that strengthen and support families in ensuring that their children have a clear sense of identity, lasting relationships, healthy supports and limits, and opportunities for learning and contributing.

Family Development Credentialing (FDC) is a professional development course and credentialing program for frontline human service workers to learn and practice skills of strength-based family support with families.

Created in 1996 in New York State (Cornell University), 19 states besides Pennsylvania have implemented the program. The Community Action Association of Pennsylvania (CAAP) serves as the coordinating body for the Program in the State and is affiliated with Temple University who provides national coordination for the FDC program. FDC is a unique worker development program that uses training and supported practice of skills to transform how agencies provide services to individuals and families, from deficits-based to strengths-based, empowerment-oriented models of practice.

FDC courses are offered to frontline family workers from a wide range of government, private and not-for-profit agencies as well as businesses, faith organizations and large corporations. Family development trainees work with families across the lifespan including families with young children, teen parents, retired people, people with disabilities, and many other groups.

To earn the credential, a worker must: complete 80 hours of interactive classroom instruction based on the Empowerment Skills for Family Workers curriculum; participate in approximately 10 hours of portfolio advisement with a trained portfolio advisor; prepare a Skills Portfolio with support of the portfolio advisor; and pass a state Credentialing Exam.

Franklin County began offering the FDC training in January 2010, with 23 participants. There have been three additional 'cohorts' graduated/credentialed since that time (a total of four since 2010). However, there has been a noticeable decline in the number of participants interested in becoming credentialed, despite the actions of the FDC Implementation Team working diligently to get the word out regarding the FDC Credentialing Program.

Franklin County anticipated starting another class in January 2013, but was not able to generate enough interest. Only eight people registered for the course. Instructors prefer a minimum enrollment of 15 students due to the many activities that involve interaction among the students. The FDC Implementation Team decided to hold the class in fall of 2013 with the hope that more human service workers will be interested. Newsletters, flyers and promoting the training at the Franklin County Human Service Training Days will be utilized to promote the training.

Fiscal Year 2012/2013 C&Y 'Special Grants'					
Special Grant	Certified Amount FY 12/13	Share	FCCYS Cost per Unit	No. of Units to be provided/actual	Projected Expenditures
FGDM	\$47,469.00	State: \$45,095	\$2,995.00 per conference	16/17 Successful conferences	\$53,795.00
		Local: \$2,374			
FDC	\$11,970.00	State: \$11,372	\$1,200 per participant	10 participants (or 1 class/NONE)	-0-
		Local: \$598			

Fiscal Year 2013/2014 C&Y 'Special Grants'					
Special Grant	Tentative Amt. FY 13/14	Share	FCCYS Cost per Unit	No. of Units to be provided/actual	Tentative Expenditures
FGDM	\$51,879.00	State: \$45,095	\$2,995.00 per conference	21 referrals	\$51,879.00
		Local: \$2,374			
FDC	\$7,560.00	State: \$7,182	\$1,200 per participant	10 participants (or 1 class)	\$7,560.00
		Local: \$378			

Drug and Alcohol 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 four 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 Users, Injection Drug Users, and all others. Currently, there is one local outpatient provider who has the ability to provide treatment services for the Spanish speaking population.

An estimated 560 Franklin County residents will be funded for treatment through the drug and alcohol program in fiscal year 2012-2013. FFDA projects that 348 individuals will receive level of care assessments. Level of care assessments are completed by contracted outpatient providers or 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 takes 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. Since 2010, D&A partners with Franklin County Adult Probation to provide a designated Case Manager who works with level three and four offenders with addictions issues who are sentenced to restrictive intermediate punishment. Funding for this program is provided through a grant from the Pennsylvania Commission on Crime and Delinquency. In 2013/2014, the grant will total \$236,562.

Through this Block Grant, we plan to allocate additional funding for drug and alcohol treatment services, as identified in Appendix C.

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 to 55)

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 Users will fall into this age demographic.

Transition-Age Youth (ages 18 through 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 Users 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. These programs are funded through the HSDF and are discussed in detail in the HSDF section of the Block Grant Narrative.

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.

Recovery-Oriented Services

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.

HUMAN SERVICES DEVELOPMENT FUND (HSDF)/HUMAN SERVICES AND SUPPORTS:

The Human Services Development Fund will continue to be essential part of the block grant that allows Franklin County the flexibility to provide for specialized services throughout the fiscal year.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Adult Services	0	0
Aging Services	0	0
Generic Services	3157	3517
Specialized Services	832	221

Adult and Aging Services:

Franklin County is looking at the possibility of starting adult protective services in the upcoming fiscal year. The program will provide disabled consumers ages 19-59 access to protective services. HSDF will supplement the costs if the temporary funding mechanism through the State Department of Aging is insufficient to cover the costs.

Generic Services:

For FY 13/14, Franklin County will continue the Information and Referral program (I&R) under HSDF. I&R provides information and referrals to individuals and the community through a variety of communication channels, including in-person presentations, to local agencies to help educate the community of the various services throughout the County. The I&R department is also the contact point for PA 211 coordination. Data from our I&R resources database is shared with the capital region during quarterly coordination meetings. In FY 12/13 Franklin County received 1,836 contacts through our office and 1,387 through our contracted after-hours provider.

