

Appendix A
Fiscal Year 2018-2019

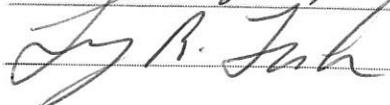
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: FULTON

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Stuart L. Uish	Date: 5/29/2018
	Rodney L. McCray	Date: 5/29/2018
	Larry R. Lynch	Date: 5/29/2018

APPENDIX B
Fulton County
Human Services Block Grant Plan
Fiscal Year 2018-2019
Submitted May 31, 2018

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

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

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

The Fulton County Commissioners first formed a human services planning team in June 2012 in order to explore opportunities that might arise from piloting the block grant in joiner counties. The initial planning team was composed largely of those persons representing agencies currently receiving funding. Through the years, it has grown to be deliberately more inclusive and team members now look more at outcomes and make decisions based more on outcomes than on specific allocations. Each year has built on the previous year and each year, additional members are added to the team. For the upcoming 18-19 year, the group proposes to add more consumer representation. The current planning team includes:

NAME	REPRESENTING
April Brown	Franklin/Fulton Drug & Alcohol Director
Ashley Yinger	Franklin/Fulton MH/IDD Director
Beverly Ragan	Consumer Member
Christine McQuade	Fulton Co. Services for Children Director
Connie Brode	H/B/F Area Agency on Aging
Dan Miller	Fulton County Probation Office
Deb Holland	H/B/F Area Agency on Aging
Elen Ott	Fulton County Family Partnership, Inc.
Julia Dovey	Fulton County Human Services
Missy Reisinger	Tuscarora Managed Care Alliance
Pete Lynch	Fulton County Commissioner (non-voting)
Rodney McCray	Fulton County Commissioner (non-voting)
Charles (Skip) Ramsey	Consumer Member
Sr. Margie Monahan	Fulton County Catholic Mission
Stacie Horvath	Franklin Co. Human Services Administrator
Stuart Ulsh	Fulton County Commissioner (non-voting)
Tiffany Jones	Center for Community Action – Housing
Wendy Melius	Center for Community Action Director

It should be noted that a representative from Fulton County Human Services Administration serves on the Franklin County planning team while the Fulton County team also has representation from Franklin County in order to better facilitate cross-systems planning. Although the above team represents the “working” team with regard to the 2018-19 plan, other groups involved in the process include:

- 1) Fulton County Housing Committee – consists of 30 members including managers of local housing for the elderly, mentally ill and low-income families. This committee has provider and consumer participation. (Meets quarterly)
- 2) Fulton County Family Partnership, Partner Coalition – consists of more than 50 partners who represent other agencies, non-profits, churches and consumers. This is the 501©3 which provides human services planning for the county. (Meets monthly)
- 3) Fulton County Services for Children Advisory Board – includes 12 members including three student members. (Meets 6 times/year)

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

The team is currently responsible for developing the plan for the expenditure of human services funds for the 2017-18 fiscal year as well as for monitoring outcomes of the expenditures in the plan. The committee is also charged with considering the various reallocation of funds throughout the year and that is done through an application process that has been developed. The planning team met on the following dates with agenda items in parentheses:

- ✓ August 4, 2017 (discussion of fiscal position at end year for FY16-17; plan for carry over funds, membership discussion; and outcomes discussion)
- ✓ December 7, 2017 (Report submission for FY16-17, review restructuring of Human Services Administration, discussion of fiscal position at end of ¼ year; review of applications for additional funding; vote on applications; contracts; outcomes)
- ✓ February 8, 2018 (Final report from 2016-2017, Discussion of funding at ½ year, review additional applications for funding)
- ✓ April 20, 2018 (membership; fiscal position at end of ¾ year; reallocation applications and vote; outcomes; planning for 18-19 priorities; and review of 18-19 planning guidelines, set public meeting dates)
- ✓ June 14, 2018 scheduled (review of end-of-year fiscal position for 17-18; 2018-19 planning priorities).

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

- 1) Fulton County Housing Committee
- 2) Fulton County Family Partnership – Partner Coalition
- 3) Fulton County Services for Children Advisory Board
- 4) Franklin/Fulton MH/ID Advisory Board
- 5) Franklin/Fulton Drug & Alcohol Advisory Board

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

The flexibility of the block grant allows counties to serve consumers in the least restrictive setting. It is now possible to assess and address need(s) at the local level and to provide the supports that are necessary for all consumers – aging, adult, children as well as those with mental health, intellectual disability and drug and alcohol challenges to be served in the community. Fulton County works with Franklin County for Mental Health Intellectual Disabilities and Drug & Alcohol programs to ensure the least restrictive setting. An outcome of particular value to us is the ability to raise the funding level for Homeless Assistance so that our waiting list could be cleared.

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

Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities follows the principle of least restrictive alternative when providing services. A full continuum of care from community based to inpatient hospitalization is provided. Tools such as the Strengths intensity Scale (SIS) are utilized to match individual need with the least restrictive services. Multiple criteria such as disability, level of autonomy, individual's request, and potential harm to self or others are evaluated to assure the least restrictive alternative is utilized through all levels of care.

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

There are no substantial programmatic changes planned for the block grant for the FY 2018-2019 year. However, there is a change to the administration piece. In the fall of 2017, Fulton County Commissioners contracted the administrative piece to the Fulton County Family Partnership, due to the sudden loss of the County's Human Services Administrator and long term Children and Youth Director, Jean Snyder. The contract is in effect until December of 2018. The Executive Directors of the Family Partnership have been involved with Fulton County's block grant since its inception. The Human Service Administrative responsibilities have primarily been allocated to the Executive Development Director, Julia Dovey. At this time, the plan is to assess the responsibilities of the position and to make a recommendation for a permanent solution to the commissioners in the August/September 2018 time. Because Fulton County is small and has a joinder agreement with Franklin County for Drug & Alcohol and MH/IDD services, a full time Human Services Administrator position is not necessary. A long-term contract for services with the Family Partnership or the designation of a county staff person to serve as Human Services Administrator are two of the potential options to be reviewed with the commissioners.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below). Appendix E
 - b. When was the ad published? 5-3-2018
 - c. When was the second ad published (if applicable)? N/A

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

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

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

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

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

Employment: Both the Fulton County CareerLink and Fulton County Employment and Training play an integral role in human services in Fulton County. They attend our Fulton County Partnership meetings and participate in various programs each year that include, but are not limited to, poverty, housing, transportation and employment. They, along with our County Assistance Office, are our citizens' link to job opportunities as well as to job readiness. Our literacy council is also part of planning for job readiness, as is the Center for Community Action (CCA). Through the block grant, CCA has been able to obtain funding for its literacy program that assists with job readiness and job skills.

Housing: Fulton County's Housing Assistance program is a perfect example of how Fulton County has used the block grant to leverage funds to eliminate a waiting list in our housing assistance program for both rental assistance and assistance with utilities. In 17-18, the HAP received a state base allocation of \$14,389, but was allocated \$35,000 by utilizing reallocation and/or retained funds. Through the CCA, some case management is now offered to housing consumers and our Homeless Assistance Planning Committee utilizes the membership of landlords to identify housing gaps and to try to identify ways to generate resources to meet those needs. Our Family Partnership planning committee has identified housing and its number one planning priority for this year.

Community Needs Assessment: During the FY18-19, the Fulton County Medical Center will be conducting a community needs assessment. This is done in collaboration with the Fulton County Family Partnership. This will be the 3rd time that the process has been completed since 2013.

The focus for the Assessment will be Social Determinants of Health, with a special emphasis on Housing, Transportation and Aging needs. The process is set to be completed by June of 2019 and will determine areas of focus for both health and human services over the next 3-5 years.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

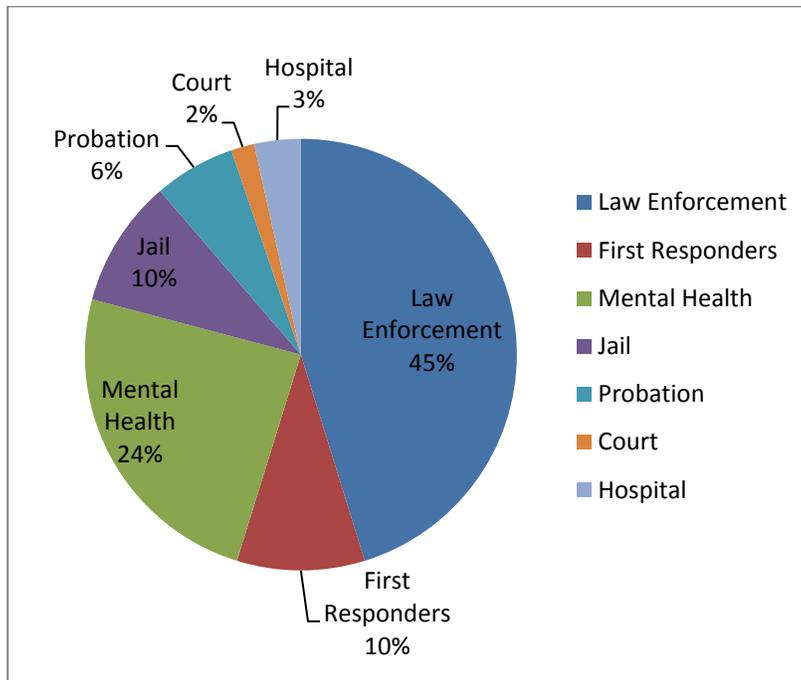
The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Crisis Intervention Team (CIT) –

