

# Franklin County Human Services Plan Fiscal Year 2016-2017

Submitted: **June 2016**

**The Public is invited to review and comment on this Plan. Please email comments to Rick Wynn, Human Services Administrator (rcwynn@franklincountypa.gov), or Shalom Black, Grants Director (seblack@franklincountypa.gov). Or, mail comments to: Human Services Administrator, 425 Franklin Farm Lane, Chambersburg PA 17202**

## **PART I: COUNTY PLANNING PROCESS**

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

1. *Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems;*

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

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

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

We have a small but active Planning Team that deliberates on the larger Block Grant Plan, monitors implementation, and recommends adjustments throughout the year. In addition to participating in the Human Services Block

Grant (HSBG) meetings, program consumers and their families are often asked for their input through surveys, evaluations, and informal feedback; this feedback informs the operation of Block Grant-funded programs.

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

- The Franklin/Fulton Drug and Alcohol Advisory Board holds six meetings a year, three in Franklin County, three in Fulton County. The seven members include two commissioners (one from each county), representatives from a church, a Federally-Qualified Health Center (FQHC), and Fulton County Probation Office, as well as a member who is in recovery and another who has a family member affected by substance abuse. They provide input into the Block Grant Plan, are informed of Block Grant impact, and are made aware of any D&A requests for new funding.
- The Franklin County Housing Task Force consists of about 25 people who meet bi-monthly on issues around housing and homelessness. Representatives from both County shelters and the HAP program attend regularly, along with Housing Authority staff, staff from the domestic violence shelter, Salvation Army, an FQHC, two Boroughs, and several religious organizations. They also receive updates on Block Grant plans and funding requests. The Task Force now combines their meetings with those of the Program Coordinating Committee hosted by the County Housing Authority, a change which has engaged additional community members and offered opportunities for presentations on local housing resources.
- The Franklin/ Fulton County Mental Health/ Intellectual Disabilities/ Early Intervention Advisory Board meets bi-monthly, with 13 members, including one Commissioner from Fulton and one from Franklin. The committee requires representation from each county: four members from Fulton County; nine members from Franklin County. At least two representatives appointed to the Board are physicians (preferably, a psychiatrist and a pediatrician). Four participants are consumers or family members, of which half represent Intellectual Disabilities/ Early Intervention. Additional representation comes from the following areas of expertise: psychology, social work, nursing, education, religion, local health and welfare planning organizations, local hospitals, businesses and other interested community groups. The MH/ID/EI Administrator provides HSBG updates as

applicable during the Board meetings. They have impact on decisions related to MH/ID/EI funding and decisions, which indirectly can impact the HSBG.

- The Children & Youth Advisory Board meets five times each year. Members come from various sectors, including the County Commissioners, law enforcement, academia, school districts, providers, and staff. They receive updates on the Family Group Decision Making program funded by the Block Grant.

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

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

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

County Planning Team members acknowledge that the existing data lacks the breadth and depth to make critical decisions regarding comprehensive human services that are responsive to local needs and the current service delivery environment. The County Planning Team is working to establish an objective decision-making framework that incorporates needs, outcomes and values when developing future human services plans, starting with a data warehouse that we plan to develop next year.

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

The collaborative nature of the Block Grant Plan process remains extremely beneficial to the county, especially the inclusion of consumer and family perspectives. The Planning Team is better able to take a holistic approach because they better understand each department's mission and services. The process also yields more empathy among planners. The County Planning Team still wrestles with the weighty question of, "How

can we be expected to pick certain human services over others when there is such great need throughout all of the programs?” But, with the collaborative nature of Franklin County stakeholders, and the forward movement of integrating objective data into the decision-making process, this task is no longer as daunting as County Planning Team members perceived in the past.

5. *Representation from all counties if participants of a Local Collaborative Arrangement (LCA).*

Franklin and Fulton Counties are joinders in Drug & Alcohol and MH/ID, and as such have representation on each county’s Block Grant committees. Jean Snyder from Fulton County Human Services serves on the Franklin County HSBG Planning Committee.

## **PART II: PUBLIC HEARING NOTICE**

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

*Please provide the following:*

1. *Proof of publication;*
  - a. *Actual newspaper ad*
  - b. *Date of publication*
2. *A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)*

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of both counties.

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

Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716, the County conducted two public hearings to receive input on the Human Services Plan detailed in this document. A draft of the Block Grant Plan was posted on the County’s website on May 16, 2016 for public review and comments. Public hearings were held at 3:00 PM on May 26, 2016, as part of the Block Grant Planning Committee, and 9:30 AM on June 2, 2016, as part of the Board of County Commissioners meeting. Appendix B contains the proof of publication and summaries of the public hearings.

**PART III: MINIMUM EXPENDITURE LEVEL**  
**(Applicable only to Block Grant Counties)**

*For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.*

**PART IV: HUMAN SERVICES NARRATIVE**

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

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

**MENTAL HEALTH SERVICES**

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

**a) Program Highlights:**

*Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.*

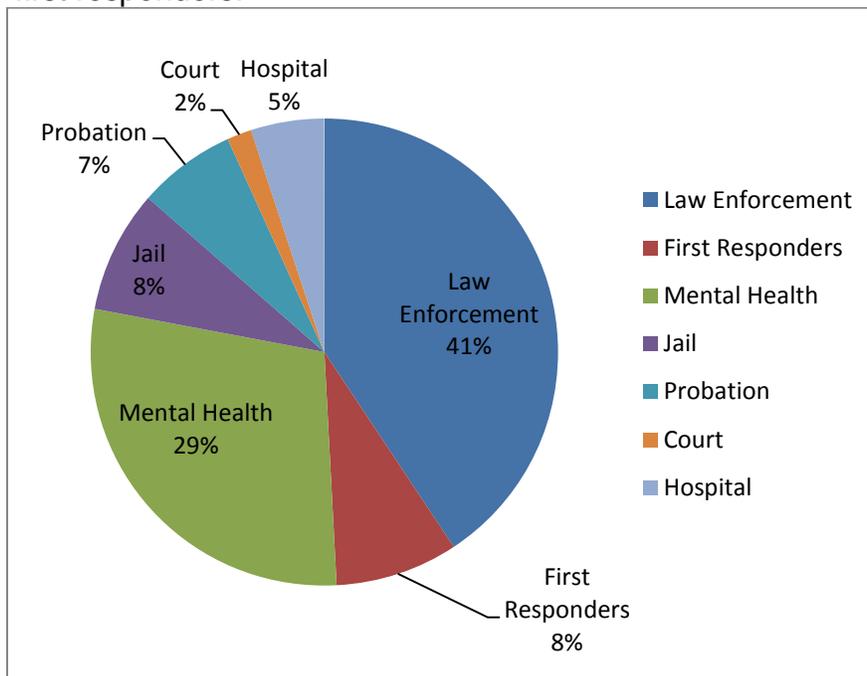
The Franklin/ Fulton County Mental Health Program provides services to Franklin/ Fulton County adults with severe and persistent mental illness and children who have a mental health diagnosis or who are at risk of developing a mental illness.

Through contracted case management, our agency provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and psychological evaluation, medication monitoring, residential programs, vocational and social rehabilitation, short-term inpatient, partial hospitalization and 24- hour emergency services.

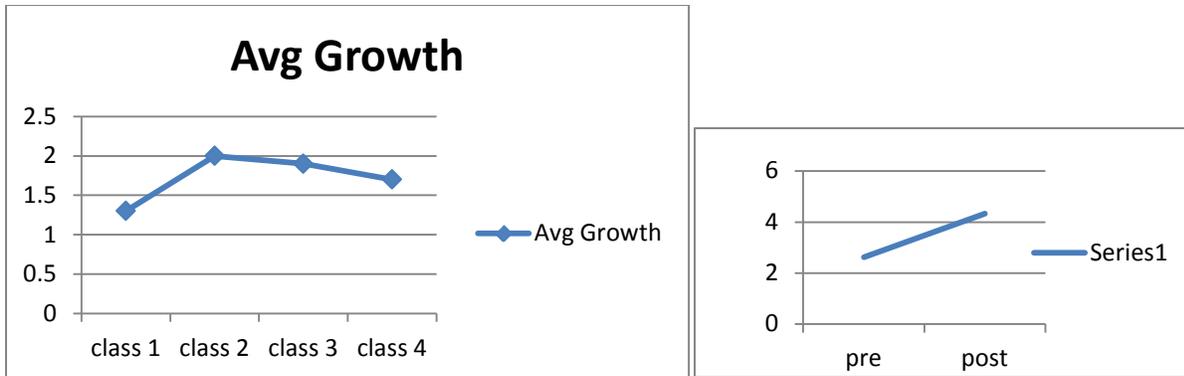
Due to the budget issues faced this fiscal year, we focused on maintaining and strengthening the current services already offered in our community. The following list describes program achievements and improvements:

**Crisis Intervention Team (CIT)** – This initiative is in its fourth year and continuing to gain momentum. The team is now 59 strong with half of our members representing law enforcement and first responders. The remainder of the team represents crisis, jail officers/staff, probation officers, mental health professionals and advocates. We were fortunate to have hospital staff join our team this year as well.

- South Central Region CIT continues to follow the fidelity of the Memphis Model of CIT. During the 40 hours of training, we are fortunate to have a certified trainer for the Veterans module. 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 four (4) CIT trainings and have fifty nine (59) members with half of our team being represented by law enforcement and first responders:



- The pre/post-test show considerable growth. The training continues to show growth in learning, however, it shows a slight decline from previous classes. It is possible that as we get more seasoned officers in the training, they have more experience and exposure to working with individuals and professionals in the mental health system. It is also possible that they are learning from their peers who are already CIT team members.



### Mental Health First Aid

- Franklin/Fulton County is fortunate to have five (5) local trainers. Three (3) of them are Adult Mental Health First Aid instructors and two (2) are both Youth/Adult Mental Health First Aid instructors.
  - In the past five years we have trained approximately 252 participants in Adult Mental Health First Aid. Participants have come from a variety of professional backgrounds including: social work, homeless shelter staff, nursing home staff, administrative staff, corrections staff, business partners, and many others.
  - During our May celebration, there is opportunity for community members to participate in Adult Mental Health First Aid as well as Youth Mental Health First Aid.

### Supportive Employment

- Continue to work towards increasing our supported employment opportunities for those in the workforce.
- Outcomes: We tracked the number of employees engaged in Supportive Employment and the percent change compared to last year. FY 14-15 doesn't include individuals who are transitioning into supported employment and we are still trending towards an increase.

Employment			
	Fiscal Year 14-15	*Fiscal year 15-16	% Change 14-15 to 15-16
AHEDD	21	18	(14%)
OSI	21	21	0%
<b>Total</b>	<b>42</b>	<b>39</b>	<b>(7%)</b>

\*15-16 data through April

## Communities That Care

- Our community was the proud recipient of a grant to implement the evidence based program, Communities That Care. We are in the implementation phase; our data committee has just completed their needs assessment survey and the resource committee is preparing to begin a mapping process in May. The student committee began in February. We have been participating in local health and resource fairs in order to gain membership and awareness in this startup phase.

## System Service Needs

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

### Readmission rates

- We continue to have a workgroup comprised of outpatient providers, behavioral health unit, advocates, crisis, case management, HealthChoices, managed care, and the County. The group is focused on identifying any commonalities and discrepancies in our services compared to neighboring communities. The information will be combined with results of a survey from individuals that have experienced multiple admissions with the goal of creating an action plan.
- Outcomes: We tracked the annual readmission rates and the percent change compared to previous years. Readmission rates have continued to decrease since 2012, with a significant decrease from 2014 to 2015.

Hospital data							
	2011	2012	2013	2014	% Change (13 - 14)	2015	% Change (14-15)
Admission	279	313	174	161	-7%	225	+40%
Unduplicated	160	165	98	89	-9%	131	+47%
Readmission	119	148	76	72	-5%	46	-36%
Bed Days	4927	4563	2480	2014	-19%	2429	+21%

### b) Strengths and Needs:

*Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:*

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

- Strengths:
  - Franklin County Mental Health has partnered with Link to create Franklin County Older Adult Team. This team includes Crisis Intervention Staff and Area Agency on Aging Staff. The goal is to assist older adults in diverting from a mental health inpatient stay by accessing available services in the community. Referral criteria has been established and implementation roll out is currently in process.
  - Continue to provide training regarding older adults and mental health to law enforcement and first responders through the CIT program. This includes multiple ways of engagement that includes utilization of several senses. Recognizing the local resources and how to access.
- Needs:
  - As the regulations are changing at the state level for the Area Agency on Aging, it will be important for the county to provide multiple education sessions.

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

- Strengths
  - WRAP® - Franklin/Fulton County has 21 WRAP® facilitators representing different levels of services. We are fortunate to have three of our facilitators certified to do WRAP® for Developmental Disabilities. Two of them assisted in writing the workbook and were invited to present our piloted WRAP® for developmental disabilities program at WRAP® Around the World Conference in Washington DC. We were able to complete one 8-week WRAP® group this year with thirteen graduates. This program is one that was not able to be expanded as much as we wanted due to the budget restraint this fiscal year. Our hope is to offer a few groups throughout this new fiscal year.
  - The Community Support Program continues to host the Leadership Academy. The program runs one day a week for eight weeks. It features class sessions on such topics as: networking, meeting coordination, dressing for success, and others. The sessions are conducted by various professionals from our community who volunteer their time. The goal of the academy is preparation of individuals with a mental illness to serve or hold a position on local community advisory board councils and/or boards of directors. To date, 50 have graduated over the past 5 years. Currently, the class will graduate 12 students at the end of May.
- Needs:
  - Public transportation continues to be voiced as a need. For the past few years, MH/ID/EI has had a contractual agreement with Franklin County Integrated Transportation to provide funding for transportation to mental health-related appointments for individuals who are not Medicaid eligible. Recently, rabbittransit was awarded the contract for our County Shared Ride transportation program. They are assessing community needs to

determine any creative transportation plans/programs that may be implemented.

### **Transition-age Youth (ages 18-26)**

- Strengths:
  - The focus is on employment opportunities and skills training for transition-age youth. Mental Health has partnered with Intellectual Disabilities to host an employment fair in May. The day will start with an informational presentation for the employers to learn the benefits available for hiring individuals with a disability. This will include a panel presentation with local employers who will share their experiences. School districts will be bringing students 18 years and older to the fair. Local providers such as the psychiatric rehab center, clubhouse, and supported employment will also be bringing individuals. Family has also been invited as there will be benefit education available on site.
- Needs:
  - Employment and housing options are needed in our community for transition-age youth.
  - Independent living skills training is needed for this population. General activities of daily living such as balancing a check book, paying bills, grocery shopping, cooking, and cleaning are some examples.

