

Franklin County Human Services Plan Fiscal Year 2014/2015

Submitted: June 30, 2014

PART I: COUNTY PLANNING PROCESS

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

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

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: Human Services Administrator, Fiscal Specialist, Human Services Fiscal Director, MH/ID/EI Administrator, Grants Director, and the Assistant County Administrator.

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

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

In addition, most of our categoricals have their own advisory boards which inform the direction of each department and Block Grant-funded programs:

- *The Franklin/Fulton Drug and Alcohol Advisory Board* holds six meetings a year, three in Franklin County, three in Fulton County. The seven members include two commissioners (one from each county), representatives from a church, a Federally-Qualified Health Center (FQHC), and Fulton County Probation Office, as well as a member who is in recovery and another who has a family member affected by substance abuse. They provide input into the Block Grant Plan, are informed of Block Grant impact, and are made aware of any D&A requests for new funding.

- *The Franklin County Housing Task Force* consists of about 25 people who meet bi-monthly on issues around housing and homelessness. Representatives from both County shelters and the HAP program attend regularly, along with Housing Authority staff, staff from the domestic violence shelter, Salvation Army, an FQHC, two Boroughs, and several religious organizations. They also receive updates on Block Grant plans and funding requests. Starting in June 2014, the Task Force will combine their meetings with those of the Program Coordinating Committee hosted by the County Housing Authority, a change which will engage additional community members and offer opportunities for presentations on local housing resources.
- *The Franklin/ Fulton County Mental Health/ Intellectual Disabilities/ Early Intervention Advisory Board* meets bi-monthly, with 13 members, including one Commissioner from Fulton and one from Franklin. The committee requires representation from each county: four members from Fulton County; nine members from Franklin County. At least two representatives appointed to the Board are physicians (preferably, a psychiatrist and a pediatrician). Four participants are consumers or family members, of which half represent Intellectual Developmental Disabilities/ Early Intervention. Additional representation comes from the following areas of expertise: psychology, social work, nursing, education, religion, local health and welfare planning organizations, local hospitals, businesses and other interested community groups. The MH/ID/EI Administrator provides HSBG updates as applicable during the Board meetings. They have impact on decisions related to MH/ID/EI funding and decisions, which indirectly can impact the HSBG.
- *The Children & Youth Advisory Board* meets five times each year. Members come from various sectors, including the County Commissioners, law enforcement, academia, school districts, providers, and staff. They receive updates on the two programs funded by the Block Grant.

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

Details of the services to be funded are provided under each categorical area. In general, funding allocations have remained similar to last year, as we currently feel that we have achieved a balance that provides for the basic needs in each categorical.

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

This year, in order to maximize the flexibility provided by the Block Grant, we opened up a mini-grants process for local nonprofits and human services agencies. While this process spawned some innovative new initiatives meeting community-level needs, it also highlighted the need for 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 that are responsive to local needs and the current service delivery environment. Through its newly-formed Priority Needs Assessment Committee, the County Planning Team is working to establish an objective decision-making framework that incorporates needs, outcomes and values when developing future human services plans. We anticipate that this process may take several years, but feel it is a critical component in future funding and program decisions.

The data available this year is improved compared to what was available last year; staff was able to provide process data, or outputs, this year. The processes for establishing both meaningful outcomes (as opposed to outputs) and for prioritizing our needs will take much time and planning, as outcomes and needs prioritization are intimately related. We have started by determining the current program outputs and outcomes. We will use those outcomes as part of the process to determine our priorities and needs, with the outcomes data serving as a foundation for determining needs. We have not settled on a model to objectively assess needs, but we know that the model must include valid and reliable data, quality community dialogue, and strategic thinking as we plan for the future. With a solid foundation, we can forecast desired future outcomes and goals that will be meaningful to the Block Grant programs and ultimately the community as a whole.

The collaborative nature of the Block Grant Plan process remains extremely beneficial to the county, especially the inclusion of consumer and family perspectives. The Planning Team is better able to take a holistic approach because they better understand each department's mission and services. The process also yields more empathy among planners. The County Planning Team still wrestles with 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 no longer as daunting as County Planning Team members perceived in the past.

PART II: 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 conducted two public hearings to receive input on the Human Services Plan detailed in this document. A draft of the Block Grant Plan was posted on the County's website on June 10, 2014 for public review and comments. Public hearings were held at 2:00 PM on June 10, 2014, as part of the Block Grant Planning Committee, and 9:30 AM on June 24, 2014, as part of the Board of County Commissioners meeting. Appendix B contains the proof of publication and summaries of the public hearings.

PART III: WAIVER REQUEST

The County is not requesting a waiver at this time.

PART IV: HUMAN SERVICES NARRATIVE

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

Franklin County's Human Services Block Grant Planning Committee has established as its mission: *To assist in identifying need-based program priorities for promoting the health, well-being, and self-sufficiency for all people in Franklin County by and through maximizing resources.* The services described in this plan are an outflow of this mission statement, and are measured against this guiding standard.

MENTAL HEALTH SERVICES

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

a) Program Highlights:

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

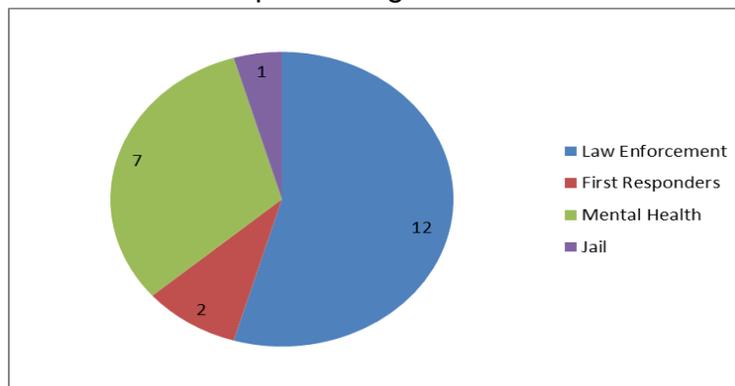
The Franklin/ Fulton County Mental Health Program provides services to Franklin/ Fulton County adults with severe and persistent mental illness and children who have a mental health diagnosis or who are at risk of developing a mental illness.

Through contracted case management, 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.