- Franklin/Fulton MH offered the SAMSHA training “How Being Trauma Informed Improves Criminal Justice System Response” to 27 persons to include officers, Chaplin, probation, first responders, and 911 dispatchers from our identified service area. This class has been approved by Municipal Police Officers Education & Training Commission (MPOETC) for four credit hours.
- Our training program is in its fifth year and continuing to gain momentum. The team is now 108 strong with over half of our members representing law enforcement and first responders to include one Pennsylvania State Police Lieutenant. The remainder of the team represents crisis, jail officers/staff, probation/parole officers, hospital staff, mental health professionals and advocates. South Central Region CIT continues to follow the fidelity of the Memphis Model of CIT.
- Our CIT training has been approved by Municipal Police Officers Education & Training Commission (MPOETC) for 40 credit hours and 30 continuing education hours for EMTs, paramedics and first responders.
- CIT has collaborated with Cumberland/Perry County to share in costs and resources for our CIT training.
- During the 40 hours of training, we are fortunate to have a certified trainer for the Veterans module, 2 certified trainers for the de-escalation and 1 scheduled to complete in May. We have 1 CIT Coordinator that is responsible for the whole program. We also offer evidence based training such as QPR (Question Persuade Refer) and Pat Madigan’s *Hearing Voices* throughout the week.
- Outcomes:
 - To date we have held seven (7) CIT trainings and have 108 members with half of our team being represented by law enforcement and first responders:



Evidence Based Practices-

- Mental Health First Aid:
 - TrueNorth Wellness Services employs staff trained to provide Mental Health First Aid. We intend to offer this training more widely within the Fulton County community. This training is supported by the National Council for Behavioral Health. The goal is to give community members the skills necessary to aid someone in a mental health crisis, similar to learning CPR for responding to a physical health crisis. TrueNorth Wellness Services' intention is to bring mental health awareness to the community, reduce stigma, and increase ability to aid those in need.
- DLA 20
 - As part of a reinvestment plan, HealthChoices provided a train-the-trainer event in March 2018 for local providers to begin implementing the use of DLA20. The plan is to have as many providers as possible using the same outcome tool and have a reporting system so that we will be able to make service decisions based on the needs being reported.

Physical Health Collaboration-

- TrueNorth Wellness Services provides mental health coverage to TriState Community Health Center, FQHC, two days per month. The purpose of this service is to see clients who are not in an immediate crisis, but TriState providers feel are in need of possible mental health services. This time is staffed by a crisis employee. Individuals are typically scheduled for one hour. During that time, their immediate needs and concerns are assessed. The TrueNorth Wellness worker then provides recommendations on referrals as deemed appropriate. This may occur as quickly as one session or may take several sessions.
- Mental Health has assisted Fulton County Medical Center in hosting a series of Safe Crisis Management training for staff. The staff included ER nurses & doctors and maintenance/security staff.

HelpLine-

- The Fulton County Family Partnership, Inc. HelpLine is an Information and Referral Line. No matter what your need, you can call the HelpLine. We may not have the answer immediately but if you leave a number where we can reach you, we will research your need and get back to you with as many resources for your need as we can find. There is no fee for this service and you can call toll free.
- There is also access to resources on line.

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

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

• Older Adults (ages 60 and above)

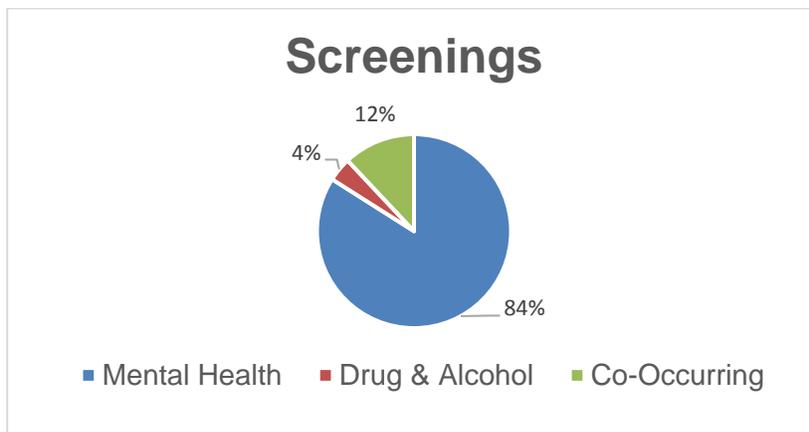
- Strengths:
 - Mental health and Fulton/Bedford/Huntington County Area on Aging are collaborating to increase communication in order to create better access to services.
- Needs:
 - Specialized facilities for individuals living with dementia. Our crisis and ER's have seen an increase in patients and are having difficulty with locating facilities for care.
 - Training and understanding of dementia for front line staff; learning how to keep them safe as well as those around them.

• Adults (ages 18 and above)

- Strengths:
 - Continuing to increase our employment support that includes job placement and shadowing. Our providers are being creative with the services and supports.
 - Physical and behavioral health providers continue to begin collaboration on health literacy and education. More and more of our residents are facing complex needs causing the system the importance of addressing both issues for wellness.
- Needs:
 - With the closure of the extended acute care beds at Holy Spirit, we have a need for replacing the beds that were lost. We are also looking into emergency respite/crisis stabilization beds.
 - Appropriate housing for individuals with co-occurring mental health and physical health needs.

- **Transition-age Youth (ages 18-26)** - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
 - Strengths:
 - Mental Health and HealthChoices is working to create a service description for Youth & Young Adult Peer Specialist services. The development of this service has been in the works and will hopefully have providers for FY 18-19.
 - Needs:
 - Housing that is supportive of the needs of these young adults. Some of those transitioning do not have an income at the time and that lends to the difficulty of securing housing.
 - Services for better serving the transition age youth that has Autism that graduates at 18 years old. They are not able to access the Autism waiver until they are 21 and IDD graduation slots are for 21 year olds. Autism is not recognized as a serious mental illness (SMI).

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



- Respite is available on an overnight and hourly basis. The number of unduplicated children served has reduced greatly this year; largely due to the severe complex needs.

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

- Needs:
 - It has been identified that the school districts and the provider agencies need to have a better process for communication. When the schools recognize a student and/or family in need they need to know that there is somewhere/someone they can refer them to for assistance. Due to this, there has been a committee started to begin creating a plan for direct communication with families and community supports.
 - This past year, it was noticed that there was a lack of available respite spots for our needs. It would be helpful to have more availability and specialty for complex needs.

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

- **Individuals transitioning out of state hospitals**

- Strengths:
 - Franklin/Fulton Mental Health continues to assist in facilitating Community Support Plan (CSP) meetings held at the state hospital. Participation also continues with the quarterly Continuity of Care/Service Area Planning meetings and effective communication with various providers to assist in the transition back to the community.
- Needs:

- Many of our individuals currently at the Danville State Hospital have complex needs including physical health needs which require nursing home level of care or structured residential programs (the latter of which has very limited capacity and infrequent bed availability).
- **Co-occurring mental health/substance use disorder**
 - Strengths:
 - Operation Save A Life - for those concerned that a loved one is at risk for overdosing on prescription pain medication, heroin or other opioids, this training is for you. Training Participants will learn: opioid types; how to recognize, respond to and prevent an opioid overdose; and how to administer Intra-Nasal Naloxone (Narcan) to reverse an overdose.
 - Needs:
 - Health literacy of the community, recognizing that mental health and substance use disorder can be co-occurring and the treatment often includes addressing both.
- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths:
 - See information above regarding CIT and the mental health co responder.
 - The mental health program remains active on the Criminal Justice Advisory Board (CJAB) to include the Executive Committee, Forensic Initiatives, First Contact, Juvenile Justice, and the Behavioral Health Committee across Franklin/Fulton County.
 - TrueNorth Wellness Services provides a clinician to the Fulton County Probation Department one day per week. The clinician is tasked with administering appropriate screenings and providing resource connections to consumers identified by Fulton County Probation officers. In addition to briefly assessing consumers, services are provided to staff of Fulton County Probation. Staff has dedicated times available for case review and mental health consultation with the clinician. This individual is accessible to Fulton County Probation outside of the assigned one day per week, as needed and within reason.
 - TrueNorth Wellness will begin co-leading groups with Fulton County Probation Officers related to mental health topics and appropriate coping strategies.

- TrueNorth Wellness is able to provide BSU intakes and psychiatric evaluations in the Bedford County Jail to assist Fulton County inmates with reentry into the community. This allows for services to be set up prior to someone's release.
- Needs:
 - Housing continues to be a barrier for those incarcerated needing an approved home plan for release.
 - The success of the mental health co responder has proven the need for the expansion of the program throughout Franklin/Fulton counties. Engagement in services appears successful when it begins with meeting the person where they are and being able to go mobile.
- **Veterans**
 - Strengths:
 - Needs:
 - Reliable transportation to appointments and employment is needed. Currently, it is a barrier due to having to cross state lines and not having handicapped vehicles available.
 - Again, being out of state poses a barrier to healthcare. The appointment times are limited due to the availability of transportation.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - Strengths:
 - Needs:
 - Health literacy for physical and behavioral health care professionals. The LGBTQI community requires health care and having a professional with whom they feel safe and can discuss health related issues is important.
- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**
 - Strengths:
 - The County does have access to the language line that allows us to respond to any language.
 - We do have access to a small number of bilingual therapists and psychiatrist in our community.
 - Needs:
 - The County continues to find it challenging to secure services of multiple bilingual professional in our area.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)
 - Strengths:
 - Needs:
 - Health literacy and supports for traumatic brain injury and other diseases would be helpful for our providers. It would also assist those living with the diseases to live healthier and happier lives.