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

- Community events:
  - Kick-off Your Drug Free Summer will continue this year and has proved successful not only with the amount of participation but in the fact the communities have taken over the program and now we are a partner instead of the organizer.
  - Healthy Community Partnership hosted a ten week running program, Go Girls Go, for elementary girls. Forty-five girls started the program and 38 finished by running a 5k community run for the local Cumberland Valley Breast Cancer Alliance. The program was designed to work on increasing self-esteem and body image. The data is still being compiled; however, unexpected reports from the teachers have been received regarding the positive changes seen in the girls' behavior and socialization within the classroom and school. Family support increase was also reported as an unexpected outcome. Planning is continuing to determine funds and staffing in order to continue this program.
  - Summit Health, our community's largest health care provider, sponsors a children's wellness day every spring for all third grade students in Franklin County. It consists of seven stations, all focused on wellness, covering everything from exercise, gun safety, fire safety, tobacco products, kindness, and positive identity. Mental Health/Intellectual Disabilities is the

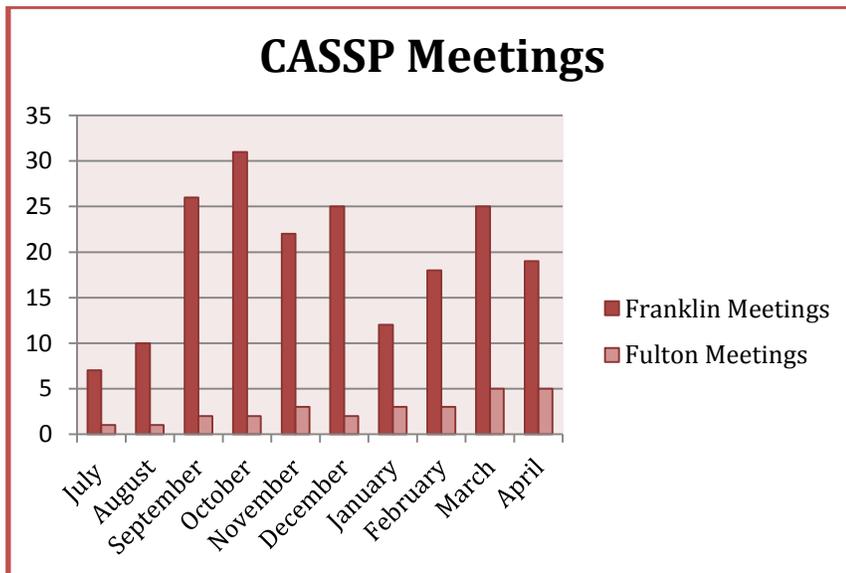
station leader for Positive Identity. We discuss with them the importance of good character traits through positive self-esteem and the impact of bullying. We have used the book “Have You Filled a Bucket Today” by Carol McCloud as a guide. This year 1,358 third grade students participated.

- Respite: The demand for overnight respite decreased this fiscal year. The number of children served for FY 14-15 and 15-16 is unduplicated. Decrease in respite services may be a result of implemented school based outpatient services in all secondary schools.

	FY 12-13		FY 13-14		FY 14-15		FY 15-16	
	Overnight	Hourly	Overnight	Hourly	Overnight	Hourly	Overnight	Hourly
Children Served	10	5	10	2	10	6	4	0
Hours of Respite	480	39	600	37	624	12	288	0

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

Franklin CASSP	Calendar year			
	2012	2013	2014	2015
Meetings Held	155	220	169	231
New Referrals	40	58	22	40
Higher level of care	14	18	18	27



Strengths:

- School-based mental health outpatient services are now present in all secondary schools in Franklin County.
- Franklin County was fortunate to begin an elementary Student Assistance Program (SAP) in two of our school districts. The referrals were overwhelming. Elementary SAP has been able to engage family members to participate and have assisted them in accessing services in the community.
- Student Assistance Program (SAP) is now present in all of the secondary schools in Franklin County.

Franklin/Fulton combined				
	# students screened	% MH	% D/A	% CO
2015-2016 (through April)	328	80%	2%	18%
2014-2015	353	72%	6%	22%
2013-2014	337	82%	3%	15%
2012-2013	284	76%	3%	21%
2011-2012	285	73%	7%	20%

Franklin only				
	# students screened	% MH	% D/A	% CO
15-16 (through April)	289	79%	2%	19%

Needs:

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

*Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.*

- **Individuals transitioning out of state hospitals**

Strengths:

- Franklin County continues to partner with the state hospital to create a community support plan with input from the individual, their treatment team and family/friends. Prior to discharge, this plan is reviewed again by the same group and follows the person into the community.

Needs:

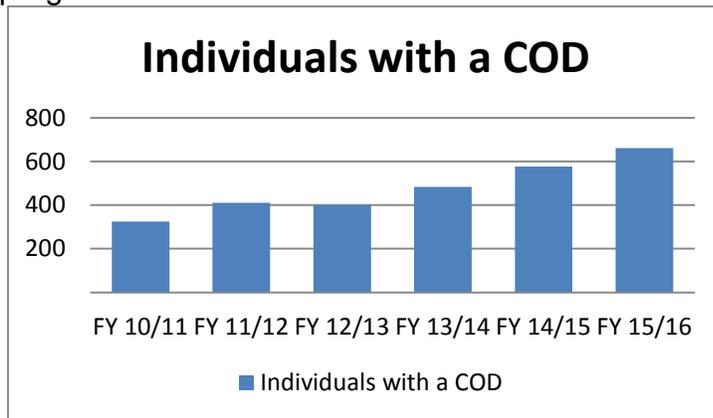
- There is a committee currently working to identify needs and make recommendations to decrease the number of hospitalizations.

- There appears to be a need for more supported housing to assist in the transitions and also to provide some diversion from needing higher levels of care.

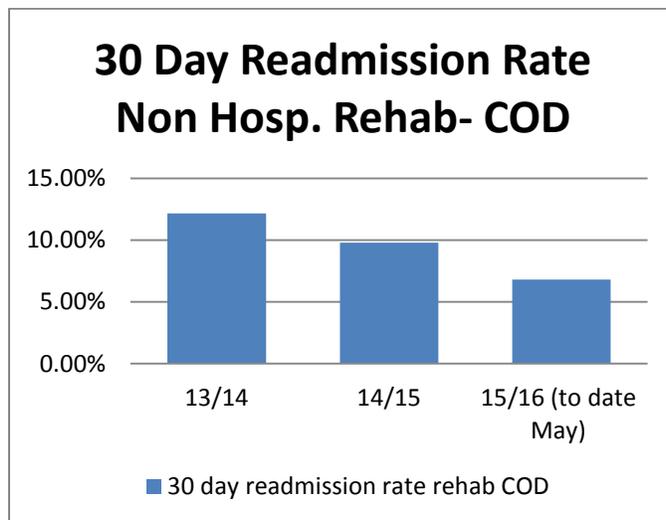
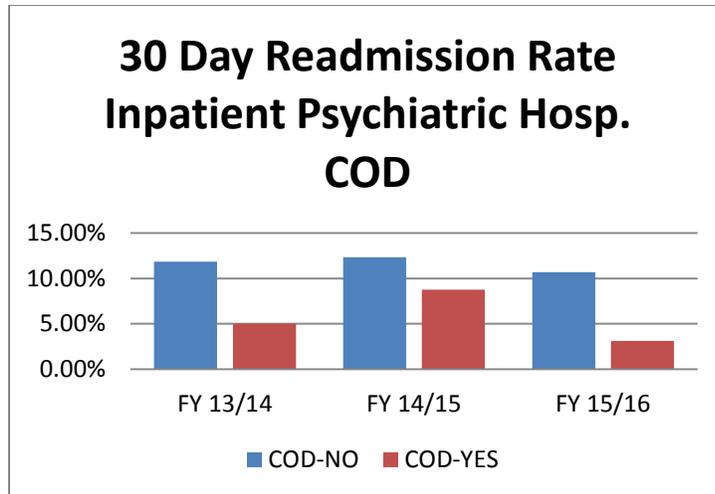
- **Co-occurring Mental Health/Substance Abuse**

Strengths:

- The Implementation committee created a co-occurring credentialing process for providers. It mirrors the OMHSAS bulletin that was created. The managed care organization and the county mental health program recognized the credentialing process and provided an enhanced rate to any provider who successfully passed. This fiscal year we had two dually licensed outpatient providers pass the credentialing. As part of the credentialing, the providers agreed to pilot a data collection survey. There is an increase in identified persons with co-occurring disorders that we are attributing to better diagnostic practices. Please refer to the transformation priorities for further detail.
- Training related to co-occurring illness continues to be offered free to our providers. We offer an on-line training series that is available for all Franklin/Fulton County providers. It features training based on the Tip-42 to include motivational interviewing.
- Since our initiative began we have increased the number of persons accessing services in both the mental health and drug & alcohol programs.



- Our readmission rates are decreasing for both non-hospital and inpatient hospital for individuals identified as someone with a co-occurring disorder.



**Needs:**

- Financial support is needed to afford clinicians the time to prepare for and complete the Certified Co-Occurring Disorders Professional (CCDP) credential. Our data shows a decrease in services and it is concluded that clinicians having access to education and training has proven helpful in identifying and making referrals to the most beneficial services.

- **Justice-involved individuals**

**Strengths:**

- In 2012, key criminal justice stakeholders in Franklin County met to update a sequential intercept mapping model, first created in 2009, to detail the intersection of local human services with the criminal justice system, identifying gaps and developing objectives to address unmet needs. Reentry from a jail environment into the community at large are the fourth and fifth intercepts of this model (Munetz, M. & Griffin, P., 2006).

- In the CJAB Strategic Plan for 2016-2019, Franklin County identified the enhancement and expansion of reentry initiatives to include housing and treatment programs.
- In 2015, PCCD awarded Franklin County a grant to engage a consultant who has worked extensively with reentry strategic planning throughout the state. This process would served as a basis for continued development of a reentry coalition, organized around the goal of cross-agency collaboration to provide comprehensive services for reentering citizens and their families, recognizing the difficulties inherent in the process and helping people remove barriers to reentry wherever possible.
- The Reentry Strategic Planning Committee first convened on July 30, 2015 and became the Franklin County Reentry Coalition in November 2015. MH/ID staff have been heavily involved in the Coalition and have been able to provide a much-needed perspective on MH and criminality.
- Franklin County was one of 50 counties chosen to be part of the Stepping Up Initiative's National Summit in Washington DC in April 2016, an event that brought together jurisdictions of all sizes to learn from each other and from experts in the ongoing push to reduce the number of people with mental illnesses in local jails. The MH/ID Administrator served as the Team Leader for the Franklin County delegation; we anticipate new initiatives around MH and criminal justice-involved individuals will be developed as a result.

Needs:

- Early identification and assessment of individuals with MH issues who become involved in the criminal justice system.
- Increase the CIT team members as a method of better communication between the departments/disciplines within our community.
- A program that would be available 24/7 to provide assessments for individuals that do not need to go to jail but need some support or diversion.

- **Veterans:**

Strengths:

- During the week of CIT training, law enforcement is continuing to be educated about experiences of Veterans returning home after combat.
- Participating in the 2<sup>nd</sup> annual Veterans Conference being held locally to share the services available and access information.
- When a person with military experience comes into contact with our local emergency room, crisis intervention, or delegates, it is requested that the Veterans Affairs department is offered as a resource and be contacted immediately to assist in a diversionary plan.

Needs:

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

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

Strengths:

- Through CIT, Law Enforcement is being educated about experiences of persons identifying as transgendered.

Needs:

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

- **Racial/Ethnic/Linguistic minorities**

Strengths:

- The county hosted an outreach day in the local Hispanic Center in our community. Staff was on site to link and offer referrals to local services.
- MH/ID/EI does have a contractual agreement with an agency which provides translation and interpretation services.
- During Children's Wellness Day, the presentation has posters and signs in Spanish to assist in sharing the healthy message to those that are still learning English.

Needs:

- SAP has identified a need for more services to be available in Spanish. As they complete screenings for students, they are struggling to find services to make referrals due to the language barrier. Services that would be helpful are family-based, outpatient services (both MH and D&A), as well as school-based outpatient.

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

None identified.

**c) Recovery-Oriented Systems Transformation:**

*Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. For **each** transformation priority, provide:*

- *A brief narrative description of the priority*
- *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.*

TRANSFORMATION PRIORITY	
1	Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
2	Suicide Prevention
3	Addressing health literacy within our residents and community system
4	Re-entry
5	Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.

1. Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
  - i. Implementation team has developed a credentialing process to recognize local providers that have completed the criteria to be co-occurring capable.
    - a. The certification program began the process in May 2015 with the outpatient providers interested in becoming a recognized county certified co-occurring program. The completion date target is Dec. 2015. We had two providers that the passed the test and are being re-credentialed in May 2016. The process will be open to other providers that are interested in becoming certified as co-occurring capable as well.
    - b. On June 16, 2016 the program is hosting our second annual Networking Day just for providers. The goal is to foster the relationships between community providers and increase their knowledge of each other’s specialties to allow for better referrals.
    - c. A two percent incentive rate has been established to encourage participation in the program. HealthChoices funds have been utilized to assist with in-person training elements of the program and County funds for an online training module.
    - d. This is monitored through the CCISC action plan and reviewed at implementation team meetings. In addition, this is monitored during HealthChoices monthly Quality Improvement/Utilization Management meetings.
    - e. CCISC will be updating the action plan this summer to address the needs identified in our local community health needs assessment. The results of the assessment will be completed and available later this summer. Target date is Dec. 2016.
  - ii. Change Agent Committee continues to meet on a quarterly basis. A review of evidence based programs that focus on the co-occurring

population has just been completed and will be presented to the committee at this next meeting.

- a. The targeted completion date for the committee to recommend the evidence based program is September 2016.
- b. Once an assessment tool is identified, funds of \$500 may be needed to provide training.
- c. This is monitored through the CCISC action plan and reviewed at implementation team meetings. In addition, this is monitored during HealthChoices monthly Quality Improvement/Utilization Management meetings.

## 2. Suicide Prevention

- i. Objective 2.1: Develop a Zero Suicide Prevention philosophy statement and community education program emphasizing the value and importance of each individual by December 2018.
  - a. Strategy 2.1.2: Identify key community influencers that share the Zero Suicide Prevention and can work on behalf of this effort.
  - b. Strategy 2.2.2: Create a community awareness / education action plan for spreading this message into the community

## 3. Addressing health literacy in both our residents and our system

- i. Objective 1.2: Increase the number of patients who are screened for depression within the primary care setting by December 2020.
  - a. Strategy 1.2.1: Develop community consensus on a depression assessment instrument that can be used by all Primary Care Providers, Hospital Physicians, and Mental Health Professionals. The survey instrument should include questions related to screening for and managing patients with depression, and identifying resources needed to assist primary care providers.
  - b. Strategy 1.2.2: 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 from Primary Care Providers and Mental Health Providers.
  - c. Strategy 1.2.3: 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.
  - d. Strategy 1.2.4: 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.
- ii. Objective 1.3: Improve access and quality of care by designing a model by which behavioral health services are integrated with Primary Care offices by December 2018.
  - a. Strategy 1.3.1: Develop a model for integrating behavioral health services, training and resources into Primary Care offices.

- b. Strategy 1.3.2: Conduct a pilot program in which behavioral health therapists serve as a resource and provide support to one or more (maximum of 3) Summit Physician Services offices.
    - iii. Objective 1.4: Increase community awareness about depression and available resources within the community by December 2020.
      - a. Strategy 1.4.1: The Mental Health Task Force will develop a community awareness and education action plan for informing the community about depression and other mental illnesses.
      - b. Strategy 1.4.2: Continue and expand existing community campaigns that educate the public about effective ways to manage depression (i.e., physical activity, nutrition).
- 4. Re-entry of individuals from our jail to our community. As a result of Coalition Planning meetings and surveys, the Reentry Coalition has established the following priorities for the next steps of reentry planning:
  - i. EDUCATION
    - a. Create an awareness/education plan for the county, including plans for media.
    - b. Educate employers about reentry and hiring individuals with criminal backgrounds.
  - ii. SUPPORT
    - a. Identify all existing community resources and create a Reentry Resource Guide available in print and digital formats.
    - b. Identify inmate needs prior to release and craft individual release plan, providing the inmate with a resource directory and packet of materials. Offer guidance on how to connect with resources.
    - c. Develop a reentry discharge planning team and/or follow up team to work with people before and after release.
  - iii. INCREASE CAPACITY
    - a. Complete a housing inventory to ensure affordable housing is available to returning citizens and craft a comprehensive housing plan for reentry.
    - b. Commit to keeping formerly incarcerated people involved in Reentry Coalition meetings and include on committee work.
  - iv. ADVOCATE FOR CHANGE
    - a. Examine reentry processes and protocols, looking for opportunities to enhance or develop better processes and remove process barriers.
- 5. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.
  - i. Our local advocacy provider, Mental Health Association, has partnered with Penn State Mont Alto to begin the development of a data warehouse. A platform has been created for a warehouse. Training to the authorized users is scheduled to begin this summer. Data entry should begin in late October 2016.