The I&R Coordinator assists people who are in crisis, and/or experiencing emergency situations. She also advocates on behalf of those individuals who are in need of additional support. The I&R Coordinator is certified by the Alliance for information and Referral Systems (AIRS). By way of a national exam, the Coordinator is recertified every two years.

Franklin County implemented the PA Link to Aging and Disability Resources (LINK) in February 2011. Designed to streamline access to long term supports and services, the initiative is part of the nationwide effort to re-structure services and supports for older adults, persons with disabilities, family members and care providers. The objective is to provide a “one stop shop” approach for residents in need. The LINK Coordinator refers the consumer to the agency or agencies that best fits their particular needs.

The block grant committee approved funds into HSDF for transportation services. The funding will provide transportation to/from non-medical human service appointments or treatment services for approximately 25 clients under the age of 60 who are ineligible for Medicaid and unable to pay for transportation on their own.

Specialized Services:

For FY 12/13 Franklin County implemented the Teen Intervene program and will continue to fund this program in the upcoming fiscal year. Teen Intervene is an evidence-based program that is listed on the Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices. It is designed to work with the court system, juvenile probation and schools to provide an intervention for youth ages 12-19 that have minor to moderate drug and or alcohol use. Students who are caught possessing substances or who demonstrate evidence of use are the target population for this program. Teen Intervene is administered individually to youth by a professional in two 1 hour sessions approximately 7-10 days apart. An optional third session for parents is available to address the need for the parent to demonstrate healthy attitudes and behaviors related to substance use and to monitor the adolescent. The program integrates stages of change theory and motivational enhancement to help teens reduce and ultimately eliminate their drug or alcohol use.

Elementary intervention groups are another essential program that will be enhanced for FY 13/14. This service is being offered to schools in Franklin County that acknowledge having students who might be struggling in school or at home with issues such as bullying, aggression, low grades, etc. Students are identified and referred to the groups by teachers, staff or faculty. Groups are held in each school during a time and day designated by the school. The facilitators use various curriculum including (but not limited to) Too Good for Violence, Girls Circle and Boys Council. The additional funding will allow the elementary intervention groups to be expanded throughout the school year and offered to all the elementary schools in Franklin County. The schools will also be offered multiple groups through the year based on need and referrals.

The Block Grant Committee proposed funding, through the HSDF, a Lifesharing option for one individual under the Intellectual Disabilities program. This individual was unable to be included in the Lifesharing program with waiver funding based on his age, and the fact that his caregivers did not qualify for aging caregiver funding based on their ages. The client and caregivers currently do not meet the criteria for waiver funding, but it is possible that waiver funding will be utilized for sustained funding of Lifesharing for this individual.

Another program which has been initiated to respond to the residential needs of clients with Intellectual Disabilities is the housing program. This program represents collaboration between ID and MH Housing to develop an apartment program for people with intellectual disabilities. This program will allow people who do not need 24 hour supervision to have their own apartments (HSDF funding for security deposits and rent subsidies) and the necessary supports to provide for their health and safety are provided by waiver funding. The Mental Health Housing Program Specialist will manage the rental agreements and the Intellectual Disabilities Program will provide the funding, monitoring and access to services and support. This pilot program will be funded by HSDF in the first year, to provide an apartment for one individual in FY 2013/14.

The above programs tie into several categorical programs but best fit into the Human Services Development Fund due to flexibility and affordability.

Interagency Coordination:

The Information and Referral Coordinator organizes a two-day training event that is available for Human Services professionals. She also organizes the Introduction to Human Services training that is available two times a year to new employees within the County government as well as agencies in the community.

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN

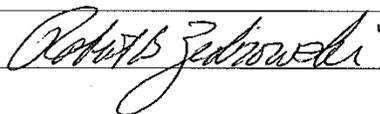
ASSURANCE OF COMPLIANCE

COUNTY OF FRANKLIN, PENNSYLVANIA

- 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

<i>Signatures</i>	<i>Please Print</i>	
	David S. Keller	Date: 6/13/13
		Date:
	Robert G. Ziobrowski	Date: 6/13/13

Appendix B – Meeting Minutes and Proof of Publication

Franklin County Block Grant Committee Meeting
Franklin County Human Services Building

March 1st, 2013
1:00 PM

Committee Members: Jennifer Johnson, Amanda Black, Traci Kline, Kim Wertz, Anne Larew, Manny Diaz, Karen Johnston, Cassandra Rahouser, Jean Snyder, Ann Spotswood

Staff: Rick Wynn, Carrie Gray, Stacy Rowe, Christy Russell, Jennifer Lipko, Claire Hornberger, Cori Seilhamer, Lori Young