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

Yes No

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

Does the county currently have any suicide prevention initiatives?

Yes No

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

- Franklin/Fulton offers QPR (Question, Persuade, Refer) training to the community free of charge. The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all individuals, regardless of their background, to make a positive difference in the life of someone they know.
- Mental Health Association offers ASIST(Applied Suicide Intervention Skills). It is a two-day intensive, interactive and practice-dominated course designed to help clinical, non-clinical caregivers and parents recognize and review risk, and intervene to prevent the immediate risk of suicide.

c) Supportive Housing:

DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

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

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

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

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

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Franklin/Fulton HUD 1/2 Master Lease	Federal/HUD County Match	\$178,435 \$11,725	\$206,841 \$12,623	21	23	9/landlords	21	\$548 / month / participant	2006
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Notes:									

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Fulton PATH Program	Federal State	\$49,485 \$16,495	\$4,833 \$1,611	25	5-10			22.08	2005
Notes: FY 16-17 lumped Franklin and Fulton into one allocation; starting FY 18-19 funds are now separated by County									

6. Housing Contingency Funds for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other .									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started	
Franklin/Fulton HUD 3 Leasing	Federal In Kind	\$83,352 \$48,438	\$82,128 \$46,688	16	14-16			2008	

Assistance Program								
Fulton Supportive Living Program	County	\$45,676	\$45,699	1	1			2005
Notes:								

d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

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

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

Priority	Narrative	Action Steps	Timeline	Resources Needed	Tracking Mechanism
1. Suicide Prevention	a. Develop and implement Suicide Prevention initiative emphasizing the value and importance of each individual.	Provide QPR, ASIST, and other suicide prevention evidence-based trainings.	Continual	\$10,000 may be needed to support the education and awareness campaign.	This is monitored through Mental Health office.
		Implement Suicide Prevention Month Campaign initiatives	September 2018		
2. Addressing health literacy in both our residents and our system	a. Increase the number of patients who are screened for depression within the primary care setting by December 2020.	i. Primary Care Physicians have access to mental health screens, assessments, and supports.	Done	The dollar amount needed will be assessed as the committee is researching a program.	This is monitored through Mental Health office.
		ii. Create an action plan for educating and gaining support on the use of the depression assessment tools, and compiling the assessment results at a centralized location for Primary Care Providers and Mental Health Providers.	March 2018		
		iii. Provide training and support for Primary Care Providers and Mental Health Professionals on the use of the assessment tools, documentation of assessment results, and making appropriate referrals for support for individuals experiencing depression.	January 2019		
		iv. Identify a lead organization for coordinating assessment tool training, collecting assessment results, and providing support and coaching for Primary Care Physicians and Mental Health Professionals in the assessment of patients for depression.	November 2018		
	b. Increase community awareness about depression and available	i. Develop a community awareness and education action plan for informing the community about depression and other mental illnesses.	December 2020		

	resources within the community	ii. Continue and expand existing community campaigns that educate the public about effective ways to manage depression (i.e., physical activity, nutrition).		community awareness campaign.	
3. Re-entry of individuals from our jail to our community.	a. Increase access to screens and assessments for individuals planning to reenter the community.	i. TrueNorth Wellness Services will be available to provide screens and assessments to individuals while residing at the Bedford Jail.	Ongoing	\$3000 needed for the employee expenses.	This is monitored through the mental health office.
		ii. TrueNorth Wellness Services will work with the Probation office to assist with screens and assessments through court referrals.	Ongoing	\$3000 needed for the employee expenses.	This is monitored through the mental health office
	b. Ensuring access to mental health services to those reentering the community.	i. TrueNorth Wellness Services will be available in the probation office at least weekly for ease of access.	July 2018	\$14,000 needed for the expenses.	This is monitored through the mental health office
4. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.	County Human Services is working with our managed care organization to create a data warehouse to track human services data across systems.	Begin upload of data for county HS departments to compare and contrast for developing services	Spring 2018	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning
		Data scrubbing to ensure that the data is accurate and all paths are uploading correctly.	Spring 2018	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning
		Creating dashboards and report to begin analysis.	Fall 2019	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning
		Begin data driven decision making	Winter 2019	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No	0						
Supportive Housing	Yes	20	Outcomes Rating Scale /DLA20	Agency	6 months	No	Yes	
Supported Employment	No							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes			Agency		No		Several agencies use different programs
Illness Management/ Recovery	Yes	20		Agency	Every session	No		Only group members included
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes							
Multisystemic Therapy								
Functional Family Therapy								
Family Psycho-Education	Yes		Strengthening Families Program 10 – 14	Agency	Every session	No	Yes	

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

To access SAMHSA’s EBP toolkits:

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

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

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

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

**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

***Franklin/Fulton numbers reported as a joinder.

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

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

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as:

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

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

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

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

INTELLECTUAL DISABILITY SERVICES

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

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

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

block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

The mission of Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention is to partner with the community to develop and assure the availability of quality MH/IDD/EI services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the IDD program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention to budget and plan for the continuum of services and to develop programs to meet the needs of the community. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate. As of March 31, 2018, there were 35 individuals registered in the Intellectual and Developmental Disabilities program in Fulton County.

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

Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	1	3	1	3
Pre-Vocational	0	0	0	0
Community participation	0	0	0	0
Base Funded Supports Coordination	2	6	2	6

Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	1	3	1	3
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	2	6

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

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

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

The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources and post-secondary opportunities. One-to-one services include connecting with employers, job shadowing, community-based work assessments, and work incentive counseling. There are currently 0 students in the TALS program in Fulton County. The goal for 2018-2019 is to have the TALS program back in the High School in Fulton County.

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

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

Small Group employment is a new service with the Waiver Renewals. Small Group Employment services consist of supporting participants in transitioning to competitive integrated employment

through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan and it must be documented in the service plan how and when the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Small Group Employment services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.

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

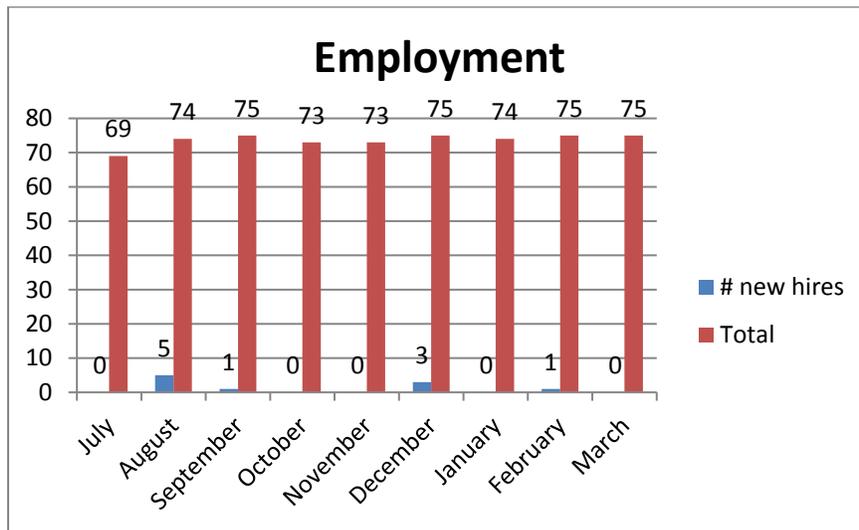
Discovery involves a comprehensive analysis of the participant in relation to the following:

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

Community Participation Support is a new service with the Waiver Renewals. Community Participation Support is defined as “providing opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment”. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and membership. Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers. This service is expected to result in the participant developing and sustaining a range of valued social roles and relationships, building natural supports, increasing independence, increasing potential for employment, and experiencing meaningful community participation and inclusion.” The Franklin/Fulton IDD program will continue to support providers in providing Community Participation Support. There are currently 0 individuals who utilize base dollars to pay for Community Participation Support. All Fulton County individuals utilizing Community Participation Support have waivers to support this service.

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

Labor and with the Office of Developmental Program's Quality initiative as set by the ISAC (Information Sharing and Advisory Committee).



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

Supports Coordination:

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

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities, MA eligible individuals who are admitted for psychiatric hospitalization and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There are two (2) individuals who have base funded Supports Coordination. Both individuals have the OBRA Waiver and as a result, have base funded Supports Coordination. Currently, no one is leaving a state hospital system from Franklin or Fulton Counties, so transition services are not needed at this time. The program has MA denials for individuals who are receiving base services over \$8,000.

The IDD Program collaborates with the Supports Coordination Organization (SCO) by holding monthly meetings with Supports Coordination Supervisors. During these meetings, individuals who

are deemed high profile or have Emergency PUNS are discussed regarding natural supports and what supports are necessary for that person. Any individual can be added to this list. At these meetings, PUNS, ISPs, Levels of Care, incident management and other items are part of the standing agenda discussed monthly.