- ii. Collaboration with county providers will begin January 2017 to educate and share the benefits to having a data warehouse for our community. Actual use of the system is targeted for 2018.
- iii. Franklin County Human Services is working with our managed care organization to create a data warehouse to track human services data across systems. We anticipate the platform will be created in 2017.

*\*On a quarterly basis, progress on each of the transformation priorities is reported to our Community Support Program.*

**d) Evidence Based Practices Survey:**

Evidence Based Practice	Is the service available in the County/ Joinder? (Y/N)	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 the staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	No							
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

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

**e) Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	300	
Family Satisfaction Team	Yes	228	Includes family and youth surveys
Compeer	No	0	
Fairweather Lodge	Yes	10	
MA Funded Certified Peer Specialist	Yes	107	This number has been increasing over the last 3 years.
Other Funded Certified Peer Specialist	Yes	20	
Dialectical Behavioral Therapy	Yes	25	Two providers that offer DBT group.
Mobile Services/In Home Meds	No	0	
Wellness Recovery Action Plan (WRAP)	Yes	27	Count includes groups only
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	179	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment for Depression in Older Adults	No	0	
Consumer Operated Services	Yes	500	Mental Health Association (count would include CPS)
Parent Child Interaction Therapy	Yes	13	
Sanctuary	No	0	
Trauma Focused Cognitive Behavioral Therapy	Yes	55	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	15	Franklin/Fulton County has 4 certified therapist for EMDR
Other (Specify):			

\* Please include both County and Medicaid/Health Choices funded services

**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>**

## **INTELLECTUAL DISABILITY SERVICES**

*ODP in partnership with the county programs is committed to ensuring that individuals with an intellectual disability 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' team.*

*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.*

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

*\*Please note that under Person Directed Supports, 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 Disabilities/ Early Intervention is to partner with the community to develop and assure the availability of quality MH/ID/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 ID program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Mental Health/Intellectual Disabilities/Early Intervention to budget and plan for the continuum of services and to develop programs to meet the needs of the community. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate. As of April 30, 2016, there were 528 people registered in the Intellectual Disabilities program in Franklin County, of which 38 are participants in the life sharing program.

	Estimated Individuals served in FY 15-16	Percent of total Individuals Served	Projected Individuals to be served in FY 16-17	Percent of total Individuals Served
Supported Employment	22	4	24	4.5
Pre-Vocational	7	1	5	1
Adult Training Facility	0	0	0	0
Base Funded Supports Coordination	57	11	60	11
Residential (6400)/unlicensed	1	0.2	0	0
Life Sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/ VF	0	0	0	0
Family Driven Family Support Services	21	4	25	5

Franklin/ Fulton County ID Program has developed a logic model to reflect the outcomes and objectives that are being accomplished in both counties. The desired outcomes and objectives to be measured are the same as the Quality Management Plan developed for ODP. Appendix E has details that outline the desired outcomes, the objectives measured and the trends and baseline data. The narratives include more details of the outcomes.

**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 Community 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 be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.*

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

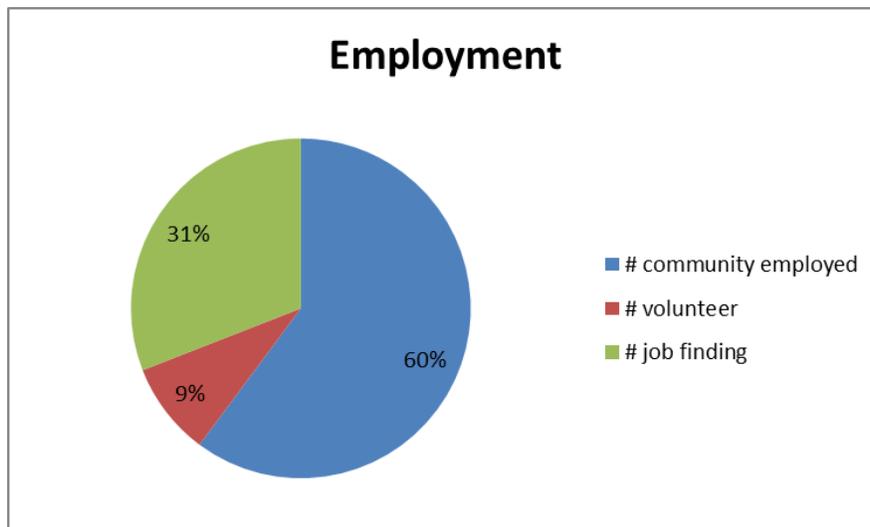
The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources, 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 50 students in the TALS program in Franklin County. The TALS program has a goal of placing 12 individuals into a competitive job. As of March 2016, 5 individuals have been placed into a competitive job.

Supported Employment Services include direct and indirect services provided in a variety of community employment work sites with co-workers who do not have disabilities. Supported Employment Services provide work opportunities and support individuals in competitive jobs of their choice. Supported Employment Services enable individuals to receive paid employment at minimum wage or higher from their employer. Providers of Supported Employment Supports have outcomes of "placing individuals with intellectual disabilities in a competitive job." They were expecting to place 10 individuals in new jobs and as of March 2016, they have placed 5 individuals in jobs not including the TALS program.

Transitional Work Services support individuals transitioning to integrated, competitive employment through work that occurs at a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. Transitional work service options include mobile work force, work station in industry, affirmative industry, and enclave. Franklin/ Fulton County currently serves all individuals using Transitional Work Services in the Waiver. There are currently 74 individuals in the Transitional Work Program. All these individuals are waiver funded.

The ID department is concentrating on Community Employment which includes supported employment and transitional work for the Quality Management Goal and logic model. The outcome for the Quality Management Plan/ logic model is "*people who choose to work are employed in the community.*" As of April 1, 2016, there were 142 Franklin County residents in community employment. Franklin County's QM/logic model objective is to increase by 5% the number of people who want to work to achieve community employment. FY 14-15 had baseline data of 56% of people who had an

employment goal were working in the community. The percentage of individuals working in the community is currently 60% (142/236).



The Franklin County ID Program is supporting a new program which is due to begin in June 2016. The Pathways Program is a time-limited program that teaches independent living skills and/or employment skills. The outcome of this program is for individuals to complete this curriculum in a 2 year period and live independently in their own apartment and/or have competitive employment at the end of the 2 years.

The Franklin County ID Program is also supporting an Employment Fair May 12, 2016. The Fair's morning program is a speaker who informs local businesses of the benefits of hiring individuals with disabilities followed by a panel discussion with businesses who hire individuals with disabilities. The afternoon will be open to the public to apply for jobs at these businesses. Success will be measured by whether businesses hire someone with a disability and if individuals are hired by the businesses.

During the summer of 2016, the ID Program will also fund a summer youth work program through Occupational Services, Inc. to provide paid work experience opportunities to 16 students who have learning disabilities or intellectual disabilities. The program will target students in Franklin County school districts who do not have the opportunity for extended school year, transition activities or paid work during the summer months. This will be the last year for this program as OVR is operating a Pre-employment Transition Service (PETS). Franklin County ID Program will encourage students to attend this program as appropriate. The Franklin/ Fulton ID Program also partners with OVR to provide and attend Referral trainings.

The Franklin/Fulton ID Program participates in the Transition Council with OVR and 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 to engage individuals and families in a conversation to explore natural*

*support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.*

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There are 40 people who have base funded Supports Coordination. There are 9 people who have the OBRA Waiver and have base funded Supports Coordination. There are 5 people who reside in an ICF/ID or State Center and receive base funded Supports Coordination. Currently no one is leaving a State Hospital system from Franklin or Fulton Counties, so transition services are not needed at this time. The program has MA denials for people who are receiving base services over \$8000.

The ID 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, Physicals, Levels of Care 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 SELN trainings to promote community integrated employment.

**Lifesharing Options:** *Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?*

According to 55 Pa. Code Chapter 6500: "Family Living Homes are somewhat different than other licensed homes as these settings provide for life sharing arrangements. Individuals live in a host life sharing home and are encouraged to become contributing members of the host life sharing unit. The host life sharing arrangement is chosen by the individual, his or her family and team and with the life sharing host and Family Living Provider Agency in accordance with the individual's needs. Licensed Family Living Homes are limited to homes in which one or two individuals with an intellectual disability who are not family members or relatives of the life sharing host reside." Satisfaction surveys have shown that people in life sharing living arrangements are more satisfied with their life. This, along with the QM plan/ Logic Model that people choose where they wish to live, has driven the objective for the 2015-2017 Life Sharing, "to increase the number of people in life sharing."

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

1. The Administrative Entity (AE) and SCO will support people interested in a residential placement to meet with life sharing providers and life sharers who have openings to promote life sharing as the first option for residential placement.

2. Once per year at the annual ISP meeting, the AE will review the ISP of anyone who has a residential placement to assure the SCO has discussed moving to life sharing from other residential placements. If the person would benefit from life sharing or is interested in moving, the AE will follow up as in #1 above.
3. The AE Life Sharing Point Person will discuss with providers at least annually if they know of anyone who may benefit or want to move from a 6400 licensed home to a life sharing home.
4. Franklin County has 38 people living in life sharing homes, representing 35% of the people in residential placement.

Life sharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 41 people living in life sharing homes in Franklin County (see chart below for Franklin/ Fulton QM/ logic model information). All 41 people have waiver funding to support the services they need in the life sharing home. The Intellectual Disability Program's Quality Management/ logic model outcome is "*people live where they choose.*" The QM objective is to increase the number of people in life sharing in Franklin/ Fulton Counties by 10% (n=44) by June 30, 2017.

Some of the barriers to growth in lifesharing in Franklin/ Fulton County are the lack of families willing to be lifesharers. Another barrier is the complex needs of individuals that may be interested in lifesharing. The final barrier is that caregivers that are lifesharers are aging. As they age, their own needs increase and they cannot continue to provide the care required. While there are barriers to lifesharing in Franklin/ Fulton Counties, there are also successes. Many of the people in lifesharing have lived in their lifesharing homes for 20+ years. Franklin/ Fulton has an increase in lifesharing every year. And one provider of lifesharing actively recruits lifesharing families successfully. Finally, Franklin/Fulton has been successful in moving people from CRRs to lifesharing 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.*

*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.*

*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 needed community resources as well as formalized services and supports through ODP.*

The ID program collaborates with the following agencies to increase the support for individuals with multiple needs. The ID 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 ID staff also has a

working relationship with Home Health Aid Providers to support people in the home and community. Lastly, the Managed Care Organization Specialized Needs Unit is available for people who meet those criteria.

The ID program also collaborates with the school districts by offering information sessions to both parents and teachers. The ID staff has attended IEPs when requested to help problem solve and/or to provide intake information. The Administrative Entity (AE) also is a member of the transition council and attends the Transition Fairs at all High Schools county-wide.

The ID program partners with Children and Youth through CASSP. There are also individual cases where C & Y and the ID Program are involved where communication between the 2 agencies resulted in the best outcome for the child while protecting the individual's rights.

The ID program participates in the Aging/ ID Meeting as well as collaborating with the PASSAR. The ID staff also attends the Building Bridges Conference.

The Mental Health and Intellectual Disabilities program have a long history of communication and Collaboration. ID collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions, which supports people with both a mental illness and Developmental Disability. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/ Fulton County and Philadelphia are the pilot areas. The first group was held at 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. It was presented at the IM4Q Conference in July 2015 and the WRAP® Around the World Conference in August 2015. WRAP® groups were held throughout the year. See Mental Health Section.

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

The ID program is also a participant in the MH/ID Coordination Meetings with Tuscarora Managed Care Alliance and Perform Care to develop policy and procedures for people who have a dual diagnosis.

The Quality Management Plan/ Logic Model also includes an outcome to "*collaborate and implement promising practices to assist people in achieving outcomes.*" The objective for the 2015-2017 QM Plan/ logic model will be to identify individuals who have a dual diagnosis and/or a Behavior Support Plan, then develop a toolkit for them to

assist in recovery and achieve their outcomes. In 2015, the baseline data was gathered and the toolkit started. This next year, the data will be prioritized and the toolkit finalized and distributed for use.

**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?*

*Please submit the county 24-hour Emergency Response 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 ID Independent Apartment Program has 5 people living in their own apartments with less than 30 hours of support per week. Base funds are used to subsidize the rent. The Franklin County ID department will increase the availability for combinations of Family Aide, Day Programs, Transportation, Adaptive Equipment, Home modifications and Respite so that individuals can continue to live at home instead of residential programs which are more costly.

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

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

reserves base respite funds to authorize respite services as needed in an emergency and works with providers and the Supports Coordination Organization to set up these services, whether during normal business hours or after. These services may become Emergency Lifesharing or Emergency Residential while the person is in respite. This provides for the safety of the person and finds a long term solution.

Please see attached, as Appendix F, the County 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

**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 Thinking trainers. Describe how the county will utilize the 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 those activities?*

*Describe how the county will engage with the 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 IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?*

*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 you with your support efforts?*

*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 you?*

*Describe how you will utilize the county housing coordinator for people with an intellectual disability.*

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

Franklin/ Fulton ID program is planning to use the PA Family Network to provide trainings for individuals and families as well as providers and county staff. This training will be scheduled as the Communities of Practice initiative develops. The county will support and help coordinate these trainings and support future trainings that they can provide. The county also coordinates Information sessions for families. In the past ODP has provided technical assistance for these trainings; the AE also refers people to Advocacy Agencies and the Disability Rights Network.

The ID program uses the vast experience of the HCQU. Monthly trainings by the HCQU are held in Franklin County. They also provide individualized training that is requested by providers and families. The AE attends the Positive Practices Committee Meetings as well as Regional HCQU meetings. The HCQU is represented at our provider meetings and sits on both the Risk Management Committee and the QI Council. As a result of this collaboration, a Medication Error Task Force has been convened in Franklin/Fulton Counties. This is an outcome and objective in both the Logic model and 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 to assure the health and safety of individuals receiving services, Franklin/ Fulton Intellectual Disabilities Program will use the objective of reducing the number of medication errors by 10% by June 30, 2017. The baseline data is 270 medication errors from July 2013- April 2015. As of March 31, 2016, there are 89 medication errors this fiscal year.

As with the HCQU, a representative for the IM4Q local program sits on the QI Council. As a result of the IM4Q data, the local program realized that people did not know what to do in an Emergency even though they had a backup plan in their ISP. So, the QI Council recommended that a one page "What to do in an Emergency" form be developed. This has turned into a folder with different Emergency Preparedness information in it. This folder is given to individuals when reviewing what to do in an emergency or at ISPs when questions are raised. The QI Council also reviews Employment and Lifesharing IM4Q data to determine satisfaction with services. Both of these Outcomes are included in the QM Plan and Logic Model. 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.

The ID 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, CDCs, medication/pharmacy reviews and provide training. The AE continues to support providers in developing relationships with the local hospital. As previously mentioned, the MH/ID Coordination Meetings help to support providers also.

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. For 2014-2015, ODP redefined I-2-I abuse, to make sure the definition is consistent across the state. As a result, the state expects to see I-2-I abuse reports sharply increase, followed by a plateau which Franklin/Fulton will use as baseline data. The baseline data is 115 incidents of I-2-I abuse per year. As of March 31, 2015, there were 80 incidents of I 2 I abuse. The Risk Management Committee has found several trends over this year and is working to resolve the issues.

The ID Program partners with the County Housing Program to provide an Independent Living Apartment Program. The people living in these apartments need less than 30 hours of support a week and the county helps subsidize the rent with base funds. There are currently 5 people in this program.

The County engages providers of service by ensuring that all ISPs have emergency plans included. As stated in the IM4Q paragraph, the county has developed Emergency Preparedness Folders for people who request them. This is a new procedure and the number of folders requested will be tracked over this plan year.