- I. Welcome and Introductions
 - a. Rick introduced our new committee members, Kim Wertz- CSP, Anne Larew-Stakeholder, and Jeff Hoose- Housing Advocate. Jeff unfortunately could not make our meeting. Rick also informed everyone and welcomed Jim Hook of the Chambersburg Public Opinion.
 - b. Jean and Rick do double duty for joiner for Franklin and Fulton County. They attend block grant meetings for each county.
- II. Overview of the results from the first distribution
 - a. We did get contracts sent out for Healthy Communities Partnership and Pyramid Healthcare for prevention program and activities. These monies came from ACT 152 and the rest of the money was given to Homeless Assistance to provide services in Franklin County. We are seeing a surplus of calls for assistance.
- III. Explanation of Year to date expenses (through 12/31/2012) and Funds available for redistribution
 - a. Projected amounts were based on spending and what each program had projected.
 - b. Discussion about retaining about 1% retained is \$9,170 of the total allocation in the event that we would have some cost overrun. So with 1% beginning as retained, that leaves \$77,593 to be redistributed. The 1% is Rick's recommendation as a safety net for these programs. The committee will be considering at this meeting Rick's recommendation for the 1% for overruns and program request for additional funding.
- IV. Program Requests
 - a. As well as opening it up to the community for requests, Homeless Assistance needs \$6,185. There projections were for the end of the fiscal year. There are large amounts of calls coming into Information and Referral specifically for shut downs of utilities, housing such as rent, etc. Jean Snyder stated that Fulton County could spend double the amount that they get for HAP because of the high price of fuel oil to heat homes.
 - b. D&A (BHSI) is asking for additional funds of \$56,400, as of projections that staff have predicted how services will flow until the end of the fiscal year. The staff does a good job of maneuvering the money around to suit services for individuals and their needs. When Expedited Plus Plus didn't work the way that they thought, it had a lot to do with how the local county board of assistances categorizes people and they are getting pressure from the state to categorize them a certain way, that either makes them ineligible or eligible but does not allow to quickly do Expedited Plus Plus which would get them quicker into eligibility to Medicaid. The referral volume from forensics and even Fulton County referrals are way up for services. If no money is given to D&A from the block grant; the Drug and Alcohol program will continue to run the way they have been with the money and people will not get longer stays and manage the best for each individual. The increase of referrals is also because SAP is using D&A program

Appendix B – Meeting Minutes and Proof of Publication

Franklin County Block Grant Committee Meeting
Franklin County Human Services Building

March 1st, 2013
1:00 PM

as a resource for adolescents that are in need of services.

V. For consideration

- a. The intent of the committee is to make recommendations to staff to implement what we think is your wish. We need to be effective and show the state that we can manage our money. We are doing these plans based on what the state wants and recommends in the time line they have given us. With that being said, the state would like to have 2013-2014 draft plan to them by May 1st. Even if both programs got the money that is requested there would be about \$14k left for other things/services. Even if all requests were met there would still be money remaining for other requests. But with the fiscal year winding down, it is hard to get programs off the ground before the end of the fiscal year. Another reminder is that even if committee agrees on it and the board of commissioners signs off on the request that doesn't mean it will be approved by the state and/or in a timely manner in order to implement before the end of the fiscal year if we move more than 20%. We will evaluate where each of the seven funds stand towards the end of the year. Karen Johnston wanted to speak as a service provider, that it is extremely hard to get programs up and running and completed by end of the fiscal year as part of this block grant. There could be a lot of work involved once you start adding on layers of systems you want to effect.
- b. Committee members agreed on to keep 1% for overruns. Claire is giving money back from Intellectual Disabilities (waiver admin dollars, not service dollars) but that is because there are federal rules and the program cannot spend it because of the rules. A waiver may have to be granted to make this if it exceeds 20%.
- c. Program requests for additional funding, roughly \$14k left. If we bump up additional money for D&A and HAP or we do not spend the extra money it must go back to the state.
- d. Ann suggested creative prevention aligned for next strategic plan so that we know where we are going for Prevention to meet immediate needs. Karen Johnston agreed.
- e. Other ideas for using the extra \$14-15k. Claire mentioned a program having an ID housing program similar to the one that is already done for MH through Jennifer Johnson. If there was an option the money would be converted to HSDF fund and use to serve people with Intellectual disabilities within the housing realm. This would be a program and a good way to use this money effectively and have this program up and running in a timely manner.
- f. The committee members agreed to give amount to D&A and HAP, as well as have staff seek out other ideas/requests to use the \$14-15k. The requests will then be brought to the table for the committee to agreed and accompanied by outcome data. Carrie mentioned HUD housing that has been around for the last 5-8 years.

VI. Information needed for committee members

- a. Any methods that staffs have to get information out to community members and programs.

Appendix B – Meeting Minutes and Proof of Publication

Franklin County Block Grant Committee Meeting
Franklin County Human Services Building

March 1st, 2013
1:00 PM

- b. Anne Larew brought up any funding for Transportation. Transportation may be funded through HSDF, but this would be a need that we could never meet. Christy brought up that a lot of people don't use Transportation because of the shared rider program because other people don't like the inconvenient of transporting and dropping off other people. We are the largest county without public transportation. Rick will bring up in the HS Managers' meeting for staff to do some research on it.
- c. We will not know anything about the 3% that we can roll over until October when the final fiscal reports have been completed. They will approve the 3% but we will not know what that amount is until October.