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

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

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

Lifesharing and Supported Living:

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

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

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

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

- The Administrative Entity (AE) and SCO will continue to work on providing information to individuals and families on the values and benefits of Life Sharing and correcting the "stigma" that it is "adult foster care. We will continue helping families understand that Life Sharing is a

supportive, sharing and mentoring environment that enhances the natural supports of the family.

- The AE has encouraged local Life Sharing providers to develop new licensed homes to be used for periodic and emergency respite situations that can be available when needed. This has helped to expedite an emergency respite placement which, in turn, has developed into a new life sharing connection.
- The AE will work with providers with the expansion of the Life Sharing service definition to include individuals living in their own home or a home of a relative and receive agency managed life sharing services.

Life sharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan (ISP). Currently, there are three (3) individuals living in life sharing homes in Fulton County (Franklin/Fulton QM information). The funding that supports these three (3) individuals in their life sharing homes is waiver funds. The Intellectual and Developmental Disability Program's Quality Management outcome is "people live where they choose." The QM objective is to increase the number of new and unique individuals in life sharing in Franklin/Fulton Counties by 10% (n=4) by June 30, 2019. There are currently five (5) new individuals who have moved into life sharing homes this plan year in both Franklin and Fulton Counties.

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

Cross Systems Communications and Training:

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

The IDD program collaborates with the following agencies to increase the support for individuals with multiple needs. The IDD program staff attends Child and Adolescent Service System Program (CASSP) meetings to discuss the supports needed for individuals to be supported in their community and school. The IDD staff also has a working relationship with Home Health Aid Providers to support individuals in the home and community. Lastly, the Managed Care Organization Specialized Needs Unit is available for individuals who meet their criteria. The IDD program is sponsoring a Direct

Support Professional Hiring Fair May 31, 2018. This fair is open to all providers who support individuals in Franklin/Fulton County to hire Direct Support Professionals and other staff. The fair will be marketed to the Career Link, OVR and also to the local schools that offer Human Services or Nursing degrees or certifications.

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

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

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

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

Emergency Supports:

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

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

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

The Fulton County IDD program will increase the availability for combinations of Family Aide, Day Programs, transportation, adaptive equipment, home modifications and respite so that individuals can continue to live at home instead of residential programs which are more costly.

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

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

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

The Intellectual and Developmental Disabilities Program utilizes the current contract with True North Wellness for Crisis Services. This contract will be changing in the next fiscal year but the criteria will be the same. The Crisis Department is operated 24 hours per day, 7 days per week for 365 days. One aspect of this contracted service is Mobile Crisis. Mobile Crisis is available in Fulton County. Any of the Crisis workers can provide mobile crisis. Some of the crisis workers do have a background in working with individuals with Autism and/or Intellectual & Developmental Disabilities. They do have some trained staff; training is available for any staff as requested. As with the other crisis services offered, when an individual with an Intellectual Disability or Autism utilizes crisis services, the crisis staff will notify either the Supports Coordinator or the AE if the individual is not registered with the IDD program.

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

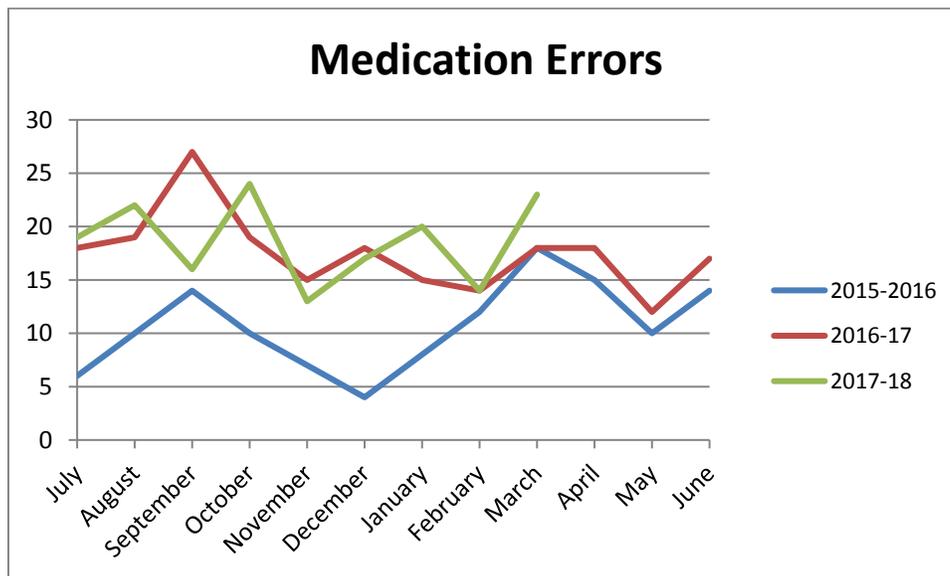
Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

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

Franklin/Fulton IDD program is a Regional Collaborative for the Community of Practice. As part of the Community of Practice, the PA Family Network is part of our Stakeholder Group. In collaboration with the PA Family Network, the Franklin/Fulton County Collaborative will host events and parent seminars to present the Life Course Planning Tools. The Stakeholder group has decided to restructure to better meet the needs of families. In 2018, the stakeholder group will be narrowing our focus area to either transitional youth or early intervention to kick off family engagement. For the 2018-2019 fiscal year, there will be quarterly family information sessions scheduled in advance so that when at fairs, the sessions can be marketed. The sessions will be offered at multiple locations in Franklin/Fulton County and at different times and days. The Regional Collaborative currently attends fairs/expos and presents the information to families who attend such as the Autism Fair, Early Learning Expo, Human Services Expo, etc. The collaborative also utilizes Human Services

Professionals to distribute and refer individuals to the LifeCourse tools. This was kicked off last year by ODP educating the SCO and presenting at Human Services Training Days. The ODP Regional Lead attends the Stakeholder group also. Once the restructuring of the committee is complete, the Stakeholder group will be creating Action Plans to support the new structure.

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



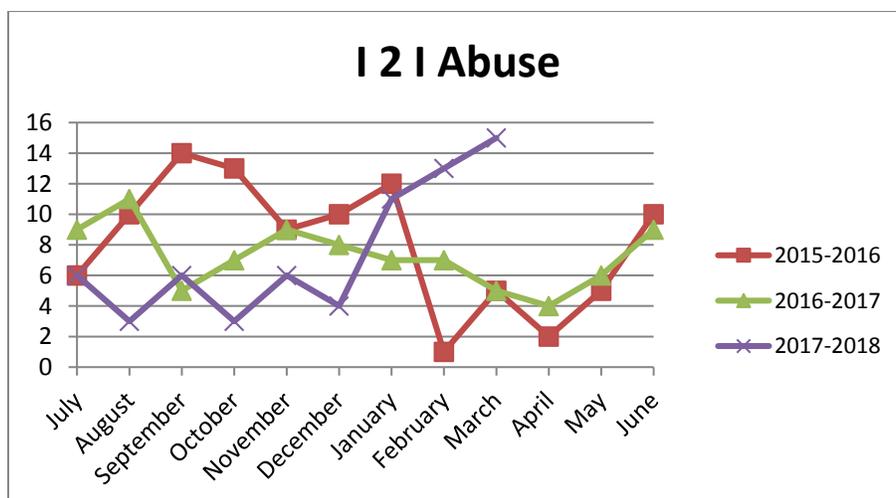
As with the HCQU, a representative for the IM4Q local program sits on the QI Council. As a result of the IM4Q data, the local program realized that individuals did not know what to do in an Emergency even though they had a backup plan in their ISP. So, the QI Council recommended that a one page “What to do in an Emergency” form be developed. This has turned into a folder with different Emergency Preparedness information in it. This folder is given to individuals when reviewing what to

do in an emergency during considerations or at ISPs when questions are raised. The QI Council also reviews Employment and Life sharing IM4Q data to determine satisfaction with services. Both of these outcomes are included in the QM Plan. The biggest barrier to reviewing IM4Q data is that the reports are not current. As a result, there is a lag in developing QM outcomes and objectives. When a new QM plan is developed, IM4Q data is reviewed for Franklin/Fulton County to determine what the IDD program is either lagging behind the state average in or is a reoccurring issue for considerations.

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

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

The Risk Management Committee holds quarterly meetings to assess incidents to establish a higher quality of life for individuals. The Risk Management Committee realized that Individual to Individual (I-2-I) abuse was an issue that needed addressed. The logic model and QM Plan both address the I-2-I abuse issue. The outcome, *“People are abuse free,”* is measured by the objective of reducing the number of I-2-I abuse incidents by 5%. The number of incidents of I-2-I abuse will be measured through quarterly analysis of the HCSIS Incident Data and the target trends to prevent future incidents will be analyzed by the Risk Management Team. The baseline data is 157 incidents of I-2-I abuse for 2015-2017. As of March 31, 2018, there were 67 incidents of I-2-I abuse. The Risk Management Committee has found several trends over this year as evidenced by the peaks in the graph and worked to resolve these situations. Several of the trends were resolved by making residential moves as the target and victim were always the same. Some of the trends required Behavior Support Plans to be modified or training for the individual or direct support staff. The Risk Management Committee will continue to monitor the data for trends.