**Participant Directed Services (PDS):** *Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?*

Franklin/ Fulton County has no individuals or families using VF/EA. When the VF/EA is explained to families, they choose Agency with Choice (AWC) instead. Franklin County has 33 families using AWC supports. All of their supports and services are paid with waiver funding. The county coordinates trainings for families through the Arc of Franklin/ Fulton Counties (the AWC provider) and the HCQU.

The major challenge for AWC is that families have trouble finding staff especially in the rural areas of the county. This is due to the low wage, lack of transportation and/ or locations far from any services, to name a few. Another challenge is that families have a lack of knowledge of the ID 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.

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

*enable these individuals to return to the community.*

Franklin County has 5 individuals in congregate settings. Two of these individuals are in Private ICF/ID. Both of the individuals have medical needs too complex to be supported by current providers in the local community. Two of the people at State Centers could leave and go to a Nursing Home but are happy where they currently reside. The remaining person at a State Center is offered community placement annually and chooses to stay at the State Center. The rest of individuals who could be considered in a congregate setting 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 homeless 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. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*

Homeless and near homeless assistance is provided through the County's Information and Referral Coordinator, PATH, ESG and HAP. There are two main shelters within the County, the Franklin County Shelter and the Waynesboro New Hope Shelter. South Central Community Action Program (SCCAP) runs the Franklin County Shelter for the Homeless and is contracted to administer the County's HAP funds.

Franklin County has been approved to administer the 2016-2017 Emergency Solutions Grant, contracting with Waynesboro New Hope Shelter and SCCAP, which includes short-term rental assistance under the rapid rehousing and homelessness prevention programs, as well as shelter support. Franklin County also provides permanent supportive housing through the Mental Health Program and offers an independent living program through the Intellectual Disabilities funding.

Franklin County's Housing Task Force is coordinated by the Housing Program Specialists and staff from the Franklin County Housing Authority. Numerous community agencies are represented at the Task Force meetings with the goal of working together to pinpoint community housing needs and develop action plans to address those needs. Members of the Task Force also collaborate to organize homeless outreach events and establish community collaboration for donations to the local homeless shelters.

The MH Housing Program Specialists work closely with providers to ensure that adequate housing assistance and supports are in place for PATH-funded individuals. Case management is included as part of supportive services offered in two supportive housing programs within Franklin County. Twenty individuals are able to participate in

the programs consecutively. Franklin County's Housing Program Specialists are able to support these enrolled individuals with case management services and also work collaboratively with the individual's case manager through the agency contracted to provide mental health case management services

In FY 15-16 the Block Grant Committee approved to shift unspent funds into HAP for the Rental Assistance program in the amount of \$30,000 and \$43,040 for Emergency Shelter Support. Beginning in the new FY 16-17, the projected number of individuals to be served is lower based upon the original funded amount under the HAP program.

*For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:*

- **Bridge Housing**

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

- **Case Management**

- Shelter Case Management –
  - Staff at our homeless shelter are provided intensive case management during their stay at the shelter and ongoing, if needed. Case Management assists the individual in setting goals and meeting goals that will lead to stability, including safe affordable housing.

This program is evaluated on a number of factors:

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

- Homeless Prevention Case Management –
  - Our Homeless Assistance Program Coordinator provides case management for individuals needing rental assistance in order to prevent eviction or in order to move out of homelessness. Case Management assists the individual in setting goals and meeting their goals, in evaluating the cost of housing they can afford, and identifying other resources they might need.

This program is evaluated on two primary factors:

- Was the eviction prevented?
- Did the family move out of homelessness?

- **Rental Assistance**

Rental assistance is provided to families to prevent an eviction or in order to move a family who is currently homeless into safe affordable housing.

This program is evaluated on two primary factors:

- Was the eviction prevented?
- Did the family move out of homelessness?

Individuals and families are near homeless if they are facing eviction (having received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Verbal notification must be followed up with written documentation).

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

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

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

Franklin County staff completes an annual onsite monitoring visit to evaluate case management and shelter support to ensure that all program requirements are being met.

- **Emergency Shelter** – Emergency Shelter is provided to families who are currently homeless. Basic needs (shelter and food) are provided in conjunction with intensive case management and effective referrals.

This program is evaluated on a number of factors:

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

The Franklin County Shelter for the Homeless is located centrally at 223 South Main Street in Chambersburg, PA. The Shelter provides 10 bedrooms, two of which are family rooms, with the capacity to house up to 18 individuals at one time. The Franklin County Shelter for the Homeless is the last safety net for the residents who may find themselves without a place to live. One of its major goals is to move homeless residents back into permanent housing and toward self-sufficiency. In order to accomplish this, the Shelter staff provides case management activities, setting goals with the residents to be accomplished during and after their stay, and cooperates with other agencies within the County to direct residents to the available resources that will help them

achieve their established goals. Clients are also required to participate in a basic life skills program.

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

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

- **Other Housing Supports**

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

*Describe the current status of the county's Homeless Management Information System implementation.*

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

## **CHILDREN and YOUTH SERVICES**

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

The Franklin County Children and Youth Service (FCCYS) is the local public child welfare agency responsible for ensuring that the children of Franklin County are safe and receiving the essentials of life. The agency provides services to any child from birth to 18 years of age who has been abused, neglected, exploited, is incorrigible and/or truant, as well as services to their families. Additionally, youth who were determined to be 'dependent' prior to their eighteenth birthday and request to re-enter care are provided child welfare services.

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

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

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

While the caseload numbers within the Intake Unit are high, we have been able to sustain reasonable caseload numbers for our ongoing caseworkers and have seen

improved results in our casework practice. Workers are performing well within recommended Best Practice Standards and continue to implement these recommendations in their daily case management. We have implemented internal checks and balances to assure that every worker is aware of and utilizing these standards. State and Federal mandates are addressed and made a part of casework practice.

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

*Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.*

	<b>Outcomes</b>	
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome</b>
Children are safely maintained in their own home whenever possible and appropriate.	Percent of children who were not placed in a residential setting.	FGDM
Continuity of family relationships and connections if preserved for children.	Number of months children are in placement prior to reunification.	FGDM
Families have enhanced capacity to provide for their children's needs.	Number of families participating in FGDM.	FGDM

<b>Program Name:</b>	Family Group Decision Making (FGDM)
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*For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.*

Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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

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

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

- *If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the*

amount and how the HSBG money will be used in conjunction with those funds.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Children & family members	Children & family members
# of Referrals	17*	35
# Successfully completing program	7*	30
Cost per year	\$15,820*	\$59,349
Per Diem Cost/Program funded amount	\$30,625	\$59,349
Name of provider	FCCYS	FCCYS

\*Note that numbers are for 7/1/15-5/12/16

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

*Were there instances of under spending or under-utilization of prior years' funds?*

Yes  No

## **DRUG and ALCOHOL SERVICES**

*This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.*

The Franklin/Fulton Drug and Alcohol Program (FFDA) provides funding for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment.

*This overview should include:*

- 1. Waiting list issues;*
- 2. Barriers to accessing treatment services;*
- 3. Capacity issues;*
- 4. County limits on services;*
- 5. Impact of opioid epidemic in the county system*
- 6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.*

*This overview should not include guidelines for the utilization of ACT 152 or BHSI funding streams issued by DHS. The focus should be a comprehensive overview of the services and supports provided by the Single County Authority and challenges in providing services.*

### **1. Waiting list issues**

Treatment services are provided to any eligible resident despite age, gender, race, and ethnicity. However, we serve individuals by our priority populations. These priority populations are identified in the following order: Pregnant Injection Drug Users, Pregnant Substance Abusers, Injection Drug Users, Overdose Survivors, Veterans and all others. Individuals in need of substance use assessments are to receive an assessment appointment within 7 days of the request. In Franklin/Fulton County, individuals are able to be seen within 7 days of the request; however when detoxification or inpatient treatment is needed, there are multiple variations of wait times across the state due to state-wide treatment capacity issues.

### **2. Barriers to accessing treatment services:**

An estimated 2,194 Franklin County residents will receive substance use assessments in FY 2016-2017. Level of care assessments are completed by contracted outpatient providers or FFDA Case Management staff. An estimated 276 adults/adolescents are projected to be funded for treatment services through the drug and alcohol program in Fiscal Year 2016-2017. Treatment services are inclusive of detoxification, short and long-term inpatient, halfway house, partial hospitalization, intensive outpatient and outpatient services. The primary barrier to accessing treatment services revolves around the need for detoxification and long-term inpatient treatment beds when the placement is needed. Current wait times to secure placement in these two levels of care produces barriers to getting individuals engaged in treatment when it's needed and when they're ready. This occurs state-wide with the inadequate numbers of detox and inpatient beds available.

### **3. Capacity issues:**

Franklin County continues to meet the need of completing level of care assessments adequately and timely (within 7 days of the request); however, placement of individuals into specific levels of care remains challenging due to the lack of beds across the Commonwealth. Wait times for non-hospital based detoxification average between 2-5 days from the placement request. Wait times for non-hospital based long-term inpatient treatment averages three to four weeks minimum. The increased need for long-term

treatment, yet the lack of long-term treatment bed expansion, makes it difficult to obtain the clinically appropriate level of care treatment for individuals who need long-term inpatient treatment. This creates a host of problems locally: longer jail days for individuals waiting to go to inpatient treatment (additional per day costs to house offenders); higher risk for individuals in the community waiting to go to treatment; inability to place overdose survivors being discharged from the local emergency rooms; and potentially undertreating individuals in a lower level of care to get them into treatment while they wait for a bed to open.

Franklin County needs to implement service delivery for individuals qualifying for the .05 level of care deemed “early intervention,” yet current outpatient providers do not provide this level of care due to it not being reimbursable. This level of care typically comes from DUI assessments and adolescent assessments and is a current gap in our community. Outpatient providers will be approached/ contracted to provide this level of care by utilizing the same/ uniform evidence-based curriculum for adolescents and adults in need of the service.

#### **4. County limits on services:**

Franklin County does not have halfway house options within either county for individuals to access when being discharged from short or long-term inpatient treatment. Franklin/Fulton Drug & Alcohol contracts with multiple providers across the state who offers halfway house level of care; however, none are within either Franklin or Fulton Counties. Franklin County does not have a provider for long-term inpatient treatment with either county. Franklin County is experiencing a greater need for long-term treatment beds, yet has to wait three to four weeks for bed placement availability.

#### **5. Impact of opioid epidemic in the county system:**

Franklin County is experiencing a high rate of opioid related overdoses, overdose fatalities, crimes related to opioid dependence and DUIs. This has significantly impacted the Franklin County court system, Adult Probation, local emergency rooms, employers, families, and of course, the Single County Authority. Franklin County is also preparing for the implementation of the prescription monitoring program in August of 2016 and anticipated increase in heroin-related events. This has prompted Franklin County to develop and implement an Overdose Prevention Task Force; put in place additional resources and processes for the court system and jail; and equip the community with naloxone training, medication and educating clinicians on proper prescribing practices.

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

The implementation of the Commonwealth’s Prescription Monitoring Program will commence in August 2016. The implementation of this program may create higher demand for treatment services within Franklin/Fulton County. With the reduction of access to prescription opioids, it’s anticipated for counties to see a rise in heroin use, heroin related overdoses and heroin related overdose fatalities. With the current treatment capacity issues across the Commonwealth, it’s anticipated that detox and

inpatient beds will quickly fill up and remain consistently utilized.

## **Target Populations**

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

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

If indicated, older adults are eligible for all levels of care for substance use treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. Older adults covered by Medicare qualify for county funding due to the lack of Medicare providers within a 50 mile radius of Franklin and Fulton Counties.

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

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

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

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

- **Adolescents (under 18)**

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

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

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

- **Criminal Justice-Involved Individuals**

If indicated, criminal justice-involved individuals are eligible for all levels of care for substance use treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. All contracted treatment providers have specialized programming for this population. In addition, Franklin County is involved in the Restrictive Intermediate Punishment Program that coordinates treatment needs for this population.

Franklin/Fulton Drug & Alcohol, in partnership with Tuscarora Managed Care Alliance (TMCA) and PerformCare (BHMCO), participates in the Department of Drug & Alcohol Programs (DDAP) Jail Project. This specific initiative is designed to assist incarcerated individuals needing Inpatient substance use treatment to obtain medical assistance when eligible, and for the medical assistance to be activated within one week of discharge from the jail/admission to the treatment facility. If medical assistance is denied, county funding is utilized to pay for the treatment services needed. This partnership will continue into FY16/17.

Franklin County has submitted the FY16/17 application to PCCD to implement the Residential Substance Abuse Treatment grant to individuals at the Franklin County Jail. This program requires participation in utilizing Vivitrol as medicated assisted treatment to run parallel to providing substance use treatment prior to release.

Franklin County will also be moving forward with planning and technical assistance to begin an Adult Drug Court in FY16/17. Franklin/Fulton Drug & Alcohol will assist with planning and development in coordination with the Courts.

- **Veterans**

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

- **Women with Children**

If indicated, women with children in need of substance use services are eligible for all levels of care for treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. The county contracts with multiple providers with women with children specific services. There will be a targeted focus placed on mothers of chemically dependent newborns entering the NICU due to their chemical dependency at birth. Services will focus on treatment as well as in-home support for non-treatment, ancillary services.

- **Recovery–Oriented Services**

Franklin/Fulton Drug & Alcohol partnered with Tuscarora Managed Care Alliance to allocate reinvestment funds to support Recovery Housing and Recovery Support Specialists in both counties, starting in FY15/16 and continuing through FY16/17. Development, planning and implementation of both plans will result in county residents being able to access services to help sustain long-term recovery in their local environment. Recovery Support Specialists will be housed in local outpatient provider settings and will assist individuals from short or long-term rehabilitation to transition to a lower level of care (halfway, partial hospitalization, intensive outpatient and traditional outpatient services). These positions will also assist individuals to engage in recovery supports and long-term recovery. Recovery Housing will assist individuals to engage in housing services during their recovery. Currently neither Franklin nor Fulton Counties have available recovery housing services. If there is additional Block Grant carry over from the 15-16 fiscal year, it will be allocated to recovery support services.

## **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 below format to describe how the county intends to utilize HSDF funds:*

- *The program name.*
- *A description of the service offered by each program.*
- *Service category - choose **one** of the allowable service categories that are listed under each section.*
- *Which client populations are served? (Generic Services only)*
- *Planned expenditures for each service.*

**Note:** *Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.*

**Adult Services:** No services are funded through block grant

**Aging Services:** No services are funded through block grant

**Children and Youth Services:** No services are funded through block grant

**Generic Services:**

Program Name: Information and Referral

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

Service Category: Centralized Information & Referral / Adult and Aging populations served

Planned Expenditures: \$69,324

**Specialized Services:** No services funded through the Block Grant.

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

The Information and Referral Coordinator organizes a two-day training event that is available for Human Services professionals. Average number of attendees to this event is 395. Funding is used to cover the expenses associated with the facility's fees and trainers.

The coordinator also organizes the Introduction to Human Services training that is available two times a year to new employees within the County government as well as agencies within the community.