Appendix B – Meeting Minutes and Proof of Publication

1. Welcome and Introductions
2. Feedback on projects approved for 2012/2013
 - a. Review of D&A 12/13, 13/14, HAP 12/13, 13/14 and Prevention activities part of HSDF. In 12/13 ACT 152 was shifted out. HAP was out of money as of April 2013. HCP will be billed out and another prevention activity will not quite use all their money. Pyramid's prevention program was slow to start up and is asking for additional money for another program. Karen gave updates on activities, Teen Intervene and Alcohol True Stories had a slow start; HCP is trying to get to all agencies for referrals. 10 groups, with 100 some audience. One ID client for independent living apartment.
3. Review of human services fiscal year 2012-2013 funding summary. We had a total budget of approximately six million dollars for 12/13; we will be starting with same amount in fiscal year 13/14. Break out of what was spent for each program, projected with allocation was shared. Unused federal dollars of ID (\$64,338) must be sent back to the state. HAP requested \$32k, but to run the shelter program it costs \$230k. \$26k for shelter, \$6k for rental assistance was recommended to further their shelter. HAP has to use federal funds that Community Actions get and if they use for shelter they cannot use it for other programs, they also received federal costs. If we give them additional money, this allows them to do other services and let money free for shelter. Are the commissioners looking at this and willing to allow this to happen for HAP. Yes. Commissioners are supportive of SCCAP and leadership and the services they provide in the community. This money to SCCAP is fully Franklin County. SCCAP is in a unique place they tried to apply for emergency shelter grant but there were changes, they are not asking for increase for next year. Jennifer Johnson added that there is an increase in the number of homeless individuals. Jeff Hoose has been a great help sharing the homeless lifestyle. If the committee decides they want to approve an "up to" amount of an additional \$5,000 for the remaining part of fiscal year 2012-2013. A contract amount can be set for the rest of the fiscal year for the contract, but an option for amending this contract for additional money until the end of the fiscal year. A motion to approve \$32k and "up to" additional amount of \$5,000 if needed per an amendment to the contract. Karen suggested an additional \$5k, and then up to \$37k for the contract.
 - a. Total for 13/14 is \$5,983,719, balance projected of \$67,280 some programs projected over and others projected under that is the difference between \$67,280 and \$111,634 on the chart.
 - b. Summary of requests for funding for 13/14:
 - i. D&A program is requesting \$55,852 for outpatient and inpatient services but mainly for outpatient.
 - ii. CYS will be moving Family Development Credentialing into Family Group Decision Making of \$4,410. The judges have requested this training to be held.
 - iii. Homeless Assistance Program- rental assistance is \$23,000 for fiscal year 2013-2014.
 - iv. Under HSDF:
 1. Teen Intervene Program, Elementary Intervention groups, Pyramid prevention program through HCP. Elementary Intervention groups have been in 15 of 19 schools, average # of kids per each group is 8. Once a week, 8-10 times for each group. Adding data from

Appendix B – Meeting Minutes and Proof of Publication

these evidenced based programs. Outcomes data cannot be given because the programs just started and they are in the community.

2. Pyramid Healthcare is asking to use the money they did not spend and roll over into next year for a new program. Carrie and Doug stated they checked and they found out that they did not speak to any judges about this program. We reviewed the proposal that Pyramid Healthcare gave. Get more clarification on the Pyramid proposal
3. Transportation to human services programming with some limitations on this service. Funding under HSDF that do not qualify under any other program funds for the county and they need a source of transportation for running on county hours within Franklin County. MATP Penn Dot requires they must be an adult or accompanied by an adult. ID is asking for request for ID clients that work in the evening, night shifts, etc. so that they can go to work. **This is not included in \$10k but this is another idea/request. ** Guidelines for Transportation will be drawn up and sent to committee members to approval.
4. ID apartment and Life Sharing program, one slot from last year, 16yr old receiving managed care and have reached their benefit per managed care, and still need living supports because he would not do well when he was around females, high functioning ID consumer. We move this money into HSDF and can be used for this individual. This would continue yearly, this is simply a shift of money from ID into HSDF so that the money can be more flexible to use for this individual to live. ID apt and life sharing program will be seen by ID program specialist.
 - a. Note is any other requests need additional money through the year we as a committee can re look at these and we could give additional money.
 - b. Staff will get information to Carrie for the BG plan by May 30th.
 - c. Feedback from the committee members for ideas of the outcomes versus outputs.