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

The County engages providers of service by ensuring that all ISPs have backup/emergency plans included. As stated in the IM4Q paragraph, the county has developed Emergency Preparedness Folders for individuals who request them. While no folders were given out in 2016/2017 in Fulton County, folders will continue to be updated and given to individuals and their families as requested.

Participant Directed Services (PDS):

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

Franklin/Fulton Counties have no individuals or families using VF/EA. When the VF/EA is explained to families, they choose Agency with Choice (AWC) instead. Fulton County has one (1) family using AWC supports. All of their supports and services are paid with waiver funding. The county coordinates trainings for families through the Arc of Franklin/Fulton Counties (the AWC provider) and the HCQU.

The major challenge for AWC is that families have trouble finding staff especially in the rural areas of the county. This is due to the low wage, lack of transportation and/or locations far from any services, to name a few. Another challenge is that families have a lack of knowledge of the IDD system and the service definitions. And finally, families get frustrated at the amount of documentation required of them. ODP assistance could be used to find creative ways to address these issues and to provider trainings to families.

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

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

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

Fulton County has 2 individuals in congregate settings. Both individuals reside in nursing homes. This is a generic support for them due to their need for a nursing home level of care.

HOMELESS ASSISTANCE SERVICES

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

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

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

Bridge Housing: Not provided due to limited funds

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

Case Management: Not provided due to limited funds (although some alternative block grant funding is provided to Center for Community Action to do case management for our clients.)

In 2017-18, block grant funds were provided to the Community Action Agency to do case management HMIS input for our clients. This will be continued for FY18-19

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

Case Management will be used to provide Homeless Management Information Services (HMIS) data input by Center for Community Action. Clients will be processed into the HMIS at entry using HMIS data questionnaires to gather pertinent information at the time of intake. The information is necessary for HMIS entry and also in identifying the client's possible need for other services. Case management services will be provided through follow-up and exit survey using HMIS data questionnaires.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.

- If rental assistance services are not offered, please provide an explanation.

Homeless Assistance is an area in which Fulton County continue to struggle to “do more with less” as homeless assistance funds have suffered continuous cuts in over the years. In the past years, Fulton County has seen a reduction of 28% in homeless assistance funding in years prior to the Block Grant. It was hoped that the county could offset this loss with HPRP funding, but the stringent requirements on such a small amount of money were unable to be met in a county that has no housing office or staff to administer the programs.

Fulton County’s Section 8 housing is managed by the Huntingdon County Housing Authority. So although we are not always able to show a continuum of care locally, we have done a very good job with case managing and finding outside resources (homeless shelters, etc.) for the homeless or near-homeless. The block grant has assisted with providing extra funding for our program through reallocation of unspent funds from other categories. In 2018-19, we again plan to supplement our allocation in order to avoid waiting lists. Money already given up for reallocation will be used as recommended by the planning team. As of March 1, 2018, 65 Families have been served including 102 adults and 88 children. A total of \$19,798 had been spent at that time.

Fulton County has a very active Homeless Assistance Committee. It meets quarterly and meetings were held: September 20, 2017, December 20, 2017, March 21, 2018 (canceled) and June 20 2018 (scheduled). There are twenty-five (25) committee members and they are representative of: Consumers, Human Services administration, Fulton County Catholic Mission, Area Agency on Aging, Center for Community Action, Fulton County Family Partnership, Fulton County Commissioners, Fulton County CDBG, Cardinal Glen Apartments (low-income), Mountain View apartments (elderly), Huntingdon County Housing Authority (Section 8 housing), Fulton County Housing Authority, Fulton County Planning, Food Basket, Center for Independent Living, state Dept. of Aging (Aging Specialist), local landlords, Franklin/Fulton MH/ID and Diana T. Myers & Associates. This year, the committee has added several additional local landlords to our workgroup.

Emergency Shelter: Not provided due to limited funds

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

Other Housing Supports: Not provided due to limited funds

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.

- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Homeless Management Information Systems:

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

Fulton County has actively participated in HMIS for over 8 years, entering data from existing programs: Two Supporting Housing Programs and one Shelter Plus Care Program. Because Fulton County operates the Homeless Assistance Program locally, it is Franklin County and the Bedford/Huntingdon/Fulton Center for Community Action who utilizes HMIS and enters data for Fulton County. Data for the county’s Homeless Assistance is now being entered in HMIS by the Center for Community Action agency. In Franklin County, PAHMIS is used for three HUD funded programs which total 30 independent apartments. Of those 30 apartments, three apartments can be located in Fulton County. Currently one Fulton County apartment is occupied with the potential of adding up to two additional apartments should the need arise for someone who meets the established criteria.

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

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

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	1	1-2
Non-Hospital Rehab Services	2	0-1 days Short-Term 1-3 weeks Long-Term
Medication Assisted Treatment	1 (Vivitrol)	7-10 days (OP Vivitrol) 3-5 days (OP Methadone)
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	22	Intake = 1 day 1 st Tx Session = 1-2 days

**Reported numbers are representative of the number of SCA funded individuals that experienced a wait time and the average wait time for the specific level of care from the time of the request/need to the time of admission in FY17/18 year-to-date (7/1/17-2/28/18)*

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

- Non-hospital rehabilitation services: In FY 17/18, average wait for a short-term rehab bed was 0-1 days from the time of the request across all provider networks (in/out of Franklin County); however, average wait for a long-term rehab bed was 1-3 weeks from the time of the request, across all provider networks (in/out of Franklin County). There were a total of 3 individuals that received a long-term rehab bed within 1-2 days due to someone at the provider facility leaving against medical advice.
- Medication Assisted Treatment: In FY17/18, FFDA contracted with one methadone provider (closest in geographical proximity) as there aren't any methadone providers within Fulton County. There are a total of two (2) Buprenorphine prescribing providers within the county. There are a total of tow (2) prescribing physicians of oral naltrexone (Vivitrol) in the county with limited physician time. Same day/same week access hasn't been obtainable. This is extremely important for individuals stepping down from a high level of care/secure environment (rehab, incarceration, psychiatric placement, etc.) where they received MAT to be able to engage in a community-based delivered process. FFDA partnered with a mobile Vivitrol provider, Positive Recovery Solutions (PRS) to assist in reducing this barrier for individuals that have started Vivitrol as their chosen MAT. In FY18/19, FFDA will be able to provide funding for Methadone, Buprenorphine and Vivitrol if needed.
- Halfway House Services: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).
- Partial Hospitalization: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).
- Outpatient: In FY17/18, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).

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

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
9	3	6	2

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

Fulton County's Warm Hand Off process is the primary model to address overdose survivors' linkages to treatment. It is implemented in the county's hospital emergency room department, Fulton County Mediation Center; however, it cannot be provided on a 24/7 basis. In FY18/19, FFDA will work collaboratively with the hospital and it's providers to leverage resources and to also offer these services to any individual that presents as needing substance use disorder treatment; however, overdose survivors are a prioritized population within this process. As a long-term, sustainable effort for the warm hand off process, FFDA will be collaborating with

TMCA (BHMCO) and True North (contracted hospital crisis provider) to serve as the primary provider for the warm hand off process, as Crisis is provided 24/7 within the hospital. FFDA will be entertaining ways to extend the warm hand off process to EMS/first responders in FY18/19 as a strategic plan goal.

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

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

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

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

Tuscarora Managed Care Alliance (TMCA) oversees Franklin/Fulton County’s Behavioral Health HealthChoices Program. Reinvestment Plans that benefit Fulton County residents include two approved and currently implemented programs for Recovery Bridge Housing Subsidy and Certified Recovery Support Specialists. The Recovery Bridge Housing plan focuses on providing a rent subsidy for individuals who are Medicaid eligible/members to receive financial assistance for recovery housing rent. The recovery house must be PARR certified or an Oxford House Model in order to receive a contract from TMCA for this plan. To date in FY17/18, this plan has provided rental subsidies for thirty males and two females. TMCA’s Certified Recovery Specialist plan provides the opportunity for the in-network local outpatient drug/alcohol providers to employ a certified recovery specialist to provide peer support to individuals transitioning from a high level of care (detox/inpatient) to a lower, local level of care such as IOP or OP services. FFDA partners with TMCA on this endeavor by

providing FFDA's Recovery Support Specialist (RSS) to serve as the centralized referral hub. Inpatient providers make the referral on behalf of the individual to FFDA's RSS who then reaches out to the individual's provider choice. After the referral is accepted by the provider, the provider's CRS makes face to face contact with the individual while still completing Inpatient treatment, prior to discharge. Once the individual is discharged, the CRS meets with the individual upon return to the community and begins providing peer and recovery case management support. The primary goal is to provide individuals with needed, yet voluntary peer support while in turn reducing the rate of re-admission into a higher level of care. A current need in Fulton County is the lack of drug/alcohol free pro-social activities for individuals who struggle with substance use disorders and their families/natural supports. TMCA and FFDA will be working together to submit a third reinvestment plan to focus on funding a recovery rec center with a primary/centralized center as well as satellite centers in both Franklin and Fulton counties.

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

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

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

- 6. ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

ASAM training will be accomplished through a funding/payor partnership between Tuscarora Managed Care Alliance (TMCA) and the SCA/Franklin-Fulton Drug & Alcohol (FFDA). Both entities are sharing the costs to provide two ASAM Criteria trainings for those providers in network/contracted to provide licensed substance use treatment. Two trainings will provide

training for 100% of the staff currently working with the FFDA as well as the providers setting (for those providers that are within the Franklin and Fulton county jurisdictions). The first training will occur on June 18-19th, 2018 and the second training will occur on July 9-10th, 2018 as confirmed.