Appendix A  
Fiscal Year 2015-2016

**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

**COUNTY OF:** \_\_\_\_\_

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of 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 handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
  - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>
_____	Date: _____
_____	Date: _____
_____	Date: _____

## Appendix B: Minutes

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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**MENTAL HEALTH SERVICES**

ACT and CTT						
Administrative Management	364		263,020		7,100	
Administrator's Office			611,768		2,700	
Adult Developmental Training - Adult Day Care						
Children's Evidence Based Practices						
Children's Psychosocial Rehabilitation Services						
Community Employment & Emplmt Rel Svcs	146		278,433		7,575	
Community Residential Services	55		1,517,179		40,015	
Community Services	1,444		443,007		12,050	
Consumer-Driven Services						
Emergency Services	159		39,845		1,084	
Facility Based Vocational Rehabilitation	27		61,092		1,700	
Family Based Mental Health Services	1		12,245		300	
Family Support Services	8		6,019		160	
Housing Support Services	42		52,578	49,485	1,430	
Mental Health Crisis Intervention	2,846		280,889		7,640	
Other						
Outpatient	237		147,524		4,000	
Partial Hospitalization						
Peer Support Services	20		55,188		1,500	
Psychiatric Inpatient Hospitalization	1		48,092		1,310	
Psychiatric Rehabilitation	12		95,516		2,600	
Social Rehabilitation Services	123		252,758		6,875	
Targeted Case Management	912		283,789		7,720	
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>6,397</b>	<b>4,448,942</b>	<b>4,448,942</b>	<b>49,485</b>	<b>105,759</b>	<b>0</b>

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			562,272			
Case Management	60		68,809			
Community-Based Services	276		319,797		46,500	
Community Residential Services	5		24,308			
Other						
<b>TOTAL ID SERVICES</b>	341	975,186	975,186	0	46,500	0

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing						
Case Management	192		50,233			
Rental Assistance	192		41,000			
Emergency Shelter	53		15,000			
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	437	113,658	106,233		0	0

**CHILD WELFARE SPECIAL GRANT SERVICES**

Evidence Based Services	35		59,439			
Promising Practice						
Alternatives to Truancy						
Housing						
<b>TOTAL CWSG SERVICES</b>	35	59,439	59,439		0	0

<i>County:</i>	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	29		75,000			
Medication Assisted Therapy	12		15,600			
Other Intervention	300		51,347			
Outpatient/Intensive Outpatient	42		25,000			
Partial Hospitalization						
Prevention	570		30,000			
Recovery Support Services	100		50,000			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	1,053	290,526	246,947		0	0

***HUMAN SERVICES AND SUPPORTS***

Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	3,237		69,324			
Specialized Services						
Interagency Coordination						
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	3,237	95,968	69,324		0	0

<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			77648		0	
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<b>GRAND TOTAL</b>	11,500	5,983,719	5,983,719	49,485	152,259	0
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## **Appendix D**

### **Block Grant Planning Committee**

#### **Committee Members:**

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

#### **Staff Members:**

- Carrie Gray\* (Assistant County Administrator)
- Jean Snyder (Fulton County)
- Rick Wynn\* (Human Services Administrator)
- Stacy Rowe\* (Fiscal)
- Christy Briggs\* (Fiscal)
- Sharyn Overcash (Human Services)
- Tracy Radtke (Mental Health Housing Specialist)
- Steve Nevada\* (Mental Health/Intellectual Disabilities/Early Intervention Director)
- Lori Young (Intellectual Disabilities)
- Shalom Black\* (Grants Director)
- Doug Amsley (Children and Youth Services Director)
- Traci Kline (Aging Director)
- April Rouzer (Drug and Alcohol Director)

*\*denotes Leadership Team Members*

## Appendix E: Overview of 2015-2017 Quality Management Plan

Outcome	Objective for 2015-17	Trends and baseline data
People are safe and restraint free.	Monitor the number of restraints and take action immediately as warranted.	There have been 0 restraints since July 1, 2013.
People live where they choose.	Increase the number of people in Lifesharing by 10% (n=4) by June 30, 2017.	IM4Q (satisfaction surveys) have shown that people are more satisfied with their life in Lifesharing arrangements. As a result, Lifesharing is promoted as the first residential option offered to individuals. Lifesharing increased from 30 people on July 1, 2013 to 35 people on April 30, 2015. The 35 people in Lifesharing will be used as baseline.
People are abuse free.	Reduce the number of Individual to Individual Abuse incidents by 5% by June 30, 2017.	Individual to Individual Abuse has risen in the past 2 years. ODP has redefined Individual to Individual Abuse and as a result, there has been an increase. There were 38 incidents per year in FY 2012-2013. There were 71 incidents in FY 2013-2014. There are 52 incidents as of April 30, 2015 for FY 2014-2015.
People are healthy and safe.	Reduce the number of medication errors by 10% by June 30, 2017.	Medication errors are the most incidents in any given quarter throughout the 2013-2015 QM plan year. The baseline data is 270 medication errors for the 2013-2015 QM plan year.
The AE will collaborate and implement promising practices to assist people in achieving outcomes.	<p>Identify baseline data of people who have a dual diagnosis and/or have a Behavior Support Plan.</p> <p>Develop a toolkit to offer to people to continue to engage in recovery and educate them on achieving their outcomes.</p>	The AE has concentrated the collaboration in the last plan year with the focus on serving people who have both an intellectual disability and a mental health challenge (dual diagnosis). Franklin/Fulton County is piloting the WRAP® for People with Developmental Distinctions in collaboration with MH and the Copeland Center. The AE meets with the Tuscarora Managed Care Alliance to discuss policy changes to better serve people who have a dual diagnosis.
People who choose to work are employed in the community.	Increase the percentage of people who want to work to achieve community employment (Supported Employment and Transitional Work) by 5% (n= 61%) by June 30, 2017.	The number of people who are competitively employed has increased to 66 in QM Plan year 2013- 2015. The ID program has decided to measure community employment which will include supported employment and transitional work. This will be compared to the number of people who have an employment goal which indicates they want to work. The baseline data that will be used is 66 people are employed, 58 people are Transitional work and 223 people have an employment goal. This gives a baseline percentage of 56%.

# **Mental Health, Intellectual Disabilities, and Early Intervention Continuity of Operations Plan**

*Franklin County, PA*



MH/ID/EI Mission Statement: Franklin/Fulton Mental Health/Intellectual/Early Intervention partners with the community to develop and arrange for the availability of quality services and supports for individuals and families.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **FOR OFFICIAL USE ONLY**

Due to the compilation of potentially sensitive data, this EOP is marked FOR OFFICIAL USE ONLY (FOUO) when completed. Also, this information may be exempt under the provisions of the Freedom of Information Act, 5 U.S.C. § 552. As a result, the document and information herein are restricted to authorized personnel and other personnel designated by the MHID Department.

Steve Nevada, MH/ID/EI Administrator

September 28, 2015

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# Continuity of Operations Plan

## *Mental Health / Intellectual Disabilities / Early Intervention*

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### **TABLE OF CONTENTS**

<b><u>Section 1</u></b>	<b>General Guidance</b> .....	4
	Building Contacts.....	4
	Mission- Essential Functions (Table 2.3).....	4-5
	Essential Personnel (Table 2.4).....	6
	Table of Organization.....	7 Line of
	Succession.....	8
	Table 2.8 - Line of Succession.....	8
	Phase I: Activation and Relocation .....	8
	Phase II: Emergency Relocation Site (ERS) Operations.....	9
	Phase III: Reconstitution and Recovery.....	9
<b><u>Section 2</u></b>	<b>Emergency Procedures Guide</b> .....	10
	Fire .....	11-12
	Earthquake.....	13-14
	Flood .....	15
	Tornado .....	16
	Thunderstorm and Winter Storm .....	17
	Hurricane .....	18
	Power Failure .....	19
	Evacuation .....	20-21
	Hazardous Materials Incidents .....	22
	Threat by Phone .....	23
	Threatening Call Checklist .....	24
	Bomb Threat Checklist .....	25

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

Suspicious Mail or Packages .....	26-28
Medical Emergencies .....	29-30
Building Lock-down/Lock-in .....	31
Dangerous or Violent Behavior/Workplace Violence .....	32
<b><u>Section 3: Building Evacuation Plans</u></b> .....	33
General Instructions.....	34
Emergency Evacuation Procedures.....	35
Services Building	
Appendix B.1 HSB Emergency Call list.....	36
Appendix B.2 HSB Building Evacuation Routes.....	37
Appendix B.3 HSB Public Areas to be checked by staff.....	38
Appendix B.4 HSB Assigned Assembly Locations.....	39
<b><u>Section 4: Shelter-in-Place Plan</u></b> .....	40-43
<b><u>Section 5: Emergency Relocation Sites</u></b> .....	44
Table D.1 - Primary Emergency Relocation Sites .....	45
Table D.2 - Alternate Emergency Relocation Sites .....	45
ERS Procedural Checklist .....	46-53
<b><u>Section 6: Definitions and Acronyms</u></b> .....	54-55

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

#### **General Guidance**

##### **Building Contact and Emergency Response Coordinator**

The Human Services building contacts are: Stacey Yurko, Primary - x 23893

Rick Ackerman, Secondary – x 21203 Kathy West, Back-Up – x 22002

The emergency Response Coordinators are:

The emergency team that responds to the incident (fire, police, etc).

##### **Mission and Mission-Essential Functions**

The MH/ID Department's mission-essential functions are those critical processes the department must maintain, during the response and recovery phases of an emergency, to continue to serve its constituents. The department's mission-essential functions must be able to be executed within 12 hours of a major emergency and be sustainable for up to 30 days during the recovery phase of the emergency. This department's mission-essential functions are itemized in Table 2.3 below.

**Table 2.3 - Mission-Essential Functions**

<b>Mission-Essential Functions</b>	<b>Timeframe for return to operations (RTO)</b>
DCORT*	12 hours
Involuntary Commitments – Delegates **	12 hours
HCSIS Incident Management***	12 hours
Oversight of County Contracted Agencies****	72 hours

\* DCORT: DCORT shall take the lead for providing mental health support to the community in response to an emergency or disaster of any kind within the boundaries of the county(ies). The team will be deployed by a call from Emergency Management Agency or Risk Management. The team will also provide assistance to other counties as specified in mutual-aid agreements.

\*\* Involuntary commitments – Delegates: The coordinators of the night and day delegates will communicate with all delegates to determine if the current schedule can be followed. They will then communicate with each other to provide coverage, as needed. The Program Specialist responsible for the contract will communicate with both individuals to assure a smooth transition has been established. The coordinators are: Joey Garland, night delegates (717-414-9046; 717-762-6313). Cori Seilhamer, day delegates (see essential personnel list for number).

\*\*\* HCSIS Incident Management: Since HCSIS is web based, it can be checked from any location where Wi-Fi is available. If it cannot be accessed at work, the responsible Program

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

Specialist will do so from home. If his/her home computer is not working, he/she can access via a cell phone, at the library, etc. There is a back up Program Specialist, in the event that the first is unable to access. If HCSIS is down, the Program Specialist will continue to check about every hour until it is up and running.

\*\*\*\* Oversight of County Contracted Agencies: All residential and day programs have submitted their emergency disaster plans. These are kept at the administrative office and electronically. The program specialist responsible for the program will review the disaster plan and determine the next steps. If a particular program specialist is not available, his/her supervisor will delegate the responsibility.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

#### **Essential Personnel**

Essential personnel are the critical staff members in the department who are authorized and capable of performing mission-essential functions. These personnel are defined by position and name, and are categorized as “essential” by the position’s legal authority, nature of duties and responsibilities, or any other special circumstance considered vital to support mission-essential functions.

**Table 2.4 - Essential Personnel**

#### Mental Health

Name	Phone # 1 (Home)	Phone # 2 (Cell)	Phone # 3 (ER Contact)
Steve Nevada	717-729-7989	717-752-8078	717-398-1793 (wife)
Jim Gilbert	717-263-7343	717-491-4455	717-491-4453 (wife)
Cori Seilhamer	717-267-0620	717 372-1931	717-552-5199 (husband)
Jennifer Wenzel	570-660-5984		570-660-5764 (parent)

#### Intellectual Disabilities / Early Intervention

Name	Phone # 1 (Home)	Phone # 2 (Cell)	Phone # 3 (ER Contact)
Steve Nevada	717-729-7989	717-752-8078	717-398-1793 (wife)
Jane Cline	717-414-7698	717-262-8128 (cell)	717-263-4223 (mother)
Marion Rowe	717-267-7020	516-567-1966	516-996-1479 (husband)
Lori Young	717-597-2008	717-414-0541	717-324-2149 (husband)
Trish Elliott	717-576-3146	n/a	717-349-7492 (house)

**Instructions:** The MH/ID/EI Administrator will contact the first employee in the chain with emergency instructions. Each employee is responsible for calling the next on the list. In the event an employee cannot reach the next one on the list, they are to leave them a detailed message, and proceed to the next. Names of employees not reached are reported to the next employee. The last employee will call the MH/ID/EI Administrator to inform him/her when the chain is complete, and will provide him/her of the names of those not reached.

#### Additional Staff

Name	Phone # 1 (Home)	Phone # 2 (Cell)	Phone # 3 (ER Contact)
Erin Nye	N/A	814-599-5544	814-617-1409 (sister)
Ashley McCartney	717-414-7336		717-372-2050 (husband)
Becky Leidig	717-264-5606	717-860-8199	717-503-7039 (husband)
Dan Rhodes	N/A	215-821-0545	215-657-2522 (mother)
Kim Lucas	N/A	717-496-6239	717-809-9822 (boyfriend)
Tracy Radtke	717-655-5052	717-387-3937	717-762-7397 (parents)

*Continuity of Operations Plan*

*Mental Health / Mental Retardation / Early Intervention*

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**Exhibit A – MHID Department Organizational Chart**

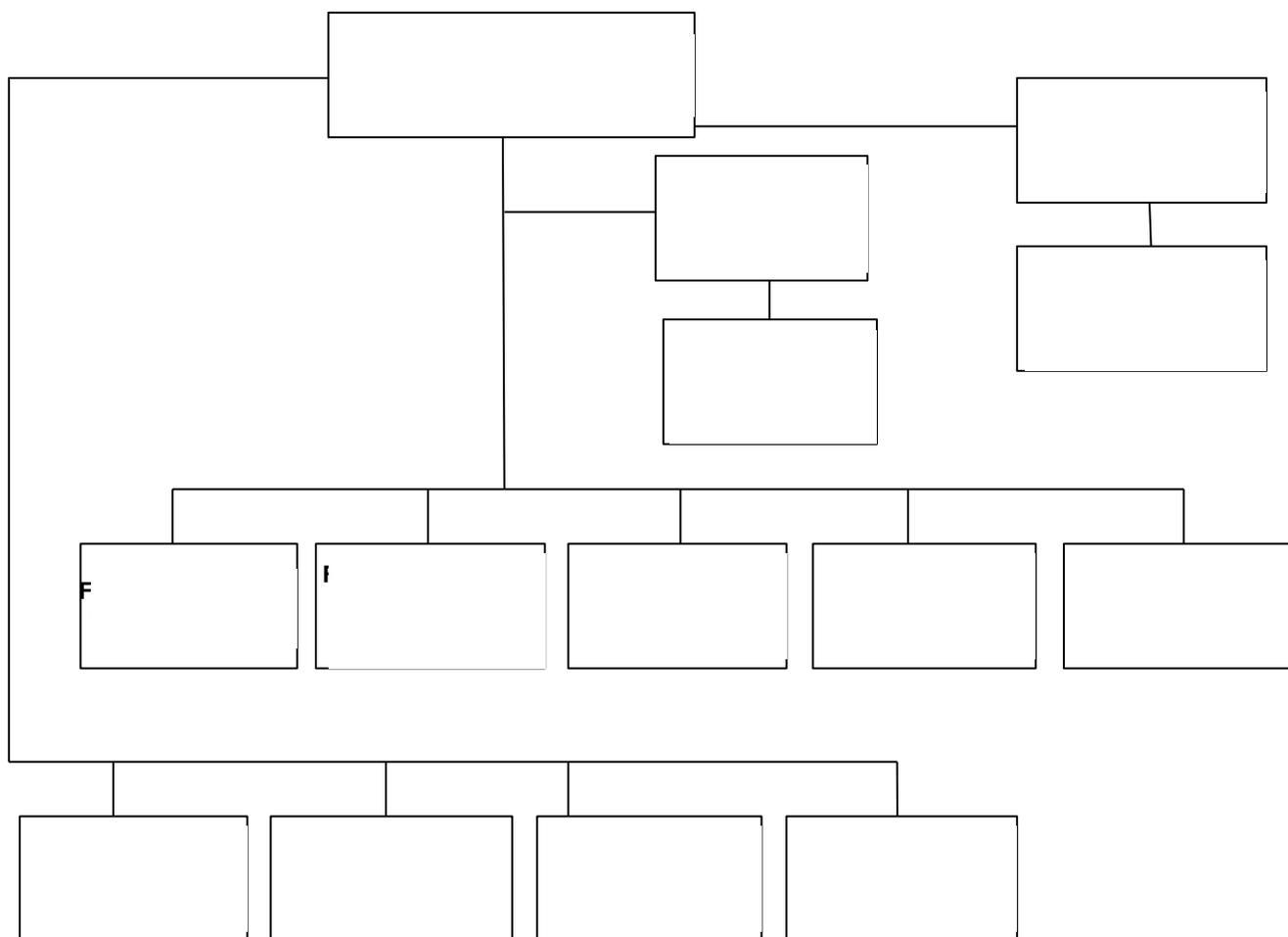
6/9/15

COUNTY HUMAN SERVICE ADMINISTRATION

Human Service Administrators

Franklin - Rick Wynn	Fulton - Jean Snyder
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Franklin/Fulton County MH/ID/EI Staff



## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Line of Succession**

In the event of a catastrophic disaster that results in death or impairment (to the extent that the official cannot effectively execute his/her assigned duties), the department has pre-determined its line of succession to maintain continuity of operations. Emergency interim successors have been designated, in order, and are legally authorized to execute all the powers and discharge all the duties of the office if vacancies, absence, or inability to act occur.