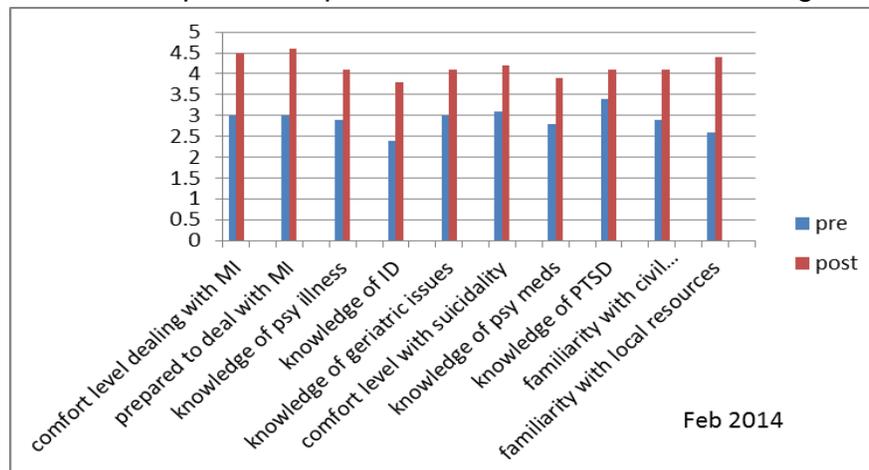
The following list describes program achievements and improvements:

Crisis Intervention Team (CIT) – This program is a local initiative aimed at improving the community and law enforcement response to individuals experiencing mental health crisis situations. It relies upon extensive collaboration between first responders, law enforcement, mental health provider agencies, and individuals and families affected by mental illness.

- In April of 2013, 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. We offered the first 40 hour course locally in February 2014. Our target audience includes police officers, emergency responders, probation officers, jail staff, crisis staff, and sheriff deputies.
- Outcomes: We tracked the number of personnel trained. In the future, we plan to track the number of CIT-related calls that these personnel respond to, as well as the final disposition of these calls (hospital, arrest, etc.).
 - We held the first CIT training in February 2014 where 14 graduated after the 40 hour week. To date we have twenty-two members on our CIT, with twelve of them representing law enforcement:



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



- We have talked with surrounding counties about a regionalized partnership in order to share training resources and ideas.
- Data collection regarding calls and responses is targeted to begin in late 2014. The data collection tool is in draft form and the committee is planning the pilot roll out.
- Next scheduled training is Sept 29 – Oct 2, 2014.

Mental Health First Aid – Mental Health First Aid is an interactive 8 hour public education program that teaches 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 five-step action plan to respond and connect individuals with appropriate resources.

- Mental Health sponsored six sessions this past year in Franklin County. Training was offered to several populations in the communities, including education providers, mental health providers, criminal justice system stakeholders, healthcare systems staff, and churches.

Supportive Employment

- Participated in Senator Alloway’s job fair to continue educating our community employers on employees’ mental health needs and stress management. 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.
- Outcomes: We tracked the number of employees engaged in Supportive Employment and the percent change compared to last year.

Employment			
	FY 12-13	FY 13-14	% Change
AHEDD	46	65	
OSI	20	18	
Total	66	83	+25.8%

*FY 13-14 current as of May 14

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

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

Readmission rates

- We have had 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.
- Outcomes: We tracked the annual readmission rates and the percent change compared to previous years. From 2012 to 2013, there was a significant decrease across the board in admissions, readmissions, and bed days.

Franklin Hospital Data					
	2011	2012	2013	2014	% Change (2012 to 2013)
Admissions	279	313	174	57	-44.4%
Unduplicated	160	165	98	43	-40.6%
Readmissions	119	148	76	14	-48.6%
Bed Days	4927	4563	2480	644	-45.6%

*2014 current through April

*Only includes community hospital stays

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.
 - As a result of surveys and conversations last year, this seems to be a need primarily for individuals being released from jail; we are assisting on an individual basis with the supports available in the community such as the Patient Assistance Program. The Patient Assistance Program (PAP) is available through designated Pharmaceutical Companies. The Companies will provide coverage for those that qualify through the application process. Franklin-Fulton MH/ID/EI, in collaboration with local case management, forensics representatives, local pharmacies, and local human service providers, developed policy and procedures to provide coverage through PAP and Franklin-Fulton MH/ID funding.

b) Strengths and Unmet Needs:

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

Older Adults (ages 60 and above)

- Strengths:
 - Mental Health participated in a pilot project, Healthy ABC's, with the Pennsylvania Behavioral Health and Aging Coalition. It is a health literacy program designed to provide education to older adults about mental health and local services. There are three trainers now available in Franklin/Fulton Counties to offer this 90 minute training.
- Needs:
 - To provide outreach services in peoples' homes whereby a team composed of aging and mental health (and potentially nursing) staff would provide assessment and resource-sharing services to older adults to address quality of life issues.
 - Education surrounding dementia and behaviors. There have been a lot of inquiries about involuntary commitments due to increased self-injurious behaviors.

Adults (ages 18 and above)

- Strengths:
 - Continuing to offer the leadership academy for individuals interested in gaining skills that assist them when holding a position on an advisory board or board of directors. The academy meets for two hours a week for eight weeks featuring professionals from the community.
- Needs:
 - Public transportation continues to be voiced as a need. For the past few years, MH/ID has had a contractual agreement with Franklin County Integrated Transportation to provide funding for transportation to mental health-related appointments for individuals who are not Medicaid eligible.

Transition-age Youth (ages 18-26)

- Strengths:
 - The focus is on employment opportunities and skills training for the transition-age youth. We are offering education sessions to the families and support system so they are also aware of what is available in our community.
 - There are currently three transition-age youth living in our housing program. There are none on a waiting list.
- Needs:
 - Employment options are needed in our community for transition-age youth.

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

- Community events:
 - Kick-off Your Drug Free Summer: Despite rain during both of our outdoor Kick-off Summer events, attendance was overwhelming positive. Chambersburg hosted 250 and Waynesboro hosted 200 youth and family members. The Chambersburg event was relocated inside and Waynesboro attendees were able to fit under a pavilion.
 - Mental Health also participated in Summit Health’s Wellness Days. We hosted a station titled Positive Identify where we saw 1,677 third grade students from Franklin County. We teach them the importance of good character traits through positive self-esteem and the impact of bullying.
- Respite: We tracked the number of requests for emergency and hourly respite and compared the figures to last year. With one month left to collect data, it appears that respite service use has remained consistent for the past two years. Overnight respite has been in higher demand the last two quarters of FY 13-14 than previously. The children/ adolescents being served are duplicated; however, it keeps them from going to a higher level of care including inpatient hospitalization.

	Year Totals 12-13			Year Totals 13-14		
	Overnight	Hourly	New Referrals	Overnight	Hourly	New Referrals
*Children Served	10	5	10	10	6	3
Hours of Respite	480	39		432	37	
Cost	\$3,540.20	\$773.76		\$3,186.18	\$734.08	

*13-14 is completed through quarter 3

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

Franklin CASSP	Calendar year		
	2014	2013	2012
Meetings Held	87	220	155
New Referrals	9	58	40
Higher level of care	8	18	14

*2014 is current through May

- Strengths:
 - The provision of school-based mental health services to all secondary schools in Franklin County.