The Board held a Public Hearing on the Human Services Block Grant for Franklin County Plan and Process for 2013/2014. Richard Wynn, Human Services Administrator provided a presentation and gave the Board an update on the block grant process for the past year. He said the final allocation will occur in October but it all depends on the final State budget. Due to the Block Grant process the County avoided cutting programs. For the 2012/2013 budget the Committee provided extra funding to homeless services which helped keep a few homeless shelters open. For the 2013/2014 Mr. Wynn asked staff what would it cost to maintain services in the new year and requests for additional funding came in at \$170,112. The Committee then reviewed all requests and recommended funding \$152,000. The following programs and funding were recommended: Drug and Alcohol – BHSI for \$52,733; Children & Youth – Family Group Decision Making for \$4,410; Homeless Assistance Program – Rental Assistance for \$23,000; HSDF – Teen Intervene Program for \$8,000; HSDF – Elementary Intervention Groups for \$12,000; HSDF – Transportation Services for \$10,000; HSDF – Intellectual Disabilities Apartment Program for \$5,000; and HSDF – Intellectual Disabilities Life Sharing Program for \$37,500. The Committee will next be working on having a subcommittee to work on outputs and outcomes and what the actual effects of the programs will be. There are committee members that have experience in this. Commissioner Thomas wanted to mention that the \$152,000 that recommended be shifted is a small percentage of overall budget and that the vast majority of the dollars are staying in the categories where they started. The Block Grant is letting counties put consumers ahead of the rules which is the goal of the program. Mr. Wynn mentioned that the deadline is June 15th and the Board needs to approve the recommended adjustments. Chairman Keller opened the floor for public comments.

Cody Reed asked what is line staff? Mr. Wynn responded line staff are people doing the work directly with consumers face to face. Mr. Reed said the Mental Health part of Block Grant is nothing added and nothing subtracted. Mr. Wynn responded that Mental Health projected \$57,000 was available and not projected to spend.

Sheri Morgan, Greencastle said although no reductions in Mental Health there was \$57,000 not spent and was reallocated to someplace else and no reduction in services but no increases in services related to savings. Mr. Wynn responded that was correct. She said there was a list of committee members but there were no citizens listed as committee members, were these people forgotten on the slide. There was only one citizen on the committee, so they need more citizens. She thinks they have an attitude problem that do not value people. Mr. Wynn responded there were a lot more members not listed on the slide and provided the following consumer committee members missing: Jeff Hoose, Homeless Advocate; Kim Wertz – Mental Health Consumer; and Anne Larue – Advocate of Intellectual Disabilities

Kim Wertz responded that she's not worried about not being on list she is more worried about having her input recognized. She is fine with recommendations being made. She wanted to make sure programs are funded at minimum operating standard and not losing staff.

Megan Shreve, from SCCAP spoke about when first realized she was on committee she wasn't excited and thought it would be a very stressful process. This group is very amendable and they put all options and every service provider on table, it was an amazing process and they did amazing work. She said people left better friends then when started. Commissioner Ziobrowski asked if there was any empathy towards consumers and Ms. Shreve responded there was a lot of empathy for them and they looked at best interest of people they serve.

Appendix B – Meeting Minutes and Proof of Publication
DRAFT

Sheri Morgan said still need more consumers on this committee. Have known people that have stories of the life sharing program from State and did well with them. If have more consumers on Committee may hear more about the life sharing program.

Commissioner Thomas asked when it was decided to give \$32,000 to the homeless program did it go through the committee. Mr. Wynn responded yes. Commissioner Thomas said it sounds like process is working.

Kim Wertz said the reason why they moved money was because shelters were about to close and need to keep them open so don't have people using the shelter out on the street.

Cody Reed asked who do consumers talk to about requesting services and how do we get word to the Board? Mr. Wynn responded about the Act of 66 which created the MH/ID Advisory Board. They are independent and willing to hear about any request. New clients have to go through the intake case management system. Mr. Reed can go to any Human Services staff if he has an idea.

Chairman Keller asked the Board if they were ready to move forward. The Board agreed to approve the recommendations as presented. On a motion by Robert G. Ziobrowski; seconded by Robert L. Thomas; unanimously approved the recommendation of Human Services Block Grant Planning Committee.

Chairman Keller said based on prior discussions by the Board of Commissioners in executive sessions, the Board is prepared to consider authorizing a Request For Proposal process for the purpose of identifying prospective buyers for Franklin County's Nursing Home. In short, the Board has determined that it is not necessary for the County to own and operate a skilled nursing facility. If a buyer can be found that shares the County's philosophy in terms of quality of care, commitment to Medicaid eligible residents, and commitment to our employees, then the Board would consider a possible sale of the nursing home. Chairman Keller introduced Jay Wenger of Susquehanna Group Advisors, Inc., Harrisburg who is here today to present the information that has led the Board to decide to formally consider moving forward with an RFP to sell the nursing home. Mr. Wenger recently assisted Adams County in the sale of their nursing home in 2010.

The presentation is the same information that was presented to the Board in executive session. The information reflects input from the Board about the RFP process and the essential goals that would need to be achieved before a sale of the nursing home would be authorized.

Mr. Wenger summarized the reasons why it is no longer necessary for the County to own and operate a skilled nursing facility. In particular, counties are not obligated to operate a skilled nursing facility, the County does not compete with the private sector in any other business or service, it is likely that a private owner can be found that will provide the same or better quality of care in conjunction with existing staff at the nursing home, and the county's residents are well served by numerous privately owned facilities. Mr. Wenger also noted that the nursing home is a financial liability to the County, and that selling the home would limit taxpayer obligation and eliminate healthcare industry related liabilities.