The following positions are hereby pre-designated, in order, as emergency interim successors and are legally authorized to execute all powers and discharge all duties of the office should vacancies, absence, or inability to act occur. All acts conducted by such officers shall be valid and binding in accordance with 53 Pa. C.S. §1123.

**Table 2.8 - Line of Succession**

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>
Administrator	Program Specialists of program affected - By seniority		
Program Specialists (MH or ID/EI, depending on situation) - by seniority	Program Specialists of program not affected – by seniority		

Designated successors will serve in such capacity at the discretion of the MH/ID Administrator or acting successor, and may be replaced or removed with or without cause (53 Pa. C.S. §1123).

#### **Phase I: Activation and Relocation**

The MH/ID Administrator has the authority to activate the COOP plan, but must get approval from the County Administrator before relocating department personnel and operations to the ERS. Upon activation of the COOP plan, the MH/ID Administrator is responsible for contacting or setting up a conference call with the County Administrator/ Commissioners, Fiscal, Purchasing, and any other individuals or departments that must approve any costs incurred.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Phase II: Emergency Relocation Site (ERS) Operations**

##### **Relocation/Transition of Operations**

The MH/ID Administrator will have notified the point of contact at the ERS of the department's need to relocate. Upon arrival, personnel should be given a short orientation to familiarize them with the facility and its resources. After the orientation, follow these steps in order:

1. Set up internal and external communications
  - a. Establish contact with County Administrator/Commissioners and report status
  - b. Establish contact with County EMA and report status, if necessary
2. Assign responsibilities to key staff
3. Inventory supplies and equipment, and identify any vital shortfalls
4. Set up vital records and systems
5. Resume delivery of mission-essential functions.

As the essential department personnel arrive at the emergency relocation site, they will begin to set up and resume essential functions. By prioritizing these essential functions during the planning process, the department will be able to ensure it is activated and operational. Essential personnel will also be aware of their roles and responsibilities as they relate to continuing the department's relocation. As detailed previously, the MH/ID Department's essential functions are:

1. DCORT
2. Involuntary Commitments - Delegates
3. Incident Management
4. Oversight of County Contracted Agencies

##### **Phase III: Reconstitution/Recovery**

The MH/ID Administrator will act as or designate a "reconstitution manager" to initiate and plan for the orderly return to normal operations. The reconstitution manager is responsible for determining whether the MH/ID Department will:

- Continue to operate at the ERS;
- Return to the MH/ID Department's primary facility; or
- Establish a reconstituted department at an alternate facility.

The reconstitution manager will provide direction and guidance to the department personnel to ensure a safe and efficient transfer of operations. Responsibilities may be delegated to other department personnel by establishing a reconstitution team.

# Departmental Emergency Procedures Guide



## **Emergency Procedures Guide Appendix 1: Incident Specific**

### **Checklists**

#### **Fire**

##### **ACTIONS**

1. Dial **911** and report location of fire.
2. Alert others and move everyone away from the area.
3. Use fire extinguisher on small (waste basket-size) fires:
  - P- PULL** safety pin from handle.
  - A- AIM** nozzle at base of fire (low).
  - S-SQUEEZE** the trigger handle.
  - S- SWEEP** the spray from side to side at base of flames.
4. For large fires, **GET OUT**, close doors and windows, and confine fire as much as possible.
  - If your clothing catches fire, **STOP – DROP – ROLL**.
  - If the fire is large, very smoky, or spreading rapidly:
    - Sound the building fire alarm, if possible, by pulling the red alarm pull box.
    - Inform others in the building who may not have responded to the alarm to evacuate immediately. The alarm may not sound continuously. If the alarm stops, continue the evacuation.
    - Evacuate the building, immediately using the nearest fire exit door or stairwell.
    - Do not use the elevator.
    - Stop others who may enter the building after the alarm stops.
    - Assist those with special needs.
    - Meet at your designated check-in point.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **When a fire alarm is activated:**

1. Proceed to the nearest exit. Learn where your exits are before an emergency occurs. Can you find this exit in diminished visibility, e.g., a smoke-filled corridor or loss of electrical power?
2. Feel the door **with the back of your hand**; if it is hot or smoke is visible, **do not open**.
3. **Do not** attempt to save possessions at the risk of personal injury.
4. **Do not** use elevators.
5. **Do not** break windows; oxygen feeds the fire.
6. **Stay low** if moving through smoke.
7. **ALL FIRES**, regardless of size, must be reported.

#### **If trapped in a room:**

1. Place cloth material around/under the door to prevent smoke from entering.
2. Close as many doors between you and the fire as possible.
3. **Do not** open or break windows unless necessary to escape (outside smoke may be drawn in).
4. Signal your location through the window.

**If caught in smoke**, drop to hands and knees to crawl, and hold your breath as much as possible. Breathe through your nose, using a filter (such as a blouse, shirt, jacket, etc.).

**If advancing through flames:** hold your breath; move quickly; cover your head and hair; keep your head down; and keep your eyes closed as much as possible.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Severe Weather Emergency: Earthquake**

##### **ACTIONS**

If indoors:

1. DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
2. Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
3. Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
4. Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
5. Stay inside until the shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
6. Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  7. DO NOT use the elevators.

If outdoors:

1. Stay there. Move away from buildings, streetlights, and utility wires.
2. Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits and alongside exterior walls.

If in a moving vehicle:

1. Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
2. Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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If trapped under debris:

1. Do not light a match.
2. Do not move about or kick up dust.
3. Cover your mouth with a handkerchief or clothing.
4. Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Severe Weather Emergency: Flood**

##### **ACTIONS**

1. **Stay out of the area.** Do not enter until the electrical power has been turned off. There is an extreme danger of electrical shock if the water has contacted any electrical devices.
2. **Call 911.**
3. Entrances to the flooded area should be locked to prevent entry by unauthorized personnel.
4. Identify a temporary shelter to house water-soaked materials.
5. Do not return to the building or work area until instructed by the appropriate authority.
6. Emergency management personnel and first responders will coordinate with the appropriate authorities to evaluate the situation.
7. Contact the MH/ID Administrator to determine if you should stay at work or return home, and when the Emergency Relocation Site is to be activated.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Severe Weather Emergency: Tornado**

##### **ACTIONS**

##### **TAKE SHELTER IMMEDIATELY!**

1. Proceed quickly to an underground area, such as a basement.
2. If an underground area is not available, consider taking shelter in the following locations:
  - Small interior rooms on the lowest floor and without windows;
  - Hallways on the lowest floor, away from doors and windows;
  - Rooms constructed with reinforced concrete, brick, or block, with no windows and heavy concrete floor or roof system overhead; and
  - Any protected area away from doors and windows.
3. Close all windows, doors, vents, and openings.
4. Store portable equipment, outdoor furniture, etc., inside the building.
5. Listen to local radio station for weather updates and storm progression.
6. Secure or store articles that may act as missiles near windows.

##### **Warning Conditions**

1. Relocate people away from windows and toward interior hallways/corridors, basements, or restrooms.
2. Position people along the wall on the opposite side of the corridor or room from which the storm is approaching.
3. Take position for greatest safety by crouching on knees, head down, with hands locked at the back of the neck.
4. If there is not time to shelter: go to the inside wall, away from windows; sit on the floor next to a wall, or get under a table or other furniture; hold a large book over your head.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Severe Weather Emergency: Thunderstorm and Winter Storm**

**Weather Watch:** Weather conditions are such that a storm may develop in a specified area.

**Weather Warning:** Weather conditions indicate that a severe storm has developed and will probably affect those areas stated in the bulletin.

#### **ACTIONS**

##### **Thunderstorm**

1. Relocate to the inner areas of the building, when possible or necessary.
2. During periods of high wind, keep away from glassed areas as much as possible

#### **ACTIONS**

##### **Winter Storm**

1. Take precautions to weatherize building against utility damage, such as frozen water pipes and falling limbs.
2. Prepare vehicles for emergency travel over ice and snow (i.e., chains, ice melt, shovel, jumper cables, etc.).
3. Check emergency and alternate utility sources, such as generator, and have back up resources like sterno stoves, flashlights, and battery powered radios.
4. Conserve utilities by maintaining lowest temperature consistent with health needs. Keep extra warm clothes and blankets nearby.
5. Take measures to secure building against storm damage.
6. Maintain driveways, parking areas, sidewalks to prevent injury and provide emergency access.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Severe Weather Emergency: Hurricane**

##### **ACTIONS**

1. Secure outdoor furniture and equipment.
2. Lower and securely fasten all blinds and drapes.
3. Check battery-powered equipment.
4. Store emergency drinking water in clean, closed containers.
5. Assemble tools necessary to make emergency repairs.
6. Relocate people away from windows toward interior hallways/corridors, basements, or restrooms.
7. After the storm passes, avoid use of lanterns, matches, etc., until it is determined gas lines are safe.
8. Avoid wet or damaged electrical wires.
9. Be aware of outdoor hazards (i.e., wires down, debris, etc.).

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Power Failure**

##### **ACTIONS**

1. Notify Commissioners' Office.
2. Keep calm and be patient; do not panic or alarm anyone.
3. Check on needs or concerns of building occupants.
4. Relay messages by courier, in-house mail, or cell phone, if necessary.
5. Automobile emergency supplies are helpful.
  - a. Flashlight
  - b. Cell phones
6. Turn off electrical equipment to avoid a potential surge when power is restored.
7. **DO NOT** attempt to manipulate thermostats, fuses, electrical boxes, boilers, generators, or other electrified devices.
8. Any decision to release personnel from the work site will be authorized by the Commissioners' Office.

In the event of a **BLACKOUT**, the following steps should be taken:

- Turn off all light switches. The voltage may fluctuate and damage any lights that are on.
- Set all equipment and appliance switches to the OFF position. This is to protect against kicking out the circuit breakers, blowing fuses, or damaging equipment when the full surge or current returns.
- Take measures to protect your equipment. Remember that air-operated controls and water pressure may be affected.
- Increase ventilation by opening windows. If the failure lasts more than a few minutes, it will be necessary to evacuate persons from darkened areas (restrooms, stairwells, or other areas with no windows or natural lighting).
- If it becomes necessary to evacuate the premises during a blackout, be sure to protect all valuables and make sure all equipment is safe when the power comes back on.

In the event of a **BROWNOUT**, the following steps should be taken:

- Turn off all lights and equipment not required for safety.
- Turn off all window air conditioners. Central air conditioning may have to be shut down. However, general ventilation will be maintained in centrally air-conditioned buildings at diminished levels.
- Identify equipment that may be sensitive to low voltage and take positive steps to prevent its damage.
- Full cooperation during a brownout is extremely important. Such cooperation may prevent the loss of all electrical power.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Evacuation**

##### **ACTIONS**

1. Protect those in immediate danger.
2. Alarm co-workers.
3. Call 9-1-1; give exact location of emergency/disaster scene.
4. Alert others to evacuate.
5. Shut down electrical appliances, if feasible.
6. Close doors and windows; turn off lights as you leave the room.
7. Leave on hallway lights.
8. Evacuate by assigned route.
9. Check public areas along assigned route. Turn off lights and close doors to any areas that have been cleared.
10. Assemble immediately at assigned location.
11. Perform accountability census.
12. Do not return to the building, until the "all clear" is given by authorized personnel.

##### **Other Considerations**

- All building evacuations or localized evacuations will occur when an alarm sounds continuously and/or when an emergency occurs. Refer to the Building Evacuation Plan in Section 3 for emergency routes, exits, and location of emergency supplies and equipment.
- Take valuables and close office doors when leaving. Walk to the nearest stairway exit. If you are disabled, yell for help to go down stairs.
- When there is a power failure, do not use the elevator; it could become inoperative, trapping you inside.
- Evacuate to a distance of at least 500 feet from the building and out of the way of emergency personnel. Do not return to the building until instructed to do so by public safety officials.
- It is advisable to have a flashlight and portable radios available for emergencies.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

- In the event of an emergency requiring a building evacuation, department personnel and all visitors will rendezvous for HSB at: Right/East side of building, toward Franklin Farm Lane; for Admin Annex: In parking lot at Brick wall next to maintenance garage.

#### **Evacuation of Disabled Individuals in Multi-Story Building:**

Assist persons with special needs in exiting the building. If these persons are unable to use the stairs, assist them to a stairwell, where they will remain. Notify public safety officials on the scene where these people are located to enable their evacuation from the building.

1. Take individuals to a secure location on the stair landing.
2. Someone should stay with the individual, while another goes for assistance.
3. Upon evacuating the building, employees will immediately report anyone awaiting assistance in the stairwell to a Building Contact (identified by an orange vest) or any emergency responder.
4. The employee and Building Contact jointly coordinate assistance for evacuation from the stairwell with the emergency response personnel.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Hazardous Materials Incidents**

##### **ACTIONS**

If any type of potentially hazardous materials appears to be leaking or poses a danger to people, the following steps should be taken:

- Call **911**.
- Shut the room doors to confine the fumes or fire.
- Extinguish all flames and ignition sources, if possible.
- Sound the building fire alarm so evacuation can begin. Evacuate immediately.
- Evacuate to a safe area at least 500 feet away from the building. Do not return to the building until instructed by the appropriate authority.

##### **Gas Leak ACTIONS**

1. Upon detection of odor, signal for **IMMEDIATE building evacuation**, by use of air horns and/or messengers.
2. Do not turn off lights or appliances; do not use telephones or any other device that may cause a spark.
3. Notify 9-1-1, providing name, location, and status of situation.
4. Perform Accountability Census.
5. Do not return to the building, until the "All Clear" is given by emergency responders.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

#### **Threat by Phone**

##### **ACTIONS**

1. Upon notice of a bomb threat, use air horns and/or messengers to notify offices in building to evacuate.
2. Contact 9-1-1.
3. Perform an accountability census.
4. Ask staff if they observed anything unusual or suspicious in the building.
5. Report unusual or suspicious observations to emergency response coordinator.
6. Person who received the call will complete a Bomb Threat Checklist.
7. No one returns to the building or leaves the premises until the "all clear" is given by emergency responders.
8. Questions from the press are directed to the police public relations personnel.
9. Cell phones, 2-way radios, and building alarm systems must not be used during a bomb threat event.

##### **DURING THE CALL**

- If caller ID is available; write down the information.
- Stay as calm as possible.
- Attempt to find out why the caller is upset (the reason for the threat).
- Identify the type of threat and to whom the threat is directed.
- Get as much information as possible about the threat and motive. (See "Bomb/Other Threat Checklist").