- The provision of the Student Assistance Program (SAP) in all of the secondary schools in Franklin and Fulton Counties. In Franklin County, in the 2013-14 school year, there were 11 total groups (2 tech addiction, 3 girls circle, 1 boys council, 1 grief/loss, 2 communication/ conflict/ anger, 2 study/ lifeskills); 103 students served in the 11 groups, with 67 total sessions.

SAP Screening info				
	<i># students screened</i>	<i>% MH</i>	<i>% D&A</i>	<i>% CO</i>
2013-14 (through 4/30)	294	82%	3%	15%
2012-2013	284	76%	3%	21%
2011-2012	285	73%	7%	20%

- Needs:
 - Funding to provide SAP within the elementary schools in both counties.

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

Individuals transitioning out of state hospitals

Strengths:

- During a person’s treatment stay in a state hospital, a Community Support Plan (CSP) is created with input from the individual, their treatment team and family/friends. Prior to discharge this plan is reviewed again by the same group and follows the person into the community.
- Access to extended acute care level of care allows individuals to receive psychiatric inpatient treatment closer to their home communities and has reduced the utilization of state hospital beds

Needs:

- There is a committee currently working to identify needs and make recommendations to decrease the number of hospitalizations.

Co-occurring Mental Health/Substance Abuse

Strengths:

- Franklin County Mental Health/Intellectual Disability serves individuals with co-occurring diagnoses through a collaborative housing program.
- The Implementation committee created a co-occurring credentialing process for providers. It is mirrored from the OMHSAS bulletin that was created. The credentialing tool was still piloted by three providers, 1 mental health, 1 drug & alcohol, and 1 dually licensed facility. The results will be made available in late June after the committee reviews and makes recommendations for any revisions to the tool.
- Training related to adolescents having a co-occurring illness was offered free to our providers.

Needs:

- Financial support is needed to afford clinicians the time to prepare for and complete the Certified Co-Occurring Disorders Professional (CCDP) credential.

Justice-involved individuals

Strengths:

- 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.
- The Forensic Housing program addresses the needs of those individuals returning to the community after incarceration, many of whom receive MH services. Currently two individuals who were inmates are now living in county-funded housing. We anticipate an increase next year as we begin a Recovery House program for former inmates with D&A issues, many of whom will have co-occurring MH issues.

Needs:

- Early identification and assessment of individuals with MH issues who become involved in the criminal justice system.
- Need for seamless transitions for prisoners needing MH treatment or medication at release, as individuals leaving the jail have difficulties obtaining insurance coverage. Franklin Fulton MH/ID/EI has established and participates in a regular meeting with the Franklin County Jail and the County Assistance Office to examine the process and possible system changes to help enroll individuals who qualify for medical assistance.
- Current perception is that individuals with serious mental illness have a high incidence of recidivism. Franklin-Fulton MH/ID/EI, TMCA HealthChoices, and the Franklin County Jail are examining patterns and trends to determine if this perception is accurate and develop strategies accordingly.

Veterans:

Strengths:

- Law enforcement is being educated about experiences of Veterans returning home after combat from Veterans during the 40 week of CIT training.
- Participating in a Veteran's Conference being held locally to share the services available and access information.

Needs:

- A method of better engagement is needed. Stigma also seems to play a role in lack of access.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers

Strengths:

- During our mental health month, Keystone Pride Recovery Initiative offered "Welcoming and Affirming Practice: Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) and cultural competence training". In this five-hour seminar they explored the effects

of language, culture, and power dynamics on the developing personhood of those who carry the labels represented in the initials above. Participants also examined their own attitudes, values and thinking, conditioned by upbringing, acculturation, and knowledge. We are focused on ways to become more truly welcoming and affirming to all persons who differ from us and to learn from them how to be helpful as part of a healing community of support.

- Through CIT, Law Enforcement is being educated about experiences of persons identifying as belonging to the transgender culture.

Needs:

- List of local MH providers trained to understand the needs of LGBTQI consumers

Racial/Ethnic/Linguistic minorities

Strengths:

- MH/ID/EI does have a contractual agreement with an agency which provides translation and interpretation services

Needs: None identified.

Other, if any (please specify)

None identified.

c) Recovery-Oriented Systems Transformation:

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

*For **each** Transformation Priority provide:*

- *A brief narrative description of the priority*
- *A time line to accomplish the transformation priorities*
- *Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).*
- *A plan/mechanism for tracking implementation of priorities.*

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

4 Increase integration between mental health and the aging population.

5 Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.

1. Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
 - i. Implementation team is working on a credentialing process to recognize local providers that have completed the criteria to be co-occurring capable.
 1. The certification program committee has just completed the pilot of its credentialing tool. The tool was used in credentialing three providers (1 mental health, 1 D&A, and 1 dual licensed). Results and recommendations will be presented to the committee in early June with the expectation that it will be ready by July 1.
 - ii. Change Agents are being trained in the manual so they can begin to educate their peers.
 1. Training held in February and March 2014
 - iii. Change Agent Committee has been created and meets on a quarterly basis. Every member received a change agent manual that contains information to be used during supervisions, such as: stage matched treatment, case review templates, treatment plan templates, local resources, etc.
2. Transition age and forensic population housing option to assist entry into the adult system and re-entry to the community from incarceration. It will offer supports for successful transition to independent living.
 - i. Currently have 2 apartments available for transition age.
 - ii. Continuing to look at model programs and grants available to help start up.
 - iii. The Criminal Justice Advisory Board (CJAB) recently received a grant to focus on housing. As a result of the RFP process, they have contracted with New Hope Shelter to start a Recovery House to serve 6 or more individuals without home plans who have D&A issues. We do anticipate that many will have co-occurring MH issues as well. MH staff have been part of the committee overseeing this project, selecting the vendor, and overseeing the start-up of the project, slated to open in late June.
3. Public Awareness Campaign to assist the community in understanding mental health and substance use disorder and how to access services.
 - i. *I Am the Evidence* awareness campaign through the PA Mental Health Association
 - ii. Health Fairs, Job Fairs
 - iii. Email blasts
 - iv. Chamber of Commerce
 - v. Community Events
 1. February 2014 – CIT training
 2. March 2014 – Greencastle School District transition fair
4. Increase integration between mental health and the aging population.
 - i. Mental Health education with home health care

- ii. Meeting with State Police, ER, Crisis, Aging, & Mental Health to discuss health situations in the elderly population and what options are available.
- 5. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.
 - i. Continue to track number of inpatient stays and recidivism for that level of care.
 - ii. Number of service units provided by level of care
 - iii. Number of persons served/county
 - 1. Currently, working with our computer program vendor to create reports based on data related to the block grant

INTELLECTUAL DISABILITY SERVICES

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

It is the mission of Franklin/Fulton Mental Health/Intellectual Disabilities/ Early Intervention to partner with the community to develop and arrange for the availability of quality services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the ID program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Mental Health/Intellectual Disabilities/Early Intervention to budget and plan for the continuum of services and to develop programs to meet the needs of the community. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate. As of March 31, 2014, there were 494 people registered in the Intellectual Disabilities program in Franklin County, of which 33 were participants in the Lifesharing program.