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

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

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

Adult Services: Please provide the following:

Program Name: Fulton County Family Partnership

Description of Services: Transportation

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

The Family Partnership only provides supplemental transportation for those individuals (only a small number – adult category) who do not qualify for other forms of transportation available such as MATP, Welfare to Work or Shared Ride. For example, transportation would be provided to an individual who does not have access to a vehicle and needs to go to a medical appointment, but does not qualify for other types of transportation services listed above. If not funded, these transportation services would not be available.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)

Program Name: Center for Community Action

Description of Services:

Literacy Services –

This is a specialized program proposed by the Center and started two years ago for Community Action of Huntingdon, Bedford and Fulton counties and approved by the HSBG Planning Committee for Fulton County. This service was approved by DHS in 2016. The agency is requesting \$7,000, but only \$4,500 was allocated. If available the committee will direct retained funds from FY17-18 for the remaining \$2,500. During FY 17-18, there were 12 individuals who received their GED and another 7 who were able to complete portions of the exam.

Center for Community Action has an office in McConnellsburg and a HiSET instructor who provides adult literacy and/or HiSET instruction at least one day per week. HiSET instruction is given to those individuals who test as HiSET Prep ready. Individuals receive grade-level training to prepare them to take and pass the HiSET test. The instructor also coordinates with the Fulton County Library to continue with the literacy council and to provide remediation when needed. Consumers are given the TABE test to show grade level and to identify a starting point to create lesson plans. HiSET instruction is given to those individuals who test as HiSET Prep ready. Individuals receive grade level appropriate training to prepare them to take and pass the HiSET test. HiSET practice tests are given to all individuals prior to registering them for the actual test. This is an indicator of how ready for the test the individuals may be. When individuals are deemed ready, the HiSET instructor will assist them with registering to take the test. Funds will be budgeted to assist the low-income individuals with the cost of the HiSET exam. The cost of the exam is \$120 and can be a hardship to anyone wishing to take the test.

The TABE test determines grade level. This information is needed for the instructor so he/she knows where they are weak in subjects and to prepare lesson plans for that individual. Once the student received the education needed for the HiSET test, the student is retested with TABE to make sure they are ready to take the HiSET test. The HiSET test has replaced the GED. HiSET is one of the new testing tools for individuals to receive their Commonwealth Secondary School Diploma. (Formerly GED). So, to summarize, there are two tests that a student takes – TABE to see where they are at with their education level and to help the instructor know what needs to be taught. HiSET is the actual secondary diploma test for the student to receive their diploma. The Specialized/Literacy Services are the same services as offered in previous years. It has been found that there are individuals that TABE test below an 8th grade level. If that is the case then we either work with them under literacy or have the library work with them through a partnership. In addition, what we have found is that there are grandparents that are raising their grandchildren. They do not have the literacy or computer skills to assist with homework or check their assignments on line. We have also identified parents that have low literacy skills. They also want to help their children succeed in school. As part of the partnership with the library, we are working to help those that need the skills to

assist their children at home. In addition, there are those that will never achieve a Commonwealth Secondary School Diploma.

Interagency Coordination: (Limit of 1 page)

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

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

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

The Family Partnership has always worked closely with Fulton County's Human Services Administration to facilitate collaboration and planning. With the unexpected loss of Fulton County's Human Service administrator, the Commissioners decided to designate the Executive Directors of the Family Partnership the duties of Human Services Administration. As such, they will provide oversight to Human Services contracts and requirements as well as maintain the human services planning activities that previously occurred within the block grant funds. This year funding will also be used for: a portion of the Family Partnership director's salary as it pertains to planning, coordination, and a portion of the Family Partnership's Community Mobilizer salary as it pertains to planning and coordination of block grant or block grant-related activities. Block grant funds are used for 3% of the director's salary and 40% of the community mobilizer salary. NOTE: Both positions are full-time, but are funded by other funding streams to cover their activities that are not block-grant related. Job descriptions are attached as Appendix G

The Family Partnership is the Communities That Care site for Fulton County. In this capacity, they assist with the administration of the PA Youth Survey. They pull together a committee to review and analyze the results of the PAYS. This process has just initiated with the data from the 2017 PAYS. A risk analysis and resource assessment will be completed over the summer with a final report expected in fall of 2018. This assists with planning and evidence based programming for county human services.

FCFP collaborates with the Fulton County Medical Center on their Community Health Needs Assessment (CHNA). This process occurs every three years the Assessment will be completed by June 30, 2019. Primary and secondary data gathering will occur over the summer along with focus groups and key community leader interviews. Data analysis and prioritizations will be the focus of the process during the late fall. In early 2019, a plan with goals and objectives will be mapped for the community health and human services for the next 3-5 years. The Family Partnership has grown the process since the initial CHNA in 2013. The focus has shifted from primarily health outcomes to broader human service and community needs. The focus of the needs assessment for this time will be Social Determinates of Health. The result will be that human services will have an updated Needs Assessment, which will be used to drive our planning efforts for all of our human services agencies as well as for the Block Grant.

Other HSDF Expenditures – Non-Block Grant Counties Only N/A

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

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	

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

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

County: Fulton	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	24		\$ 18,100	\$ -	\$ 439	\$ -
Administrator's Office			\$ 60,433	\$ -	\$ 1,517	\$ -
Adult Developmental Training	-					
Children's Evidence-Based Practices	-					
Children's Psychosocial Rehabilitation	-					
Community Employment	1		\$ 3,902	\$ -	\$ 98	\$ -
Community Residential Services	1		\$ 44,581	\$ -	\$ 1,119	\$ -
Community Services	358		\$ 191,232	\$ -	\$ 4,587	\$ -
Consumer-Driven Services	-					
Emergency Services	4		\$ 15,875	\$ -	\$ 398	\$ -
Facility Based Vocational Rehabilitation	-					
Family Based Mental Health Services	-					
Family Support Services	1		\$ 404	\$ -	\$ 10	
Housing Support Services	-		\$ 6,325	\$ -	\$ 159	\$ -
Mental Health Crisis Intervention	133		\$ 60,264	\$ -	\$ 1,513	\$ -
Other	-					
Outpatient	3		\$ 1,844	\$ -	\$ 46	\$ -
Partial Hospitalization	-					
Peer Support Services	2		\$ 8,741	\$ -	\$ 219	\$ -
Psychiatric Inpatient Hospitalization	-					
Psychiatric Rehabilitation	-					
Social Rehabilitation Services	10		\$ 11,706	\$ -	\$ 294	\$ -
Targeted Case Management	8		\$ 12,776	\$ -	\$ 321	\$ -
Transitional and Community Integration	-					
TOTAL MENTAL HEALTH SERVICES	545	\$ 436,183	\$ 436,183	\$ -	\$ 10,720	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 56,606	\$ -	\$ 381	\$ -
Case Management	2		\$ 1,151	\$ -	\$ 30	\$ -
Community-Based Services	10		\$ 37,950	\$ -	\$ 719	\$ -
Community Residential Services	-		\$ -	\$ -	\$ -	\$ -
Other	-		\$ -	\$ -	\$ -	\$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	12	\$ 95,627	\$ 95,707	\$ -	\$ 1,130	\$ -

NOTE: Case Management - 2, Community Based - 10. These figures do not match the narrative as the rental assistance program, TALS, Social Recreation & CSG are not requested in the narrative. AWC is on the narrative but not included on C-1 as the County no longer pays for AWC.

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

County: Fulton	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	30		\$ 4,500			
Rental Assistance	225		\$ 23,309		\$ 3,830	
Emergency Shelter						
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	255	\$ 14,389	\$ 27,809		\$ 3,830	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	4		\$ 13,752			
Medication Assisted Therapy						
Other Intervention	120		\$ 2,000			
Outpatient/Intensive Outpatient	16		\$ 12,761			
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	140	\$ 28,513	\$ 28,513	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	12		\$ 2,000			
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	15		\$ 4,500			
Interagency Coordination			\$ 25,000			
Administration			\$ 5,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	27	\$ 50,000	\$ 36,500		\$ -	\$ -

GRAND TOTAL	979	\$ 624,712	\$ 624,712	\$ -	\$ 15,680	\$ -
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Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents

with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction

symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment,

emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

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

PROOF OF PUBLICATION

STATE OF PENNSYLVANIA, COUNTY OF FULTON, ss:

Jamie Greathead, being duly sworn, deposes and says: that The Fulton County News was established in 1899, that it is a weekly newspaper of general circulation, published weekly, as defined by the Act of Assembly approved May 16, 1929, P.L. 1929, page 784, and that its place of business is McConnellsburg Borough, Fulton County, Pennsylvania, and that the attached printed notice is a copy of the legal advertisement, exactly as printed the said publication in its issue of 5-3-18.
That the affiant is not interested in the subject matter of the advertisement or advertising and that I, Jamie Greathead, am publisher of The Fulton County News and that all allegations of the statement as to the time, place and character of publication are true.