##### **AFTER THE CALL**

- Write down the exact threat and the entire statement, if possible.
- Call **911**.
- Notify the MH/ID Administrator.
- If directed to evacuate, proceed in accordance with the Evacuation Plan.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

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#### **Threatening Call Checklist<sup>1</sup>**

##### **Caller's Voice**

Male     Female

Angry     Calm     Crying     Laughing     Excited

Raspy     Slurred     Nasal     Stutter     Lisp

Soft     Loud     Deep

Accent: Type \_\_\_\_\_

Does the voice sound familiar? Like whom? \_\_\_\_\_

##### **Background Sounds**

Street     Bus Station     Phone Booth     Restaurant

Music     TV or Radio     Voices     Office Noises

PA System     Airport     Train     Factory

##### **Language**

Well-spoken     Incoherent

Irrational     Foul     Taped

Who disconnected the conversation?  Caller     Recipient

Number at which the call was received \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

If this is an emergency requiring *immediate action* by law enforcement, contact the county Emergency Communications Center (dial 911).

If this is **NOT** an emergency, but requires law enforcement awareness or reporting, contact your local law enforcement agency.

Information reported to the ECC or local law enforcement \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> [http://www.da.ks.gov/disc/pubs/ppms/p5217\\_00.htm](http://www.da.ks.gov/disc/pubs/ppms/p5217_00.htm).

## Continuity of Operations Plan

*Mental Health / Intellectual Disabilities / Early Intervention*

### **Bomb Threat Checklist**

#### **QUESTIONS TO ASK – RECORD ALL INFORMATION**

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:

SEX OF THE CALLER: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_ LENGTH OF THE CALL: \_\_\_\_\_

NUMBER AT WHICH THE CALL IS RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### **CALLER'S VOICE**

CALM	SOFT	DISTINCT	RASPY	DISGUISED
ANGRY	LOUD	SLURRED	DEEP	ACCENT
EXCITED	LAUGHTER	NASAL	RAGGED	WHISPERED
SLOW	CRYING	STUTTER	CLEARING THROAT	CRACKING VOICE
RAPID	NORMAL	LISP	DEEP BREATHING	FAMILIAR
IF VOICE IS FAMILIAR, WHO DID IT SOUND LIKE?				

#### **BACKGROUND SOUNDS**

STREET NOISES	OFFICE	LOCAL	STATIC
KITCHEN NOISES	FACTORY	LONG DISTANCE	VOICES
PA SYSTEM	ANIMAL NOISES	BOOTH	MOTOR
MUSIC	CLEAR	HOUSE NOISES	

#### **THREAT LANGUAGE**

EDUCATED	IRRATIONAL	TAPED
FOUL	INCOHERENT	

#### **REPORT CALL IMMEDIATELY TO:**

NAME:	PHONE NUMBER:	
DATE:		
YOUR NAME:	POSITION:	PHONE NUMBER:

September 28,

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Suspicious Mail or Packages**

General: These guidelines are offered to minimize the entry of suspicious mail, packages and other items into the Franklin County workplaces.

#### **Mail Handling:**

1. All mail and packages come into Franklin County buildings by the main entrance.
2. In buildings with a Security Station, the Mail Carrier or Delivery Person goes directly to the security station by-passing the line of visitors. In buildings without Security Stations, the Mail Carrier or Delivery Person goes directly to the office responsible for mail handling or delivery.
3. Security/Mail Handler does a quick visual inspection of packages and envelopes while the delivery person is there, pulling any items of concern and refusing delivery of those suspicious items.
4. Return Receipt & Certified Mail slips must remain attached to the package or envelope. If not, the item is to be refused and returned to the carrier.
5. Security then sends the Delivery Person on to the appropriate office or area for mail or package delivery/drop off.
6. Mail Handler or designated building representative signs for items requiring a signature at delivery, when there is no concern. Mail can be refused, if necessary.
7. Mail Handler conducts a more thorough inspection of the mail as they are sorting it for distribution. If something suspicious is found, contact is made with the individual, office or agency to which the item is addressed.
8. A mail handler for that operation will immediately go (within 5, no longer than 10 minutes) to the scene of the suspicious item to see if it is something they are expecting or familiar with.
9. If not, suspicious package guidelines are followed.

#### **Suspicious Package Guidelines:**

1. Any time a suspicious item is delivered and/or found, which causes extreme alarm, evacuate the building by using the air horns and call 911. This action can become priority at any step throughout the following process. Any Employee in a position to make this decision is required to attend the County's Mail Handling and Suspicious Package training.
2. When items are suspicious in nature, but do not raise immediate alarm: Isolate the item by laying it down and handling it as little as possible.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

3. Do NOT Open it.
4. Leave the area, closing the door behind you when possible.
5. Post a "Do Not Enter" sign. Signs are readily accessible and can be found on the interior side of the mail room or office door where mail sorting occurs.
6. Wash hands & notify supervisor. A list of building contacts and supervisors, following a chain of succession, will be posted in the mail room or mail sorting area for use in an emergency.
7. Supervisor notifies a designated Building Contact & Commissioners' Office at (717) 261-3810 or Ext. 23810.
8. Building Contact acts as the liaison between Commissioners' Office and external providers/emergency responders.
9. Contact the Department of Emergency Services, Emergency Management Agency (EMA) directly at (717) 264-2813 or by calling 9-1-1 and asking for EMA to assess the item. All parties understand, if EMA is not available for immediate response, 911 will contact local emergency responders.
10. Isolate individuals that have handled the package.

#### **Chemical Agent:**

1. Isolate the item by placing it in a plastic bag or covering it with a waste basket.
2. Wash your hands.
3. Supervisor and Building Contact determine if the item can be opened.
4. Contact 9-1-1, if in doubt.
5. Possible chemical agents will require isolation of those individuals in contact with the agent and evacuation of the remaining building occupants.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

#### **LETTER AND PARCEL BOMB RECOGNITION POINTS**

- If delivered by carrier, inspect for lumps, bulges, or protrusions without applying pressure.
- If delivered by carrier, balance check if lopsided or heavy sided.
- Handwritten addresses or labels from companies are improper. (Check to see if company exists and if they sent a package or letter)
- Packages wrapped in string are automatically suspicious, as modern packaging materials have eliminated the need for twine or string.
- Excess postage on small packages or letters indicates that the object was not weighed by the Post Office.
- No postage or non-cancelled postage.
- Any foreign writing, addresses, or postage.
- Handwritten notes, such as: "To Be Opened in the Privacy of", "CONFIDENTIAL", "Your Lucky Day is Here", or "Prize Enclosed".
- Improper spelling of common names, places, or titles.
- Generic or incorrect titles.
- Leaks, stains, or protruding wires, string, tape, etc.
- Hand delivered or dropped off for a friend packages or letters
- No return address or nonsensical return address
- Any letters or packages arriving before or after a phone call from an unknown person asking if the item was received
- If you have a suspicious letter or package, isolate the item, wash your hands, and notify your department head. The department head and Building Contact will decide on further action to be taken.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

#### **Medical Emergencies**

##### **ACTIONS**

First Aid/Rescue Kits are available in the Emergency Health & Safety Go Kits.

If you are not trained to use some or all of the equipment, refrain from taking any action beyond your abilities, other than calling for help and dialing **911**.

##### **Unconscious Victim**

1. Yell for help and have someone dial **911**.
2. The person dialing **911** should advise the dispatcher of their name, the nature of the call, the location of the victim, and any other information pertinent to the situation.
3. If you are trained in CPR, proceed with CPR procedures, if appropriate.

##### **Conscious Victim**

1. Yell for help and have someone dial **911**.
2. The person dialing **911** should advise the dispatcher of their name, the nature of the call, the location of the victim, and any other information pertinent to the situation.
3. Do not move patient or allow the patient to move around.
4. Try to control any heavy bleeding using direct pressure on the wound.
5. Try to keep the patient from going into shock by maintaining body temperature (keep the victim warm) and elevating the lower extremities, if possible.

##### **Illness or Serious Injury**

1. **Do not move** a seriously injured person, unless it is a life-threatening situation.
2. Dial **911**. Advise the dispatcher of your name, the nature of the call, the location of the victim, and any other information pertinent to the situation.
3. Return to the victim and attempt to keep him/her calm and comfortable. Do not move the victim, unless necessary to prevent further injury. First aid should only be given to the victim by a trained person.
4. Remain with the victim until an ambulance arrives. Advise on-scene officials of the nature of illness or injury, if known.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

5. Notify the MH/ID Administrator and the Franklin County Emergency Management Agency.
  - Persons with serious illnesses or serious injuries are transported to Chambersburg Hospital in Chambersburg, Pennsylvania, depending on the seriousness of the illness or injury. This determination will be made by the ambulance crew at the scene.
  - Persons with minor illnesses or minor injuries are transported to the Chambersburg Hospital in Chambersburg, Pennsylvania, for treatment, if necessary. If treatment is not immediately sought, these people are advised to make private arrangements to see a physician or to visit the hospital.

#### **Infection Control**

1. Obtain the blood spill kit from the Go Kit
2. Put on gloves.
3. Clean up spill with paper towels, working from outside to inside.
4. Place soiled towels in bag.
5. Disinfect contaminated area with disinfectant provided, or 1:10 ratio of chlorine bleach and water.
6. Isolate contaminated cloth-covered furniture or carpet for housekeeping to disinfect.
7. Let disinfectant stand 10 minutes.
8. Dry the area.
9. Remove gloves, turning them inside out to avoid skin contamination.
10. Place gloves in a bag.
11. Seal the bag.
12. Wash your hands.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

#### **Building Lock-down/Lock-in**

##### **ACTIONS**

1. Lock outside doors and windows and department/office suite doors immediately following notice of a situation.
2. Post a sign indicating that the building is temporarily closed to the public.
3. Notify department contacts of the situation and have them perform an accountability census of the building's occupants.
4. Assign a main entrance door monitor and have runners available, so departments/offices can be contacted to coordinate important visitations.
5. Encourage employees to remain calm. Do not create panic.
6. Have departments/offices check their areas. All areas of the building need to be cleared/checked.
7. Report suspicious sounds or persons to 9-1-1. Do not confront these individuals or situations. Evacuate the area or building.
8. Encourage those who need to leave the building to sign out; go outside in groups; check vehicles; and make sure everyone is able to leave the premises safely.
9. If there is an incident in the building, do not allow public access; call 9-1-1; and isolate the area or evacuate the building.
10. Have departments/offices initiate contact to employees in the field and provide building status, if possible.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

---

#### **Dangerous or Violent Behavior/Workplace Violence**

##### **ACTIONS**

##### **Identifying Dangerous Behaviors:**

1. Bringing weapons to the workplace;
2. Displaying overt signs of extreme stress, resentment, hostility, or anger;
3. Making threatening remarks;
4. Harassing/threatening behavior and/or phone calls.

##### **Building Guidelines**

1. Do not challenge or attempt to disarm the individual.
2. Contact 9-1-1. (Advise situation and location.)
3. Evacuate areas surrounding scene.
4. Isolate situation as much as possible.
5. Perform accountability census.

##### **Scene Guidelines**

1. Do not challenge or attempt to disarm.
2. Make contact on a personal level, if possible.
3. Listen. Repeat back concern in your own words, so they know you understand.
4. Cooperate and follow the instructions given.
5. Notify supervisor, if possible.
6. Contact 9-1-1, if possible.

# Building Evacuation Plans



## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **General Instructions**

1. Initial response (P-A-C-E) procedures are to be carried out by all County personnel when discovering an emergency/disaster situation.
2. Personnel with clients or visitors in their office area, must take responsibility for the safety of these individuals.
3. Emergency/disaster situations should be referred to as Red Alert, to minimize panic.
4. All hallways, stairways, and exit doors must be kept clear.
5. Be familiar with the location of fire extinguishers, pull stations, and exits closest to your work area.
6. Actively participate in fire/disaster drills, raising areas of concern and offering suggestions for improvement.
7. Do not use elevators in an emergency/disaster situation.
8. Do not park in fire lanes or loading/unloading areas of the buildings.
9. Be familiar with your building's evacuation plan.

#### **Initial Response Procedures (P-A-C-E)**

P - Protect/remove those in immediate danger. A - Alarm

co-workers by sounding the alarm.

C - Contain the emergency/disaster scene (close doors and windows). E -

Extinguish or evacuate.

#### **Fire Extinguisher Use Procedures (P-A-S-S)**

P - Pull the pin.

A - Aim the extinguisher low at the base of the fire. S -

Squeeze the lever.

S - Sweep from side to side.

## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Emergency Evacuation Procedures**

1. Protect or remove those in immediate danger.
2. Alarm co-workers by pulling the handle on the nearest alarm pull station or using the air horn when circumstances warrant.
3. Contain the emergency/disaster scene by closing doors and windows.
4. In case of a fire, extinguish when possible or call 9-1-1 to give exact location of emergency/disaster scene within the building.
5. The Emergency Call List is provided as a means of emergency communication in lieu of the building alarm system, when the situation warrants.
6. Emergency Call List. (see Appendix B.1)
7. Designated individuals obtain first aid kits and department emergency preparedness blue bags.
8. Lock-down systems and turn off electrical appliances, if feasible to do so.
9. Turn off office lights and close doors as you leave a room. Hallway lights remain on, so occupants can see to exit building.
10. Evacuate by assigned route. (see Appendix B.2)
11. Check public areas along your assigned route. Turn off lights and close doors to any areas that have been cleared. (see Appendix B.3)
12. Assemble immediately at the assigned location. (see Appendix B.4)
13. Each respective department will perform an accountability census. List all employees, clients, and visitors in your assembly area. Also, list any one you believe may still be in the building. (see Appendix B.5)
14. The completed list is then taken by a designated individual to the Planning assembly area, in the parking lot out from the North exit (Main Entrance). Planning will compare lists to check for missing individuals from any given group. Planning will then notify the person in-charge, from emergency services, of the potential for individuals in the building.
15. Do not return to the building, until the all clear is given by authorized personnel.
16. Do not assemble near the building; all individuals should go to their designated assembly point.

*Continuity of Operations Plan*

*Mental Health / Intellectual Disabilities / Early Intervention*

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**Appendix B.1: H Emergency Call List**

<b>DEPARTMENT</b>	<b>TELE/EXT NUMBER</b>
Children and Youth	263-1900, X21900
Drug & Alcohol	263-1256, X21256
Human Resources	261-3150, X23150
Human Services Admin	261-3893, X23893
Juvenile Probation	261-3122, X23122
MH/ID/EI	264-5387, X25387
Risk Management	261-3819, X23819



*Continuity of Operations Plan*

*Mental Health / Intellectual Disabilities / Early Intervention*

**Appendix B.3: H [redacted] Public Areas to be Checked by Designated Staff**

<b>DEPARTMENT</b>	<b>AREAS TO BE CHECKED</b>
Human Resources	Women's restrooms & Conference rooms (155 & 156).
Children and Youth	Men's restrooms & Conference rooms (In Suite & 157).
<b>MH/ID/EI</b>	Stairwell (starting with office closest to stairwell and moving in until a staff member is present)
Juvenile Probation	Rear Storage Area, MIS/Phone room, Lunch room & boiler/furnace rooms.

**Appendix B.4: H [redacted] Assigned Assembly Locations**

<b>DEPARTMENT</b>	<b>ASSIGNED LOCATION</b>
Children and Youth	Back-side of parking lot out from the building entrance at Children and Youth Office.
Human Resources	Back-side of parking lot out from the main building entrance at conference rooms.
Human Services Administration	North parking lot.
Juvenile Probation	Lower level/South parking lot on far edge toward nursing home.
<b>MH/ID/EI/D&amp;A</b>	Back-side of parking lot out from the building entrance at MH Office.
Risk Management	Back-side of parking lot out from the main building entrance at conference rooms.