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

- *To meet the goal of security and safety in home and community for participants, we will monitor the number of restraint incidents quarterly through analysis of the HCSIS Incident Data: As of May 1, 2014, there have been no restraints in Franklin County.*

- *To measure the goal of participants in MH/ID who want to vote acquiring the proper identification cards to vote, ISPs will be cross-referenced with the registered voter list, and registered voters will be given voter identification information:* This will be changed for 2014-2015 as the law has changed and it is no longer legal to do what QM Council has been doing. The QI Council will be meeting to discuss this goal in July.
- *To measure the goal of reducing the number of 1-2-1 abuse incidents by 10%, the number of incidents of 1-2-1 abuse will be measured through quarterly analysis of the HCSIS Incident Data, the target trends to prevent future incidents will be analyzed by the Risk Management Team, and quarterly reports will be provided by the Quality Management Council:* For 2014-2015, ODP has redefined I-2-I abuse, to make sure the definition is consistent across the state. As a result, the state expects to see I-2-I abuse sharply increase in the next 3-6 months, followed by a plateau which we will use as baseline data.
- *To measure the goal of increasing the number of non-verbally communicative individuals who have an effective means of communicating their needs and choices by nine people by June 30, 2015, data will be gathered on nine individuals selected for an assessment and staff training program. The number of these nine individuals who have an effective means of communication by the end of the objective period will be measured:* As of May 1, 2014, 6 of the 9 people selected have an effective means of communication. The QI Council is in the process of developing baseline data as to how many people do not have an effective means of communication.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	24	28*
Sheltered Workshop	7	11 *
Adult Training Facility	2	2*
Base Funded Supports Coordination	57	57
Residential (6400)	2	2
Life sharing (6500)	0	0
PDS/AWC	27	30
PDS/VF	0	0
Family Driven Family Support Services	0	0

*This number may increase depending on the number of Graduate Initiative slots we are given from the state. There are 14 graduates.

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

The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources, and post-secondary opportunities. One-to-one services include connecting with employers, job shadowing, community-based work assessments, and work incentive counseling.

Supported Employment Services include direct and indirect services provided in a variety of community employment work sites with co-workers who do not have disabilities. Supported Employment Services provide work opportunities and support individuals in competitive jobs of their choice. Supported Employment Services enable individuals to receive paid employment at minimum wage or higher from their employer.

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

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

The ID department is concentrating on Community Employment for the Quality Management Goal. As of May 1, 2014, there were 62 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. Franklin County QM Council is collecting data on people who have not only have paid community employment, but also those who have an employment goal and those who volunteer in the community. The baseline data as of May 1, 2014 is 204 people with some type of employment goal, and 29 people volunteering.

During the summer of 2014, the ID Program will also fund a summer youth work program through Occupational Services, Inc. to provide paid work experience opportunities to 16 students who have learning disabilities or intellectual disabilities. The program will target students in Franklin County school districts who do not have the opportunity for extended school year, transition activities or paid work during the summer months.

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

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There are 40 people who have base funded Supports Coordination. There are 12 people who have the OBRA Waiver and have base funded Supports Coordination. There are 5 people who reside in an ICF/ID and receive base funded Supports Coordination. Currently no one is leaving a State Hospital system from Franklin or Fulton Counties, so transition services are not needed at this time. We have MA denials for 6 people who are receiving base services over \$8000.

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

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

Lifesharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 33 people living in Lifesharing Homes in Franklin County. All 33 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.

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

1. The Administrative Entity (AE) and Supports Coordination Organization (SCO) will assist individuals interested in residential services by having him/her meet with Lifesharing providers and Lifesharers who have openings to promote Lifesharing as the first option for residential services.
2. Once per year at the annual Individual Service Plan (ISP) meeting, the AE will review the ISP of anyone who has residential service to assure the SCO has discussed moving to Lifesharing. If the individual would benefit from Lifesharing or is interested in moving, the AE will follow up as in #1 above.

3. The AE Lifesharing Point Person will discuss with providers at least annually if anyone may benefit or want to move from a 6400 licensed home to a Lifesharing home.
4. The 2013-2014 Humans Services Block Grant funded a program in which a provider recruited new foster parents and Lifesharing families. The AE will collaborate with this provider to follow up on all leads from this recruitment process.
5. In 2013/14 Franklin County had 33 individuals living in Lifesharing Homes, representing 31% of the individuals in residential services. The number of individuals in Lifesharing increased by 9% from 2012/13.

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

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

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

If waiver capacity is unavailable, individuals will be supported out of funds in the block grant. Base money will be provided to graduates for day programs and transportation to maintain their residence at home, and so their parents can maintain their employment status. The ID Apartment Program has 3 people living in their own apartment with less than 30 hours of support per week. There are plans to increase this program by adding another apartment. Base funds are used to subsidize the rent. The Franklin County ID department will increase the availability for combinations of Family Aide, Day Programs, Transportation, and Respite so that individuals can continue to live at home instead of residential programs which are more costly.

Per the ODP, waiver slots will be given to new graduates (14 in June 2014) and aging caregivers again in the 2014-2015 fiscal year. We are waiting to hear about waiver slots for this fiscal year.

Franklin County responds to emergencies outside of normal work hours in Procedure Statement ID-2014-505 Incident Management. In this procedure statement, all Program Specialists are listed as well as the MH/ID/EI Administrator with their cell phone numbers. These contacts can be used after hours for any emergency. All providers have been trained in the policy. The Incident Management Program Specialist checks the HCSIS database on a daily basis to assure that the all incidents provide for the health and safety of the individuals served. This includes weekends and holidays. Franklin County reserves base respite funds to authorize respite services as needed in an emergency and works with providers and the Supports Coordination Organization to set up these services whether during normal business hours or after.

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

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

Waiver Admin monies primarily support the three program specialist positions. Each program specialist has specific duties in the AE Operating Agreement for which they are responsible. Program Specialist #1 is primarily responsible for waiver capacity. This program specialist makes sure all 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 and acts as the Closing the Loop Point Person for IM4Q. These duties are indicated in the AE Operating Agreement. She also acts as the community liaison for the ID program at community events.

HOMELESS ASSISTANCE SERVICES

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

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 2013-2014.

Franklin County is currently contracted with Waynesboro New Hope Shelter to administer the 2012 ESG which includes financial and short-term rental assistance. SCCAP and Waynesboro are also contracted with the County to oversee the 2013 ESG which includes shelter support, rapid rehousing and homelessness prevention. Franklin County also provides permanent supportive housing through the Mental Health Program and offers an independent living program through the Intellectuals with Disabilities funding.