Sworn to and subscribed before me this 3rd day of May, A.D., 2018
[Signature] Notary Deputy
Jamie B Greathead
MY COMMISSION EXPIRES
FIRST MONDAY IN
JANUARY 2022

PUBLIC HEARING NOTICE

The Fulton County Commissioners will hold two public hearings on the planned use of 2018-19 Human Services Block Grant funds in Fulton County. The first hearing will be held on Tuesday, May 15, 2018, at 9 a.m., in the Fulton County Commissioner's Office.

The second hearing will be held on Tuesday May 22, 2018, at 12:30 p.m., in the conference room at Buchanan State Forest, Resource Management Center (Conference Room), 25185 Great Cove Road, McConnellsburg, Pa. It will be held in conjunction with the partner meeting of the Fulton County Family Partnership.

The block grant consists of five funding streams and allows counties the flexibility to decide where the money is needed most. Those

Health Community Programs; Intellectual Disabilities, Community Base; Homeless Assistance Program; Act 152 (Drug & Alcohol) Behavioral Health Services Initiative; and Human Services Development Fund.

Questions and comments, both written and/or oral, are invited and welcomed. Also, if you are unable to attend either hearing or wish to make oral comments or questions, you may make special arrangements by calling Julia Dovey at 717-485-6767.

County of Fulton
Board of Commissioners
Stuart L. Ulsh, Chair
Rodney L. McCray
Larry R. Lynch
5-3-18

**APPENDIX F
PUBLIC HEARINGS
ATTENDANCE AND MEETING NOTES**

Summary of Public Hearing Comments:

FIRST PUBLIC HEARING

Tuesday, May 15 @9:00 a.m. in the Fulton County Commissioners Office

8 in attendance (Attendance sheet attached)

Julia Dovey gave an overview presentation on the Block Grant and those in attendance were given the opportunity to ask questions and/or give comments. A copy of the draft 2018-2019 HSBG plan was distributed to planning team members and a draft copy was available at the public hearing.

A discussion was held on the presentation which included:

- Funding streams included in the Block Grant;
- History and Flexibility of the Block Grant;
- Members of the Block Grant Planning Team;
- Consumers served through the block grant
- Block grant allocations for Fulton County by funding stream;
- Summary of current status of Block Grant funding for 2017-18
- How funding decisions are made;
- Review of the FY 18-19 Block Grant Plan recommendations.

Commissioner McCray asked for some clarification on the Drug and Alcohol portion of the application about what ASAM trainings were and why they were necessary. April Brown from Franklin Fulton Drug & Alcohol answered with how DDAP requirements are changing for rehab criteria. Commissioner Lynch asked about allowable transportation services under HSDF for Adults and if that was possible to assist Mental Health Crisis transportation. Julia Dovey said she would research it and see if that was permissible. There were no other questions or comments.

Fulton County Human Services Block Grant

FIRST PUBLIC HEARING ON 18-19 BLOCK GRANT
TUESDAY, MAY 15, 2018

9:00 A.M.

Fulton County Commissioners Office
116 W. Market Street, McConnellsburg, Pa.

ATTENDANCE

NAME	REPRESENTING
1. Ashley Yinger	Fulton MH/IDD/EI
2. Lori Young	Fulton MH/IDD/EI
3. Cori Seilhammer	Fulton MH/IDD/EI
4. Pete Lynch	Fulton Co Commissioner
5. Stuart Ulsh	Commissioner
6. Rodney McCray	Commissioner
7. Elen Ott	FCFP
8. April Brown	FPDA
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**APPENDIX F
PUBLIC HEARINGS
ATTENDANCE AND MEETING NOTES**

Summary of Public Hearing Comments:

SECOND PUBLIC HEARING

Tuesday, May 22, 2018 @12:30 p.m. in the Buchanan State Forest Management Center Conference Room

28 in attendance (Attendance sheet attached)

This public hearing was held during a Fulton County Family Partnership, Inc. (FCFP) regular monthly meeting of the Partner Coalition. Health and human service providers, local non-profits and school representatives typically are present at this meeting. Twenty-eight Partner members attended the meeting.

Julia Dovey gave a PowerPoint presentation on the Block Grant. Those in attendance were given the opportunity to ask questions and/or give comments. Copies of the draft plan were made available at the public hearing.

Although there were no questions or comments, a discussion was held on the presentation which included:

- Funding streams included in the Block Grant;
- History and Flexibility of the Block Grant;
- Members of the Block Grant Planning Team;
- Consumers served through the block grant
- Block grant allocations for Fulton County by funding stream;
- Summary of current status of Block Grant funding for 2017-18
- How funding decisions are made;
- Review of the FY 18-19 Block Grant Plan recommendations.

Fulton County Human Services Block Grant

FIRST PUBLIC HEARING ON 18-19 BLOCK GRANT
TUESDAY, MAY 22, 2018

12:30 P.M. AT

Buchanan State Forest, Resource Management Center (Conference Room),
25185 Great Cove Road, McConnellsburg, Pa.

ATTENDANCE

NAME	REPRESENTING
1. Gen Harper	Health Choices F/F
2. Missy Igen	TMA
3. Jeff Hackenberg	Penn State Extension, Fulton County
4. Erin Glenn	TNWS
5. Coni Seilhamer	MH/IDD
6. Susan Walter	TS CMC
7. Joyce Lynch	E. 1
8. April Leese	Fulton County Library
9. Karin Johnston	HCP
10. Bonnie Keefer	Rep. Jesse Tapser
11. Ann Brock	HBFAA
12. Brim Gannon	Pir Ann Cove
13. Teresa D Leese RN, CHN	Pa Dept of Health
14. Cassidy Pittman	Fulton County News
15. Christina Burns	New Beginnings, Life Recovery
16. Ken Kaufman	Center for Community Action
17. Christine McQuade	FCSC

18.	Ami de Claffney	Mental Health Assn. of Franklin/Fulton
19.	Shay Elkins	FCCP
20.	Eler Ott	FCCP
21.	Nichole Earley	FCCM
22.	Misty Hershey	FCCM
23.	Sheila DeShay	Tri-State Com NHH Ctr.
24.	Beth Bryant	Fulton County Probation
25.	Jacques Comalone	Strategy Solutions
26.	Bob Thompson	Strategy Solutions
27.	Spur Brown	Franklin/Fulton Drug/Alcohol
28.	Stevie Harvath	Franklin County USA
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TITLE: Executive Development Director

SUPERVISION: BOARD OF DIRECTORS

Position Classification: Full-Time - Exempt Employee - Salary

JOB SUMMARY:

The Executive Development Director shares responsibility as Administrators of the Fulton County Family Partnership with Executive Program Director. Together, the Board, Executive Development Director and the Executive Program Director assure Fulton County Family Partnership's relevance to the community, the accomplishment of the organization's mission and vision, and the accountability of Fulton County Family Partnership to its diverse constituents.

The Board delegates responsibility for the management and day-to day operations of the organization to the Executive Development Director and Executive Program Director who have authority to carry out these responsibilities, in accordance with the direction and policies established by the Board.

The Executive Development Director and Executive Program Director provide direction and assist the Board as it carries out its governance functions.

Duties performed include but are not limited to the following:

1. Planning and Setting Objectives

- Oversee and manage the financial performance and human resource functions of the organization to ensure sustainability of operations.
- Oversee and manage the community collaborative portion of the agency which is responsible for planning and management activities designed to improve the effectiveness of county human services. Including oversight of the Community Mobilizer position responsible for human services planning.
- Implement fiscal management and control systems to assure that the Board has appropriate and adequate information to meet its fiduciary responsibilities.
- Direct the development of program financial plans and budgets including all operating costs, in-kind, capital and extraordinary expenditures.
- Submit or cause to be submitted to Board of Directors an annual budget showing in detail anticipated revenues and expenditures.
- Pursue additional grant and funding opportunities consistent with the mission and in order to expand capacity to meet the needs of the community and to increase the financial sustainability of organization.
- Facilitate the development and implementation of an overall strategic plan. Ensure that the goals and objectives presented in grant proposals and business plan are consistent with the aims of the long-term strategic plan. Develop organizational policies and direct activities to ensure objectives are met.
- Prepare information to be considered by Board on the determination of policy and ensure compliance with federal and state regulations.
- Maintain strict confidentiality as legally defined and in accordance with policy.

2. Organizing, Evaluating and Monitoring

- Provide monthly comparisons of actual results of operations to the budget and recommend any changes as required.
- Monitor budget expenditures and prepare as needed budget revisions.



- Prepare and assist in annual audit. Work to resolve audit exceptions and implement management recommendations.
- Maintain inventory and property records.
- Serve as the primary liaison with funding agency regarding fiscal issues. Ensure that all required fiscal reporting requirements are met in full.
- Establish administrative policies and procedures that assure efficient program operations and compliance with all contractual terms, conditions and obligations.

3. Motivating and Communicating

- Serve as liaison between the organization, grantee programs, and community agenda.
- Create an atmosphere where upward communication is valued and encouraged.
- Promote good public relations by serving on boards and committees, participating in community activities, and speaking to church or civic groups about organization as requested.
- Serve as advocate for organization.