*Continuity of Operations Plan*

*Mental Health / Intellectual Disabilities / Early Intervention*

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**Appendix B.5: Building Evacuation Procedures Accountability Census**

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

1. List all individuals present at reporting area. Check-off appropriate block indicating if they are an employee or visitor/client.
2. List all employees and visitors that may still be in the building. Check-off the “missing” block.
3. Once complete, Department Accountability Census sheet is taken by a designated individual to

**SIGN-IN & CHECK WHICH APPLIES:**

<b>NAME</b>	<b>EMPLOYEE</b>	<b>VISITOR</b>	<b>MISSING</b>

# Shelter-in-Place



## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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#### **Shelter-in-Place Plan**

Although sheltering in place is for the protection of all, people cannot be forced to remain in the building. Those choosing to leave the premises are asked to sign out as they leave on the shelter-in-place sign out sheet, which will be posted on the main entrance of the building.

#### **Shelter in place locations:**

**Human Services Building:** Juvenile probation and the cage area

The Emergency Management Agency may call for shelter-in-place. Shelter-in-place is a plan designed to secure an area in the home or place of business to prevent the potential of contact with hazardous airborne chemicals or particles. An area in each County building has been designated as the shelter-in-place room. Although sheltering in place is for the protection of all, people cannot be forced to remain in the building. Those choosing to leave the premises are asked to sign out as they leave on the shelter-in-place sign out sheet, which will be posted at the main entrance of the building.

The building contacts and assigned volunteers will ensure the following steps occur if there is a need for shelter-in-place:

1. Shut and lock all windows and doors.
2. Turn off all air handling equipment (HVAC).
3. Go to pre-determined sheltering room(s).
4. Building contacts and assigned employees will seal any window and/or vents with sheets of plastic and duct tape.
5. Building contacts and assigned employees will seal the door(s) with duct tape around the top and sides, and place a wet towel at the bottom of the door.
6. Turn on a TV or radio and listen for further instructions.
7. When the "all-clear" is announced, open windows and doors and go outside until the building's air has been exchanged with the now clean outdoor air.

Although Shelter-in-Place is for our protection, people cannot be forced to remain in the building. Those choosing to leave the premises are asked to sign out as they leave on the Shelter-in-Place Sign-out Sheet, which will be posted at the Main Entrance of each building. Shelter-in-Place drills will be held to familiarize employees with the procedures.

*Continuity of Operations Plan*

*Mental Health / Intellectual Disabilities / Early Intervention*

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**Franklin County Shelter-In-Place Sign-Out Sheet**

The Department of Emergency Services has declared a Shelter-In-Place. The County provides a secure area for those in the building at the time of an emergency situation of this nature as a precautionary measure. However, you may elect not to Shelter-in-Place. If this is your choice, we ask that you sign below, so we are able to account for your whereabouts prior to securing the Shelter-in-Place rooms.

**The Shelter-in-Place Rooms are Located:**

**Human Services Building:** Juvenile probation and the cage area

The primary entrance to the Shelter-in-Place will be secured 15 minutes from the time the Shelter-in-Place is declared.

Shelter-in-Place Declared at \_\_\_\_\_ a.m./p.m. Doors secured at \_\_\_\_\_ a.m./p.m.

<b>NAME</b>	<b>DEPARTMENT/VISITING</b>	<b>TELE NUMBER</b>



# Emergency Relocation Sites



## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

#### **Emergency Relocation Sites**

Franklin County has not assigned its departments to specific ERS because it chooses to retain flexibility in the event of a disaster. The Franklin County Administrator, or designated representative, will retain the authority to assign a department to a specific ERS in the event of an emergency. Sites that will be able to support the functions and staff of the MHID Department when its primary facility is threatened, damaged, destroyed, or inaccessible are given below.

**Table D.1 - Primary Emergency Relocation Sites**

<b>Primary Emergency Relocation Sites (ERS)</b>			
<b>ERS Building Name</b>	<b>Address</b>	<b>Site contact</b>	
Administrative Annex	218 North Second Street Chambersburg, PA 17201	Commissioner's office x23812	717-261-3812 (outside line)
Human Services Building	425 Franklin Farm Lane Chambersburg, PA 17202	Commissioner's office x23812	717-261-3812 (outside line)
Agricultural Extension Building #2	181 Franklin Farm Lane Chambersburg, PA 17202	Commissioner's office x23812	717-261-3812 (outside line)
Criminal Justice Building #3	191 Franklin Farm Lane Chambersburg, PA 17202	Commissioner's office x23812	717-261-3812 (outside line)

**Table D.2 - Alternate Emergency Relocation Sites**

<b>Alternative Emergency Relocation Sites (ERS)</b>			
<b>ERS Building Name</b>	<b>Address</b>	<b>Site Contact</b>	
Senior Center - Greencastle	10615 Antrim Church Road Greencastle, PA 17225	Commissioner's office x23812	717-261-3812 (outside line)
County Jail	1804 Opportunity Avenue Chambersburg, PA 17201	Commissioner's office x23812	717-261-3812 (outside line)

# ERS Procedural Checklist



## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

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#### ERS Procedural Checklist

This checklist corresponds with *Section 3: Implementation and Activation of COOP Plan*, in the COOP. This checklist should be utilized during COOP Plan activation and ERS operations. It may be used to periodically update the EMA and County Commissioners through routine department situation reports.

#### Department Heads

Completed or N/A	By (initial)	Time	Item
<b>PHASE I: ACTIVATION AND RELOCATION</b>			
<b>Activation</b>			
			Is the incident an immediate threat to the health, safety, and welfare of employees or visitors? Evacuate or Shelter-in-Place, then see next steps.
			Will the situation impact the department for greater than 48 hours? Can the department close until the hazard passes? Does the situation require the department to operate from another location?
			Decide to close temporarily <i>or</i> decide to activate the COOP Plan. Is there time to consult with the Commissioner's office (Chief Clerk or Deputy Chief Clerk) and EMA?
			Determine the level of activation required based on the category of emergency in accordance with Table 3.1 (i.e., Level I, II, III, IV, or V).
<b>Alert and Notification</b>			
			Inform the Commissioners of COOP Plan activation (call County Clerk or Deputy Clerk).
			Ensure the Emergency Communications Center (call 717-334-8603) informs the EMA Director of COOP Plan activation.
			Call both the primary <i>and</i> alternate ERS Points of Contact (POC) listed in tables 2.9 and 2.10 for availability and access considerations.
			Identify department personnel to form an ERS "Advance Team." Recommend this team be organized by functional role and responsibilities (logistics, planning, and finance/administration). Recommended number of personnel required is three to five (3-5).

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

Completed or N/A	By (initial)	Time	Item
			Gain full accountability (disposition/status and current location) of all essential and non-essential staff and inform all personnel of decision to implement the COOP Plan and activate the ERS. Issue detailed instructions on actions they are expected to take: Use Table 2.4 Employee Cascade List to call all essential personnel Stay at home or report to work? Provide guidance, directions, and instructions. Call all non-essential personnel. Stay at home or report to work? Provide guidance, directions, and instructions. Instruct the "Advance Team" to prepare the selected ERS for protracted operations: Provide guidance and direction. Supervise all activities.
			Regularly update all staff (both essential and non-essential) of situational developments at routine, pre-established intervals (keep them informed).
<b>PHASE II: EMERGENCY RELOCATION SITE (ERS) OPERATIONS</b>			
<b>Relocation and Transition of Operations</b>			
			Secure and distribute "go kits" to Advance Team and/or essential personnel.
			Conduct a site survey of the ERS with the Advance Team (time permitting): Ensure Advance Team inventories everything on hand.
			Coordinate and supervise the removal of all vital records, databases, systems, and equipment identified in the COOP and coordinate/supervise their transfer to the ERS (after Advance Team ERS site survey is completed and as the situation permits).
			Shut down and/or secure current facility: Turn off all lights, power, and utilities. Secure all drawers, offices, filing cabinets, and lock-boxes. Place tape over doors and use plastic zip-ties to mark and secure. Inventory all high-value dollar items. Inform building security, EMA, Chief Clerk, and/or local police once complete.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

Completed or N/A	By (initial)	Time	Item
			Receive employees and begin operations (once ERS is ready): Send personnel accountability report to EMA. Conduct daily accountability checks (physical or telephone).
			Re-establish mission-essential functions as prioritized in the COOP (48 hours is the goal).
			Open to the public: Issue media release, public announcement, and/or update Web site instructions.
			Make routine status reports to: County Commissioners' office (Chief Clerk or Deputy Chief Clerk). EMA Operations Section Chief or Finance and Admin Section Chief. Employees (postings to Web site, hotline, or routine calls). Other agencies. Public.
<b>PHASE III: RECONSTITUTION/RECOVERY</b>			
			<b>De-activation Considerations</b>
			Can operations return to original site? Yes – Consult with County Commissioners, County Clerk, and EMA. No – Continue operations at ERS.
			Determine date for re-occupation.
			Inform all employees, county departments, and constituents: Post information on Web site or through public announcement.
			Send Advance Team to original office space or building.
			Establish power, utilities, and communications at original site.
			Coordinate logistics support through EMA.
			Transfer vital equipment, systems, vital records, and databases to original site.
			Receive employees and begin operations: Send personnel accountability report to EMA.
			Re-establish mission-essential functions as prioritized in COOP.
			Open to the public: Issue media release, public announcement, and/or update Web site instructions.
			Return to normal operations.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

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#### Advance Team Members

*Note: For departments lacking sufficient personnel resources to form an Advance Team, the Department Head will perform the tasks outlined below. These tasks should be accomplished prior to the ERS opening to the public.*

Completed or N/A	By (initial)	Time	Item
<b>PHASE I: ACTIVATION AND RELOCATION</b>			
			<b>Activation</b>
			Not Applicable (N/A) – ERS Activation authority lies at the department head level. Advance Team members do not have this authority.
			<b>Alert and Notification</b>
			Once notified of COOP Plan activation, dress appropriately and assemble the basic supplies necessary to carry out your duties and responsibilities as an Advance Team member: Food/water Pen and paper Flashlight Toolkit (or available tools; e.g., hammer, wrench, screwdriver) Camera (if available) Phone and phonebook COOP Carrying case, backpack/daypack, or satchel
<b>PHASE II: EMERGENCY RELOCATION SITE (ERS) OPERATIONS</b>			
			<b>Relocation and Transition of Operations</b>
			Conduct a site survey of the ERS (time permitting): Inventory what is on hand.
			<b><i>Logistics Position Considerations</i></b>
			Establish power and basic services at the ERS: Call utilities providers. Coordinate backup power needs through EMA.
			Establish communications (landline, cellular, Internet, email, handheld radios, etc.): Contact the Information Technology Department.
			Determine ERS security needs and coordinate through Department Head.
			Develop a timeline for occupation and provide to the Department Head.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

Completed or N/A	By (initial)	Time	Item
			Determine what resources are necessary to open and occupy the ERS in the time allotted.
			Coordinate logistics support through Department Head and/or directly with EMA: Request additional resources necessary. – Unmet needs request (food, transportation, power, administrative supplies, etc.).
			Coordinate for transportation to and from the ERS.
			Coordinate for food, water, and subsistence items or services.
			Coordinate for restroom support (if not on hand or inoperable).
			Coordinate for trash receptacles (if needed) and trash pick-up at ERS.
			Coordinate for special needs or medical needs (ADA compliance at ERS).
			Obtain backup generator from EMA (if needed).
			Coordinate for crisis counseling or mental health treatment for employees.
			Obtain, purchase, or coordinate for safe and/or vault storage (petty cash, records, etc.).
			Coordinate all admin supplies (paper, writing utensils, folders, etc.).
			Coordinate for telephones, computers, printers, faxes, copy machines, and other office essentials.
			<b><i>Finance and Administration Position Considerations</i></b>
			Compile and consolidate all vital records, databases, systems, and equipment at original facility for movement to ERS.
			Coordinate additional personnel needs with logistics position/team member: Work release or low-risk prisoners may assist with physical labor.
			Obtain boxes, dollies, or other materials-handling equipment for movement of records.
			Transfer vital equipment, systems, vital records, and databases for ERS operations (including administrative supplies).
			Inform all financial institutions/banks of movement (if your department has an account or does regular “money runs”).
			Re-establish time-keeping capability to ERS and develop any site-specific procedures.

## Continuity of Operations Plan

### Mental Health / Intellectual Disabilities / Early Intervention

Completed or N/A	By (initial)	Time	Item
			Develop tracking chart and begin tracking all expenses incurred.
			Track employee work-related issues (claims, workers compensation, time stamps, etc.).
			<b><i>Planning Position Considerations</i></b>
			Configure rooms, determine general layout, and assign workspaces to employees.
			Post signage: Bureau/Department sections Employee workspace Restrooms Registration Break room Phone bank/Internet café Public access Parking
			Develop Access Control Plan (or procedures): Develop and issue badges (if required). Maintain key control. Designate employee and public access.
			Develop ERS evacuation procedures: Rally points. Assign personnel to assist persons with special needs.
<b>PHASE III: RECONSTITUTION/RECOVERY</b>			
			<b>De-activation Considerations</b>
			Note: The Advance Team will follow the same steps provided above to return the original facility to normal operations.

# Definitions & Acronyms



## *Continuity of Operations Plan*

### *Mental Health / Intellectual Disabilities / Early Intervention*

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## **Definitions and Acronyms**

### **Definitions**

**Emergency Alert System** – The Emergency Alert System (EAS) is a national public warning system that requires broadcasters, cable television systems, wireless cable systems, satellite digital audio radio service (SDARS) providers, and direct broadcast satellite (DBS) service providers to provide the communications capability to the U.S. president to address the American public during a national emergency.

**State Level** - The State of Pennsylvania's Emergency Alert System (EAS) is intended for the dissemination of emergency information and warnings to the general public within the Commonwealth of Pennsylvania, utilizing the resources of the broadcast and cable industries. The Pennsylvania EAS network is activated to warn a potentially impacted populace of an impending or occurring emergency/disaster event, regardless of type (weather or other natural hazard, technological hazard, or terrorism). One or more of four state agencies may activate the EAS network in Pennsylvania, in addition to the counties and federal government.

**Emergency Operations Center** – This is a site from which civil government officials (municipal, county, state and federal) exercise direction and control in an emergency or disaster. (FEMA 229)

**Emergency Operation Plan** – This is a plan that describes the basis for a coordinated and effective response to any type of emergency or disaster that affects lives and property of the plan's jurisdiction. This plan defines the roles and responsibilities of the county government, private and volunteer organizations, and state and federal agencies within the county.

**Frequency of Occurrence** – The probability of a hazard occurring over a given period of time.

**Hazard Mitigation Plan** – A document that determines how to reduce or eliminate the loss of life and property damage resulting from natural or human-caused hazard.

**Hazard Vulnerability Analysis** – The process of evaluating risk associated with a specific hazard and defined in terms of probability and frequency of occurrence, magnitude, severity, exposure, and consequences

**Terrorism** – Violent act or an act dangerous to human life that is in violation of the criminal laws of the U.S. or any state and is meant to intimidate or coerce a government, the population, or a segment thereof in furtherance of political or social objectives.

### **Acronyms**

CBRNE            Chemical, Biological, Radiological, Nuclear, or

Explosive COG    Continuity of Government

COOP            Continuity of Operations

September 28,

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EAS	Emergency Alert System
ECC	Emergency Communications Center
(911) EMA	Emergency Management Agency
EOC	Emergency Operation Center
EOP	Emergency Operations Plan
ERS	Emergency Relocation Site
ESF	Emergency Support Function
FCEMA	Franklin County Emergency Management
Agency FEMA	Federal Emergency Management Agency
GIS	Geographic Information
Systems HAZMAT	Hazardous Material
HMP	Hazard Mitigation Plan
HVA	Hazard Vulnerability Analysis
MIS	Management Information Systems
NIMS	National Incident Management
System	
PEMA	Pennsylvania Emergency Management
Agency RTO	Return to Operations
SEOP	State Emergency Operations
Plan WMD	Weapons of Mass Destruction