Franklin County's Housing Task Force includes networking with the Landlord Association, partnering with the County's Housing Authority to develop training/funding opportunities, organizing homeless outreach events and establishing community collaboration for donations to the local homeless shelters.

The Housing Program Specialist works closely with a provider to ensure that adequate housing assistance and supports are in place for PATH individuals. Case management is included as part of supportive services offered in two supportive housing programs within Franklin County. Twenty individuals are able to participate in the programs consecutively. Case management is made available to the participants while they are enrolled in the housing programs. Franklin County's Housing Program Specialist is able to support these enrolled individuals with case management services and also works collaboratively with the individual's case manager through the agency contracted to provide mental health case management services.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	0	0
Case Management	341	278
Rental Assistance	341	278
Emergency Shelter	130	70
Other Housing Supports	0	0

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

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

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

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.

SCCAP's HAP Program Coordinator is responsible for completing all intakes and assessments for the Homeless Assistance Program. This process includes assessment of other needs, especially those contributing to the housing crisis. Each year, the fiscal specialist for HAP conducts an evaluation and monitoring visit at SCCAP to ensure that all program requirements are being met, and that client charts are complete, signed and accurate.

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

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.

As part of the same site visit that evaluates case management and emergency shelter, the fiscal specialist for HAP conducts an evaluation and monitoring visit at SCCAP to ensure that all program requirements are being met.

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

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 2013, the Shelter provided temporary shelter to 133 homeless individuals representing a total of 4,450 nights of shelter. From January through March 30, 2014, the shelter has served a total of 38 individuals representing a total of 940 nights of shelter. The emergency shelter projection is lower for 14/15 because we do not allocate additional funding out to them until the end of the fiscal year, if money is available.

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.

We assess program efficacy through monitoring visits at SCCAP, tracking the number of homeless using PIT counts, and through the numbers served or on waiting lists to be served.

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

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

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.

Homeless outreach events and activities are held multiple times throughout the year in Franklin County. PATH collaborates with the Franklin County LINK program and the community to make these events possible. Previous events include "Help for the Hungry and Homeless" and "Help for Heat and Housing". The events are advertised to

target the literal homeless community. Events are held in recognition of National Hunger and Homeless Awareness week in November. At outreach events, human service agencies are present in one location as a “one stop shop” to assist those experiencing homelessness. For example, individuals can have a volunteer assist in completing applications for services such as transportation, case management services, medical assistance, PATH, etc. Additionally, individuals are provided with information on where free community meals are held, and are provided with a hot meal at the event, as well as safety and emergency supplies. Participants are encouraged to complete a brief satisfaction survey upon entrance to the events as well as at the conclusion of the events.

Street outreach is conducted on a regular basis between Point In Time counts and structured outreach events. Homeless outreach is completed in partnership with housing agencies, human service providers, formerly homeless volunteers, and PATH staff. Former homeless volunteers are encouraged to participate in outreach activities and street outreach.

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

Franklin County has actively participated in HMIS for approximately four years, entering data from existing programs. Two Supportive Housing Programs and one Shelter Plus Care Program through Franklin County are currently entering data into the PA-HMIS system and have been doing so for over four years. The PATH program began entering data into PA-HMIS at the beginning of fiscal year 2013-2014. Intake forms for the Supportive Housing Programs, Shelter Plus Care, and PATH have been revised to capture the information that needs to be entered into the PA-HMIS system. The goal is to have individuals entered in to PA-HMIS immediately following enrollment in the housing programs. Multiple staff members are familiar with entering data in to the system as well as running reports.

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

CHILDREN and YOUTH SERVICES

Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized

in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

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, as well as services to their families. Additionally, youth who were determined to be 'dependent' prior to their eighteenth (18th) birthday and request to re-enter care are 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.

Block Grant funding is limited to only one of the many programs provided by FCCYS: Family Group Decision-Making. The Needs-Based Budget supplies funding for most of the other programs in FCCYS. The services provided by FCCYS provide a wide range of options to meet the needs of the families we serve.

One of the key challenges facing CYS is the increase in referrals and subsequent need for services. Our Intake Department is struggling to keep up with referrals to C&Y. The critical initial assessment of needs at the intake level put an enormous amount of safety responsibility on the Intake Caseworkers and their supervisors. The timeliness, volume of referrals, and paperwork demands are significant.

While the caseload numbers within the Intake Unit are high, we have been able to sustain reasonable caseload numbers for our ongoing caseworkers and have seen improved results in our casework practice. Workers are performing well within recommended Best Practice Standards and continue to implement these

recommendations in their daily case management. We have implemented internal checks and balances to assure that every worker is aware of and utilizing these standards. State and Federal mandates are addressed and made a part of casework practice.

The agency continues to enhance the quality of casework practice and provide in-house trainings to the caseworkers on how to engage family members as resources for children. C&Y continually looks at casework practices in an effort to refine and improve our services to children and their families. Our County has a very active Children’s Roundtable and our Juvenile Court Judges and County Commissioners are actively involved with child welfare as well as juvenile delinquency matters. Our staff attend relevant trainings and participate in regional meetings (Quality Assurance meetings, regional supervisor meetings, IL meetings, PCYA conferences, etc.) C&Y staff are encouraged to “think outside the box” and are encouraged to bring new practices/ideas that may improve our work with children & families to the attention of management.

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

Outcomes	
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children’s needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Children are safely maintained in their own home whenever possible and appropriate.	Percent of children who were not placed in a residential setting.	FGDM
Continuity of family relationships and connections if preserved for children.	Number of months children are in placement prior to reunification.	FGDM
Families have enhanced capacity to provide for their children's needs.	Number of families participating in FGDM.	FGDM

Family Group Decision Making (FGDM)

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

	13-14	14-15
Target Population	Children & family members	Children & family members
# of Referrals	21	35
# Successfully completing program	16	30
Cost per year	\$53,795.00	\$47,469.00
Per Diem Cost/Program funded amount	\$47,469.00	\$47,469.00
Name of provider	FCCYS	FCCYS

- *Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program.*

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.

If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

CYS made the decision to discontinue Credential for Strengths-based Family Workers (SFW), formerly known as Family Development Credentialing (FDC), for the 2014-15 year. Franklin County began offering the SFW training in January 2010; there have been three additional cohorts 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 SFW Implementation Team working diligently to get the word out regarding the SFW Program. We have not been able to generate enough interest for additional trainings, as most of the people in the field have already been trained. Therefore, we have decided to discontinue the program and instead use the funding for HSDF programs that will benefit youth.

DRUG and ALCOHOL SERVICES

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

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.

There is a notable decrease in funding for Outpatient treatment in this budget compared to last year, and, subsequently, a significant decrease in projected individuals served. Before we submitted the plan for FY 13/14, the Block Grant committee approved to move additional funding into D&A. For FY 14/15, D&A was not given additional funding, so the services, along with the client count, have been reduced.