Mr. Wenger also noted that 31 Pennsylvania counties do not own and operate a skilled nursing facility. In recent years, Adams, Cambria, Carbon, Dauphin, Lancaster, Mercer, and Northumberland Counties have sold their skilled nursing facilities. Several other counties are evaluating the merits of selling in this market of higher prices for skilled nursing facilities and difficult cash flow. Mr. Wenger stressed that the buyer will not dump the residents and there will be great opportunities for advancement of employees. The buyer will not get

Appendix B – Meeting Minutes and Proof of Publication
DRAFT

rid of employees and he expects little turnover but some employees may choose to move on. Mr. Wenger said there is an active market to acquire nursing centers. He has a list of quality buyers that have already expressed interest, these include profit and nonprofit entities. The County is not obligated to sell to the highest bidder, the Board will also consider reputation, quality of care and price when making a decision. Chairman Keller asked Mr. Wenger about the timeline of the RFP process and Mr. Wenger responded that will take five to six months from start to finish.

Chairman Keller read the following statement: "At the outset, I think it's important to say that the county's employees have done an admirable job of running the nursing home. They have distinguished themselves – particularly in recent years – by providing a high level of care, and that level of care has been shown in surveys by the Dept. of Health and in direct feedback from county residents. Having said that, I agree with the reasons that have been covered by Mr. Wenger as to why it is no longer necessary for the county to own and operate a skilled nursing facility. In particular, counties are not obligated to operate a skilled nursing facility, the county does not compete with the private sector in any other business or service, it is likely that a private owner can be found that will provide the same or better quality of care in conjunction with existing staff at the nursing home, and the county's residents are well served by numerous privately owned facilities.

In this context, given that the nursing home is a financial liability, and carries with it other liabilities unique to the healthcare industry, we would be remiss if we did not consider the option of selling. But, I want to make it clear that I would only support a decision to sell as the result of an open and transparent process that ensures that the new owner has a proven track record of sharing Franklin County's philosophy in terms of our commitment to the quality of care for our residents, our commitment to Medicaid eligible residents in particular, and our commitment to our employees. "

Commissioner Ziobrowski read the following statement: "My first reaction to the idea of selling the nursing home was negative. I have strong feelings about the nursing home - it was my paternal grandparents last home 40 years ago. And historically, care of the indigent has been a county responsibility. However, as a commissioner I must put aside my personal feelings and consider how the nursing home fits into the core functions of county government. What I have seen so far is that there is reason to believe that whether the county owns the nursing home or not, the facility will continue to operate, the residents will have good care, and the employees an opportunity to continue their noble vocation. If so, the decision to retain the nursing home becomes a business decision, and whether it is the role of government to compete with the private sector.

Thirty years ago the county had less than 400 employees. Now it has over 900. We've grown partly because of population growth, but mostly because of new responsibilities, many of which were mandated. For example, in 1989 the 911 system was added – we now have roughly 40 people in that department alone.

Since my grandparents were in the nursing home we've added drug and alcohol, children and youth services, aging services. We organized into departments: information services, human resources, fiscal, risk management, purchasing.

Government is the only option for many functions, and we do a darn good job. The courts, the jail, 911, elections - we wouldn't think of privatizing these duties. But government can't continue to grow as duties are added. Government must be dynamic, and the changes have to include discontinuing functions that are not the core responsibility of the county.

**Appendix B – Meeting Minutes and Proof of Publication
DRAFT**

So I welcome this discussion. The way I look at it, the question is not whether Franklin County should sell the nursing home. What I'll be trying to ascertain is whether nursing homes are part of the core functions of county government, and if not, whether it makes sense for the county to be in the nursing home business. To summarize: 1: government is dynamic, constantly changing. And those changes can't involve only taking on new responsibilities- it is our job as commissioners is to right size government to fulfill our core responsibilities; 2: Nursing homes are highly regulated, and care is almost exclusively paid for by the federal and state government. Whether the county should be in the nursing home business is a question we need answer; 3: (And this trumps all others) Before I will consider supporting the sale of the nursing home, I need to be convinced that the residents will be well cared for and the employees treated fairly."

Commissioner Thomas read the following statement: "Counties have been given the sole responsibility of providing certain core services and infrastructure. The only 911 center, the only Judicial Center, official keeper of land and marriage records, the only Jail, inspection and maintenance of bridges, the list is long. Nursing Homes, providing care for the indigent and elderly, was once a core function and duty of County government. At one time, the county was a sole provider. However, changes in the federal payment system has caused the county to become not just a provider, but also a competitor.

That said, I believe it is our responsibility to look close at a potential sale. But I would not nor will I agree to a potential buyer that does not concur with our present policies and responsibilities for Medical Assistance support and endurance of quality care for the residents and commitment to employees."

Chairman Keller said he is very much in favor of proceeding with the RFP process, given the nature of a decision to do so, he thinks it would be prudent for the Board to defer a final decision until such time as the public has had an opportunity to comment on the proposed course of action. He recommends that the Board invite the public to comment here today following any further comments by the Board. In addition, the public would be invited to comment at regularly scheduled meetings on Thursday, June 13, Tuesday, June 18 in the evening, and Thursday, June 20. Based on that proposed schedule for public comment, Chairman Keller would be comfortable scheduling a final decision on Thursday, June 20, at the Board's regularly scheduled meeting, as to whether to proceed with the RFP process.