4. Personnel Management

- Administer personnel policies, benefits, and procedures as established by Board.
- Keep personnel informed of pertinent policies and procedures affecting the department and/or their jobs.
- Ensure compliance with all federal and state laws concerning hiring and promotion.
- Coordinate staff recruitment and retention.
- Review and make recommendations on personnel actions such as employment, salary review, retention, promotion, suspension, discipline, and termination.
- Be responsible and accountable to the Board of Directors, keeping them informed of pertinent matters relating to operations.

Qualifications/Specific Requirements:

The Executive Program Director will be thoroughly committed to Fulton County Family Partnership's mission. All candidates should have proven leadership, coaching and relationship management experience. Concrete demonstrable experience and other qualifications include:

- Bachelor's degree in related field and/or at least 10 years of senior management experience
- Track record of effectively leading an outcomes-based organization and staff
- Unwavering commitment to quality programs and data-driven program evaluation
- Excellence in organizational management with the ability to coach staff, manage, and develop high-performance teams, set and achieve strategic objectives, and manage a budget.
- Past success working with a board of directors with the ability to cultivate board member relationships
- Strong marketing, public relations, and fundraising experience with the ability to engage a wide range of stakeholders and cultures
- Strong written and verbal communication skills
- Action-oriented, entrepreneurial, adaptable, and innovative approach to business planning.
- Passion, idealism, integrity, positive attitude, mission-driven, and self-directed
- Able to read, write and speak English in an understandable manner.
- Must possess management, supervisory and leadership ability to work with professional and nonprofessional staff.
- Ability to plan, organize, develop and interpret component goals, objectives, policies and procedures necessary to provide quality services.



- Must function independently and with flexibility, personal integrity, and the ability to work effectively with families, personnel and support agencies.
- Must be able to relate to and work with a variety of people with differing abilities and perspectives.
- Employment contingent on clear Child Abuse and Criminal Record Clearances (PA and FBI) reports.
- Must have an initial physical exam and TB test and repeat physical bi-annually.
- Must have a valid driver's license and personal vehicle available for use.
- Must maintain current CPR and First Aid.

Working Conditions

- Works in FCFP Administrative office and in community settings.
- Sits, stands, bends, lifts and moves intermittently during working hours.
- Works flexible hours as needed to meet needs of organization.
- Must possess sight/hearing senses or use prosthetics that will enable these senses to function adequately so that the requirements for this position can be fully met.
- Must be able to lift, push, pull and move a minimum of twenty five pounds.

FCFP reserves the right to modify, interpret or apply this job description in any way the company desires. This job description in no way implies that these are the only duties to be performed by the employee occupying this position. This job description is not an employment contract, implied or otherwise. The company remains and "At-Will" employer. Qualified employees who require reasonable accommodations to perform the essential function of the position should notify the Board of Directors

I have reviewed and acknowledge my job duties as stated in the above job description.

Job Description Title: _____

Employee Signature: _____

Supervisor Signature: _____

Date: _____



Job Title: Community Mobilizer

SUPERVISION: Executive Program Director and Executive Development Director

Classification: Full-Time Hourly – Non-exempt

Education: Bachelor's degree related to Human Development, Juvenile Justice, Social Work or other related field and/or equivalent experience. Preference for previous grant management and/or supervisory experience.

Reports to: Executive Development Director

Overview: Position is responsible for initiating, implementing and evaluating county-wide human services planning. The position will be responsible for facilitating the local collaboration of health and human service agencies (Partners) to provide an integrated seamless, comprehensive and easily accessed network of services. Will be responsible for linking school, public and private agencies, churches, businesses, civic organizations and individuals in an effort to reduce community risk factors and enhance protective factors to provide optimal environment for children, youth and families. Additionally, are expected to lead the collaborative in identifying, instituting and promoting new practices and procedures that improve service outcomes.

Specific responsibilities:

1. Oversee the development and implementation of Human Service Collaborative (Partners) in Fulton County. Cooperatively plan and participate in monthly collaborative meetings – guide and assist efforts to achieve goals in community plan.
2. Participate in professional development activities related to Human Service Collaborative (Partners) and prevention practices.
3. Participate in and actively contribute to community groups to advocate and champion the collaborative process.
4. Research, develop and/or write grant applications to assist with securing sustainable funding sources for collaborative goals and prevention programs.
5. Assist with needs assessment and outcome tracking for the Human Services Block Grant.
6. Assist with Community Health Needs Assessment (CHNA).
7. Maintain and monitor goals and objectives related to county human services as established by the CHNA plan
8. Assist with coordination and monitor effectiveness of evidence-based prevention programs being delivered by various providers in Fulton County. Provide summary reports to coalition to assist in evaluation of effectiveness of efforts and progress towards achieving community goals/priorities.
9. Maintain an awareness of new developments in programming and evaluate their appropriateness for integration into the services. Serve as resource to coalition providing suggestions of programs specifically designed to target community priorities.
10. Assist in the preparation of grant applications as requested to aid in achieving coalition goals.



11. Develop, implement, and maintain an ongoing evaluation system to ensure quality control of all programs identified in community plan. Provide coalition with feedback summary of programs and progress towards reaching community outcomes.
12. Attend and participate in Community Collaborative Committee meetings and special committees to obtain guidance, provide leadership and coordinate the activities of these groups.
13. Prepare monthly report to be distributed to FC Family Partnership Board with program outcomes and progress on goals.
14. Coordinate administration and analysis of PAYS in county schools to provide coalition with ongoing data about community needs and monitor progress towards the identified outcomes.
15. Assist in monthly update to Community Action Plan and provide to coalition.
16. Attend Regional meetings and trainings as available.
17. Other duties as directed by Executive Director

Required Knowledge, Skills and Abilities:

1. Skills in management, including effective communication both oral and written
2. Organizational skills in developing successful community relations and network with county leaders (county government, community leaders, families, health care professionals and educators)
3. Strong leadership ability, supervisory and organizational skills.
4. Ability to work independently, make decisions and recommendations and organize work load with minimal supervision
5. Willingness to travel, give presentations and attend meetings at various hours including evening and weekends as required
6. Ability to utilize technology for program management and presentations to include work processing, database and spreadsheets.

This is not a comprehensive list of responsibilities, but rather an indication of some of the key concepts that must be achieved.

In compliance with ADA, the employer will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the Employer

This is not intended to be a complete list of every duty, rather an example of how the responsibilities are shared by the three identified staff persons. Separation of Job Responsibilities as related to the County Human Services Collaborative (Partners):

Executive Development Director	Executive Program Director	Community Mobilizer/Prevention Coordinator
Oversee and manage the financial performance and human resource functions of the organization to ensure sustainability of operations.	Initiate prevention planning discussion with community providers	Assist with coordination and monitor effectiveness of evidence-based prevention programs being delivered by various providers in Fulton County. Provide summary reports to coalition to assist in evaluation of effectiveness of efforts and progress towards achieving community goals/priorities.
Pursue additional grant and funding opportunities consistent with the mission and in order to expand capacity to meet	Assist community providers in the development of outcomes collection	Maintain an awareness of new developments in programming and evaluate their appropriateness for integration into the



the needs of the community and to increase the financial sustainability of organization.	& analysis plans for evidence-based programs in Fulton.	services. Serve as resource to coalition providing suggestions of programs specifically designed to target community priorities
Monitor budget expenditures and prepare as needed budget revisions.	Ensure communication between prevention providers and coalition to assist in the analysis of effective programming practices	Assist in the preparation of grant applications as requested to aid in achieving coalition goals.
Lead the community conversation around prevention planning at monthly Partner meetings and ensure compliances with grant funders.	Make recommendations to coalition about effective programs and funding priorities	Regularly provide coalition with updated listing of community resources related to prevention to include activities: Promising Practices, Polices and Good Work.
Facilitate the development and implementation of an overall community prevention plan. Ensure that the goals and objectives presented in grant proposals are consistent with the aims of the long-term plan.	Guide coalition discussions to focus on identification of the of the most effective delivery of prevention programs	Develop, implement, and maintain an ongoing evaluation system to ensure quality control of all programs. Provide coalition with feedback summary of programs and progress towards reaching community outcomes.
Serve as the primary liaison with funding agency regarding fiscal and program issues. Ensure that all required fiscal and program reporting requirements are met in full.	Chair PA Youth Survey Resource Committee – schedule, plan, facilitate and summarize committee work and provide info back to full coalition	Attend and participate in CCC Committee meetings and special committees to obtain guidance, provide leadership and coordinate the activities of these groups.
Communicate with collaborative group progress, action steps and needs of community	Guide and supervise Community Mobilizer to ensure effective coalition efforts	Prepare monthly report to be distributed to FC Partnership (Coalition) with program outcomes and progress on goals.
Coordinate vision of Key Leaders with work of FC Partnership Collaborative members	Oversee completion of necessary program reports to PCCD and/or other funders to ensure compliance with funding requirements.	Coordinate administration of PAYS in county schools to provide coalition with ongoing data about community needs and monitor progress towards the identified outcomes.
Attend and participate in monthly collaborative meetings – guide and assist efforts to achieve goals in community plan	Attend and participate in monthly collaborative meetings – guide and assist efforts to achieve goals in community plan	Assist in monthly update to Community Action Plan and provide to coalition.
		Attend Regional meetings and trainings as available
		Communicate to collaborative members and general public the work and successes of the collaborative
		Attend and participate in monthly collaborative meetings – guide and assist efforts to achieve goals in community plan



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Employee Signature: _____

Supervisor Signature: _____

Date: _____