Information regarding access to services:

In order to provide funding for all levels of care, there are contracts established with facilities across the Commonwealth. Currently, there are three outpatient treatment providers and one inpatient drug and alcohol treatment facility located in Franklin County. Within Fulton County, there is one outpatient treatment provider.

Waiting list issues:

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

An estimated 647 Franklin County residents will be funded for treatment through the drug and alcohol program in fiscal year 2013-2014. FFDA projects that 552 individuals will receive level of care assessments. Level of care assessments are completed by contracted outpatient providers or FFDA Case Management staff.

Coordination with the county human services system:

Research has shown that a decrease in funding for treatment means an increase in cost for other systems (i.e. jails, prisons, hospitals, crisis centers). Our population served continues to increase as our funding constantly reduces each year. Therefore,

Franklin/Fulton Drug and Alcohol Program has taken the initiative to research and identify new potential funding sources for services.

Our local district attorney is looking to implement a program titled “Feed The Good Wolf.” This program would identify individuals in need of treatment at the “street” level and coordinate services accordingly.

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 totaled \$233,617.

Any emerging substance use trends that will impact the ability of the county to provide substance use services:

None noted.

Target Populations

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

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

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

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

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

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

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

- **Adolescents (under 18)**

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

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

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

To evaluate the Comprehensive Continuous Integrated Systems of Care Model (CCISC), we track the number of in-county facilities that offer specialized treatment programming for individuals with co-occurring conditions.

- **Criminal Justice-Involved Individuals**

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

All contracted treatment providers have specialized programming for this population. In addition, Franklin County is involved in the Restrictive Intermediate Punishment Program that coordinates treatment needs for this population. We are currently working

closely with DAP to implement the medical assistance jail pilot in FY 14/15. In June, New Hope Shelter in Waynesboro will open a recovery house, providing supportive housing and treatment for offenders with addictions leaving the Jail without a home plan. This program is funded through a grant from PCCD through Franklin County CJAB.

- **Veterans**

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

- **Racial/Ethnic/Linguistic minorities**

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

Recovery–Oriented Services

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

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

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

	Estimated / Actual Individuals served in FY 13- 14	Projected Individuals to be served in FY 14-15
Adult Services	0	0
Aging Services	0	0
Generic Services	4,277	4,425
Specialized Services	13,164	12,575

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

Franklin County implemented the adult protective services program in the beginning of fiscal year 12/13. This program has provided disabled consumers ages 19-59 access to protective services. However, the State has begun the process of regionalizing the adult protective services program. Scheduled development date is fall of 2014. The services will continue through the County until new regulations/directions are established.

Franklin County executed 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.

These programs are not funded by the Block Grant.

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

The County’s Human Services Program Specialist coordinates with local community agencies to provide trainings at the local senior center. Topics included but not limited to; technology, health and wellness, nutrition, etc. Informational trainings are also provided by local agencies in regards to what services are available to our aging population within the County of Franklin.

This service is not funded by the Block Grant.

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

For FY 14/15, 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 13/14 Franklin County is projected to receive 2,575 contacts through our office and 1,702 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.

Estimated HSBG Expenditures For Generic Services: \$81,312

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

In FY 12/13, Franklin County implemented the Teen Intervene program. We have continued to fund the program through FY 13/14 and will again continue funding for this very effective 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. Teen Intervene serves approximately 15 students per year that includes 30 sessions and helps youth evaluate their substance use and determine their own reasons for abstaining from substance in the future.

Elementary intervention groups are another essential program that we will again support if funding becomes available. 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 elementary intervention program reaches approximately 120 youths through 17 groups completed. The youth show increased connection to school and adults. We continuously receive positive group feedback.

Red Ribbon Week is another essential program that was funded in FY 13/14 and will continue to be financed in 14/15. This program reaches approximately 12,000 students in grades K-12 in a one week time period. This is completed by organizing assemblies in elementary, middle and high schools throughout Franklin County. The main focus is to promote awareness regarding drug and alcohol substance use and abuse. Each level of education has a theme based upon the age group.

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

Estimated HSBG Expenditures For Specialized Services: \$11,970

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

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.

Estimated HSBG Expenditures For Interagency Coordination: \$3,448

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

None anticipated.

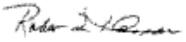
Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: FRANKLIN

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the 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 DPW of Public Welfare.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	David Keller	Date: Jun 26, 2014
	Robert Thomas	Date: Jun 26, 2014
		Date:

Appendix B
Meeting Minutes and Proof of Publication

Block Grant Planning Committee Meeting
June 10th 2014
Human Services Building

Attendance:

<u>Voting Committee</u>	<u>Staff</u>		<u>Public</u>	<u>Not Present</u>
Manny Diaz	Rick Wynn	Shalom Black	Christy Unger	Amy Hicks
Ann Spottswood	Carrie Gray	Elizabeth Grant	Sheri Morgan	Lori Young
Karen Johnston	Christy Briggs	Cori Seilhamer	Charlie Morgan	Jeff Hoose
Kim Wertz	Jennifer Lipko	Doug Amsley		Anne Larew
Sheldon Schwartz	Jennifer Johnson	Stacy Rowe		Jean Snyder
Traci Kline	Amanda Black			
Megan Shreve	Steve Nevada			

We do not know why there were CYS regulations changes. We did not have to add extraneous information. What guidance was given to the individuals writing this plan? The guidance was the same as the year before; we start with allocation (same as the first two years). CYS did not use their money so that became available. MH and ID were projecting a small amount over budget so in the plan they asked to move funds between MH and ID (which is included in the plan); these are the only dollar changes. We took out the needs assessment in the plan. General narrative states that outcomes are tracked as part of the program highlights; it is important part to track those outcomes. The state is not requiring a needs assessment, nor did they have a specific session in the plan on this. Shalom stated that does not mean the block grant committee cannot do a needs assessment. Moving forward, the flexibility of the funding is when the state will have a real need for a needs assessment; how and why we are spending in each category. Discussions have been had about coordinating efforts with Summit Health for a community needs assessment and the prosperity group because it seems the priorities from each of the schools' readiness, nutrition, mental health and access of care is of high priority. We need to be aware of the desire to make sure we look at unique factors of the county as a whole. We want to make sure everything we add to the plan is meaningful and holds it longevity.

After this meeting, there will be another public meeting with the commissioners on June 24 for approval of the plan, then it can be sent off to the state by June 27. The draft will be placed on the county website for the public to view and receive comments. The committee also discussed having an evening meeting for the 14/15 block grant plan. Kim Wertz made the motion to try one or two evening block grant meeting(s), all were in favor. The next (unofficial) scheduled meeting is September 10 at 2 PM. The committee strongly suggested that the information for the block grant meetings, etc. need to be available to the committee members and the public ten days before the meeting. Karen Johnston made the motion to make sure information is available, published and the opportunity for comments can be made, Manny Diaz seconded it, all

were in favor. The acceptance of the current 14/15 draft plan motion was made by Sheldon Schwartz, Megan Shreve seconded the motion, and all were in favor.