Commissioner Ziobrowski said if at any point in the game that he doesn't feel comfortable even after receiving proposals then no final decision will be made. He said maybe the public will tell the Board some thing's that they haven't thought about. Commissioner Thomas said he will have some conflicts with the schedule but will follow the process along closely. Chairman Keller opened the floor for comments.

Ken Jones said he agrees that governments shouldn't be providing these services but his mother spent last 6 years of her life in a nursing facility. He noticed in private facilities staffing is normally 50-60%. With county facilities staffing is probably better than that. He sees this as the only drawback versus a private facility and county facility.

Sheri Morgan said she is versed in Affordable Care Act and it is biased in nursing home care. The private entities would not purchase nursing homes if not profitable. She agrees that need to have conversation if this is a core function of the county. The disability community is up in arms because ACA has cut a lot of programs. Would be great to have this conversation but need to keep in mind, there is a reason they have potential buyers lined up and it's not because it's a money loser.

Appendix B – Meeting Minutes and Proof of Publication DRAFT

The meeting was adjourned at 11:38 a.m. with a motion by Robert G. Ziobrowski; seconded by Robert L. Thomas.

John A. Hart
Chief Clerk/County Administrator

FRANKLIN COUNTY COMMISSIONERS

David S. Keller, Chairman

Robert L. Thomas

Robert G. Ziobrowski

Appendix B – Meeting Minutes and Proof of Publication

Proof of Publication
State of Pennsylvania

AD # 0001362433-01

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

Attach Copy of
Advertisement here

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

**"Board of Commissioners Meeting
w/Block Grant Discussion"**

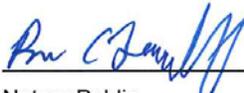
The Franklin County Board of Commissioners will hold second public hearing for the purpose to review the County's Block Grant Plan and Process and receive public comment, on Tuesday, June 11, 2013 at 10 AM to be held at the Commissioners Meeting Room Located at 14 North Main Street, Chambersburg, PA.

6/5/2013

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF FRANKLIN**

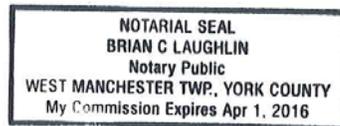
Before me, a Notary Public, personally came Linda Smith who being duly sworn deposes and says that she is the Layout Supervisor of The Public Opinion and her personal knowledge of the publication of the advertisement mentioned in the foregoing statement as to the time, place and character of publications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

Sworn and subscribed to before me, on
this 5 day of June 2013



Notary Public

} 



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

Advertisement Cost	\$49.75
Affidavit Fee	\$5.00
Total Cost	\$54.75

Appendix B – Meeting Minutes and Proof of Publication

**Proof of Publication
State of Pennsylvania**

Ad # 0001357087-01

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

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

05/16/2013

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF FRANKLIN**

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

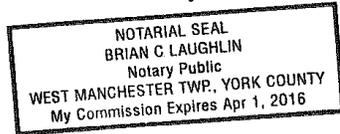
BLOCK GRANT PLANNING COMMITTEE MEETING
The Franklin County Block Grant Planning Committee will hold a public hearing meeting for the purpose to review the County's Block Grant Plan and Process as well as receive public comment, on Wednesday, May 22, 2013 at 1 PM to be held at the Human Services Building Located at 425 Franklin Farm Lane, Chambersburg, PA.

Sworn and subscribed to before me, on this 16 day of May 2013

Brian C Laughlin

Notary Public

} *Linda Smith*



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

Advertisement Cost	\$49.75
Affidavit Fee	\$5.00
Total Cost	\$54.75

**APPENDIX C
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
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			737,250		20,201	
Administrative Management	597		468,500		13,117	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	45		237,000		6,774	
Community Residential Services	25		782,500		21,721	
Community Services	286		311,000		8,801	
Consumer Driven Services						
Crisis Intervention	1,500		248,000		7,075	
Emergency Services	275		45,000		1,233	
Facility Based Vocational Rehab	25		37,500		1,028	
Family Based Services	5		24,500		671	
Family Support Services	7		10,500		288	
Housing Support	39		155,000		4,247	
Other						
Outpatient	75		303,500		8,316	
Partial Hospitalization						
Peer Support	35		50,000		1,370	
Psychiatric Inpatient Hospitalization	4		65,000		1,781	
Psychiatric Rehabilitation	25		91,000		2,493	
Social Rehab Services	200		263,000		7,206	
Targeted Case Management	225		422,755		11,583	
Transitional and Community Integration	100		85,000		2,329	
TOTAL MH SERVICES	3,468	4,448,942	4,337,005	0	120,234	0

**APPENDIX C
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
---------	-------------------	-------------------------------------	---	------------------------------	--------------	----------------------------