The mission statement for the block grant, the submitted draft version of this was, *“Franklin County Human Services Block Grant Planning Committee will help to maximize the benefits of public funds in an efficient and coordinated manner by reviewing and recommending the funding of quality services that are responsible to local needs of Franklin County”* to the committee’s changed version that was, *“Franklin County Humans Services Block Grant Planning Committee shall assist in identifying needs-based priorities for promoting the health, well-being and self-sufficiency for all people in Franklin County by and through maximizing resources”*. Megan Shreve made a motion to accept the revised version of the mission statement, Sheldon Schwartz seconded, and all were in favor. The committee also stated to move to work on guiding principles.

Discussion of projections on the roll over amount from 13/14; if we have deficits in any areas of the block grant, Rick has asked the committee to approve that the categoricals use unspent funds to pay for any final bills for services that are submitted by providers. Second recommendation, sit on any available balance we currently have, which is \$41,308 to roll over into 14/15. Ann Spottswood made a recommendation to use for educational services for direct client/patient services. Megan Shreve made a motion that the committee will support funds to be flexible for clients, Ann Spottswood seconded the motion, and all were in favor.

Rick met with Karen to discuss her block grant letter that was submitted. Rick suggested to Karen that we (block grant) do not fund anything further until we know what the budget is.

Rick strongly urged for committee members and public to attend the commissioners meeting that will discuss the draft block grant plan. Again, this Commissioners meeting is on June 24 at 9:30 AM. Kim suggested that Commissioner Keller be invited to our block grant planning committee meeting to see how the meeting is operating and make any suggestions. Rick stated that Carrie Gray and he share details to John Hart, County Administrator on how things are going with the meetings and the block grant plan.

Time was given for Public comment.

6/24/14 Public Hearing on Human Services Block Grant

Richard Wynn, Human Services Administrator, and members of the Block Grant Committee conducted a public hearing on the Human Services Block Grant for Franklin County Plan and Process for 2014/2015. Mr. Wynn gave the Board an update on the block grant process for the past year and provided the 2013-2014 revised reallocation. He informed the Board that the State will not release the true block grant funds until October. Plus there may be cuts made by the State due to the State budget so they are trying to plan for that. He reported if there are additional funds available for 2014-2015 to roll over, they can be used for prevention programs and mini-grant opportunities to align with the County's core identified human service needs. Mr. Wynn provided the 2014-2015 Projects Summary. Commissioner Thomas said this is a work in progress. Prior to this process a decision was made in Harrisburg to put funds into a stovepipe and counties could never move funds. If counties didn't spend it, they would have to send it back. This process involves local people to discuss the need and make recommendations on how to spend the money. Several committee members spoke and provided their support of the block grant process and their support for the recommendations. Chairman Keller thanked the staff and the committee for their work during this process. He is comfortable with approving the recommendations on Thursday. Commissioner Thomas suggested hearing from the public in attendance.

Sheri Morgan said her, her son Charlie, and Alicia are the only public that attends the block grant meetings. She does not feel the information on the public hearings was provided properly, with regard to access to materials on the website and in the public presentation. The public could not participate and ask questions at the June 10th hearing due to not having access to the written Plan in advance. She said this process is not transparent and does not include people that use these services. She appreciates the constraints these people are working on with how the budget goes, but it's specious at best and is disturbing. She doesn't know how the county hasn't been sued in this process.

Sheldon Schwartz said he did receive the block grant document in advance and had time to review. But the document was not available for the public to participate on June 10th as the record said.

Chairman Keller responded that if folks don't feel they are getting information in a timely manner the Board needs to know this before this comes to a vote. He informed Dr. Morgan to contact the Board ahead of time. Sherri Morgan said it would be helpful if she had the minutes.

Alicia Kanelopoulos said when they had the public hearing on June 10th, she couldn't go and asked why they can't have one hearing during the day and one in the evening so more people could attend. She was told Rick Wynn said no to this request.

Kim Wertz said she made the motion at the June 10th meeting for that and it was not Rick Wynn that shot it down but it was all other voting members that voted it down. Mr. Wynn had nothing to do with that vote.

Commissioner Thomas said he appreciates all of the committee members. He said one big challenge that we have with public hearings is that not many people show up. When they don't trust government is when they tend to want to get involve. If a meeting is a public meeting, the minutes should be posted on the website. Communication is always the biggest problem.

Chairman Keller said this will be up for formal approval Thursday. Mr. Schwartz asked since this is a public hearing is the record still open for public comments? John Hart, County Administrator, responded that the Commissioners will take comments until 9:30 AM Thursday and then the public comments will be closed. The Board will take formal action Thursday. Mr. Schwartz said he would like a copy of the June 10th minutes available for anyone who would like a copy.



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- 2013-2014 Approved Mini Grants
- CJAB Members Area
- Environmental Conservation
- Official Election Results
- Petition to Accumulate Votes & Write-Ins



Mission Statement

To enrich social, economic, and environmental vitality, Franklin County will provide services which are responsive to the health, safety, and general welfare needs of County residents.

The County government is dedicated to providing these services through the efficient and effective use of the County's available resources in an honest, open, and caring manner.

Franklin County Announcements

Actions	
Title	Announcement Date
REQUEST FOR PROPOSAL - EXTENDED/PREMIUM TRANSPORTATION SERVICES NEW	6/24/2014
2014 Senior Role Models receive praise from Franklin County Commissioners	6/18/2014
Press Release - Commissioners Save \$793,000	6/9/2014
Human Services Block Grant Plan Fiscal Year 2014/2015	6/5/2014
UPI Ordinance Notice	6/2/2014
Tourism and Quality of Life Enhancement Grant Program Application & Guidelines	4/23/2014
Commissioners Save \$1.2 Million	4/11/2014
Downtown Visioning Workshops to Kick-Off in March	3/7/2014

Franklin County
Chambersburg, Pennsylvania 17201
 (717) 264-4125

David S Keller,
Chairman

Robert L Thomas,
Commissioner

Robert G Ziobrowski,
Commissioner

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County Shortcuts

- Local and State Links --
- County Quick Clicks --
- Listing of Departments --

County Calendar

Actions	
Event Name	Start Time
Resolve Through Sharing Trainings	6/23/2014 12:00
Commissioners Meeting	6/24/2014 9:30 A
Human Services Block Grant Plan Public Meeting	6/24/2014 9:45 A
Diabetes Screening	6/25/2014 8:30 A
Relapse Prevention	6/25/2014 9:00 A
Commissioners Meeting	6/26/2014 9:30 A
National HIV Testing Day	6/27/2014 1:00 P
Freedom from Smoking Classes	6/30/2014 6:30 P
Commissioners Meeting	7/1/2014 9:30 AM
Commissioners Meeting	7/3/2014 9:30 AM