INTELLECTUAL DISABILITIES SERVICES

Admin Office			455,932		12,493	
Case Management	55		31,178		854	
Community Residential Services	6		119,047		3,262	
Community Based Services	73		260,430		7,136	
Other	171		58,599		1,606	
TOTAL ID SERVICES	305	975,186	925,186	0	25,351	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	280		44,653		1,223	
Rental Assistance	275		73,348		2,010	
Emergency Shelter	43		15,000		411	
Other Housing Supports						
TOTAL HAP SERVICES	598	113,658	133,001	0	3,644	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	31		59,439		1,629	
Promising Practice						
Alternatives to Truancy						
Housing						
TOTAL C & Y SERVICES	31	59,439	59,439	0	1,629	0

**APPENDIX C
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
<i>DRUG AND ALCOHOL SERVICES</i>						
Inpatient non hospital	52		161,330		4,420	
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	373		151,346		4,147	
Medication Assisted Therapy						
Recovery Support Services						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	425	290,526	312,676	0	8,567	0
<i>HUMAN SERVICES AND SUPPORTS</i>						
Adult Services						
Aging Services						
Generic Services	3,517		87,434		2,396	
Specialized Services	221		62,500		1,713	
Interagency Coordination	394		15,341		420	
TOTAL HUMAN SERVICES AND SUPPORTS	4,132		95,968	165,275	0	4,529
COUNTY BLOCK GRANT ADMINISTRATION			51,137		0	
GRAND TOTAL	8,959	5,983,719	5,983,719	0	163,954	0

Appendix D
Block Grant Planning Committee

Jennifer Johnson (Mental Health Housing Specialist)
Megan Shreve (South Central Community Action Programs)
Jeff Hoose (Advocate)
Amanda Black (LINK)
Traci Kline (Aging)
Sheldon Schwartz (Mental Health/Intellectual Disabilities)
Kim Wertz (Advocate)
Anne Lerew (Advocate)
Manny Diaz (Drug and Alcohol)
Karen Johnston (Prevention Provider)
Doug Amsley (Children and Youth Services)
Jean Snyder (Fulton County)
Amy Hicks (United Way)
Ann Spottswood (Summit Health)

Staff Members

Carrie Gray* (Assistant County Administrator)
Rick Wynn* (Human Services Administrator, Drug and Alcohol Director, Mental Health/Intellectual Disabilities/Early Intervention Director)
Stacy Rowe* (Fiscal)
Christy Briggs* (Fiscal)
Jennifer Lipko* (Human Services)
Cori Seilhamer (Mental Health)
Lori Young (Intellectual Disabilities)
Elizabeth Grant* (Grants)

*denotes Leadership Team Members

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
<p>Participants are safe and secure in their homes and communities.</p>	<p>People are safe and restraint free.</p>	<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 = 1 # of individuals = 1 (9 months of data)</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
Sufficient HCBS providers options are available in which individuals live and share life experiences with supportive persons who form a caring household.	People live where they choose.	Maintain 12-31-2011 baseline level number (n = 32) of people residing in Life Sharing. Baseline: 32 people in Lifesharing in year 2012-13 (9 months of data).	<p>Performance Measure: # of individuals enrolled in Lifesharing settings</p> <p>Data Sources: Franklin/Fulton ID Lifesharing Tracking Form</p> <p>Frequency: Quarterly</p> <p>Responsible Party: SC Organization. F/F MH-ID</p>

Action Plan					
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				
Action Item	Responsible Person	Target Date	Status	Completion Date	
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 (9 months of data).</p>	<p>Performance Measure: # of individuals who are employed</p> <p>Data Sources: Franklin/Fulton ID and Provider Employment Tracking Form, ISPs, Employment Tool from ODP</p> <p>Frequency: Quarterly</p> <p>Responsible Party: SC Organization. F/F MH-ID Transition Employment Council ID Providers</p>

Action Plan					
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				
Action Item	Responsible Person	Target Date	Status	Completion Date	
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: Franklin/Fulton MH-ID Developmental Disabilities Program		Year: 2013-2015	
Focus Area: System Performance/PUNS			
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 = 98.5% (9 months of data)</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>

Action Plan						
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				
Action Item		Responsible Person	Target Date	Status	Completion Date	
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
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.	People are supported to communicate.	<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>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>Data Sources: F/F MH-ID ISPs, assessments, IM4Q surveys</p> <p>Frequency: Quarterly</p> <p>Responsible Party: Supports Coordination Organization F/F MH-ID IM4Q Coordinator</p>

Action Plan						
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				
Action Item		Responsible Person	Target Date	Status	Completion Date	
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.	In formation 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 = 32 (9 months of data)	<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>

Action Plan					
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			
Action Item		Responsible Person	Target Date	Status	Completion Date
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. (9 months of data)</p>	<p>Performance Measure: Numerator: Number of Voters with ID Denominator: Total number of people registered to vote.</p> <p>Data Sources: F/F MH-ID voter declination forms, ISPs</p> <p>Frequency: Quarterly</p> <p>Responsible Party: F/F MH-ID SC Organization</p>

Action Plan						
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				
Action Item		Responsible Person	Target Date	Status	Completion Date	
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			