Previous Next

Video Tour of Franklin County



Welcome

Quality of Life

Real Estate & Relocation

Education

Healthcare

Recreation & Relaxation

Festivals

Non-Profit Events

Business & Indus

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
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			616,418		16,767	
Administrative Management	1,025		311,696		8,304	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	85		292,713		7,962	
Community Residential Services	63		1,493,061		40,757	
Community Services	3,500		311,041		8,460	
Consumer Driven Services						
Crisis Intervention	2,300		272,829		7,421	
Emergency Services	75		38,856		1,057	
Facility Based Vocational Rehab	22		71,067		1,933	
Family Based Services	2		18,455		502	
Family Support Services	13		6,020		164	
Housing Support	57		53,239	49,485	1,448	
Other						
Outpatient	789		292,711		5,761	
Partial Hospitalization						
Peer Support	35		40,532		1,102	
Psychiatric Inpatient Hospitalization	2		45,317		1,233	
Psychiatric Rehabilitation	40		77,652		2,112	
Social Rehab Services	939		247,574		6,734	
Targeted Case Management	2,046		223,678		6,084	
Transitional and Community Integration						
TOTAL MH SERVICES	10,993	4,448,942	4,412,858	49,485	117,801	0

<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
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INTELLECTUAL DISABILITIES SERVICES

Admin Office			482,329		13,119	
Case Management	57		50,404		1,371	
Community Residential Services	6		93,736		2,550	
Community Based Services	243		374,102		12,964	
Other						
TOTAL ID SERVICES	306	975,186	1,000,571	0	30,004	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	278		48,321		1,314	
Rental Assistance	278		45,540		1,239	
Emergency Shelter	70		15,000		408	
Other Housing Supports						
TOTAL HAP SERVICES	626	113,658	108,861		2,961	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	35		47,469		1,291	
Promising Practice						
Alternatives to Truancy						
Housing						
TOTAL C & Y SERVICES	35	59,439	47,469		1,291	0

<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
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DRUG AND ALCOHOL SERVICES

Inpatient non hospital	72		161,330			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	156		84,459			
Medication Assisted Therapy	4		4,180			
Recovery Support Services						
Case/Care Management						
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	232	290,526	249,969		0	0

HUMAN SERVICES AND SUPPORTS

Adult Services						
Aging Services						
Generic Services	4,425		81,312		10,700	
Specialized Services	12,575		11,970			
Interagency Coordination			3,448			
TOTAL HUMAN SERVICES AND SUPPORTS	17,000	95,968	96,730		10,700	0

COUNTY BLOCK GRANT ADMINISTRATION			67,261		0	
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GRAND TOTAL	29,192	5,983,719	5,983,719	49,485	162,757	0
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Appendix D

Block Grant Planning Committee

Committee Members:

- Megan Shreve (HAP Provider)
- Sheldon Schwartz (Mental Health/Intellectual Disabilities Community Rep)
- Kim Wertz (MH Advocate)
- Anne Larew (ID Advocate)
- Manny Diaz (Drug and Alcohol Community Rep)
- Karen Johnston (Prevention Provider)
- Ann Spottswood (Summit Health)

Staff Members:

- Carrie Gray* (Assistant County Administrator)
- Jean Snyder (Fulton County)
- Rick Wynn* (Human Services Administrator, Drug and Alcohol Director)
- Stacy Rowe* (Fiscal)
- Christy Briggs* (Fiscal)
- Jennifer Lipko* (Human Services)
- Jennifer Johnson (Mental Health Housing Specialist)
- Steve Nevada* (Mental Health/Intellectual Disabilities/Early Intervention Director)
- Lori Young (Intellectual Disabilities)
- Shalom Black* (Grants Director)
- Doug Amsley (Children and Youth Services Director)
- Amanda Black (LINK)
- Traci Kline (Aging Director)

**denotes Leadership Team Members*

Appendix E ID Quality Management Action Plan

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)/
Participants are safe and secure in their homes and communities.	People are safe and restraint free.	<p>Due to the low number of restraints, Franklin/Fulton County Risk Management Team monitor the number of restraint incidents and take action immediately as warranted.</p> <p>Baseline: Calendar Year 2012-13 Restraint Incidents = 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>

Appendix E ID Quality Management Action Plan

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
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).	Performance Measure: # of individuals enrolled in Lifesharing settings Data Sources: Franklin/Fulton ID Lifesharing Tracking Form Frequency: Quarterly Responsible Party: SC Organization. F/F MH-ID

Appendix E ID Quality Management Action Plan

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		

Appendix E ID Quality Management Action Plan

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>

Appendix E ID Quality Management Action Plan

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):		F/F 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		

Appendix E ID Quality Management Action Plan

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.	Increase the # of PUNS reviewed within the expected timeframe of 365 days to 100% by 07/31/2015. Baseline: % of individuals with Puns updated in 365 days = 98.5% (9 months of data)	Performance Measure: Total # of PUNS completed within the expected timeframe of 365 days Denominator: Total # of active PUNS Data Sources: HCSIS, DocuShare Frequency: Quarterly Responsible Party: SC Organization. F/F MH-ID Quarterly Administrative Entity Oversight Monitoring Point person

Appendix E

ID Quality Management Action Plan

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		

Appendix E ID Quality Management Action Plan

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

Focus Area: Participant-Centered Service Planning and Delivery/Communication

Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/ Frequency/Responsible Person
<p>Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.</p>	<p>People are supported to communicate.</p>	<p>Increase the number of people who do not communicate through speech to have an effective means of communicating their needs, choices, wishes, etc. by 9 people by June 30, 2015.</p> <p>Baseline: It is an increase of 9 people in 2 years time period; therefore no baseline is needed.</p>	<p>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>

Appendix E ID Quality Management Action Plan

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			

Appendix E ID Quality Management Action Plan

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)	Performance Measure: # of incidents of I-2-I abuse Data Sources: HCSIS Incident Data Frequency: Quarterly Responsible Party: F/F Incident Manager F/F Risk management Team F/F MH-ID ID Providers	

Appendix E ID Quality Management Action Plan

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		

Appendix E ID Quality Management Action Plan

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.	100% of people registered to vote have the proper Identification Card to vote. 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)	Performance Measure: Numerator: Number of Voters with ID Denominator: Total number of people registered to vote. Data Sources: F/F MH-ID voter declination forms, ISPs Frequency: Quarterly Responsible Party: F/F MH-ID SC Organization

Appendix E ID Quality Management Action Plan

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		