

June 26, 2014

Dear Commissioners Keller, Thomas, & Ziobrowski,

Thank you for your continued efforts to make Franklin County a better place for people living with vulnerabilities. It is difficult this particular year to comment on the proposed 2014-2015 budget and plan for the Human Services Block Grant Pilot Program (HSBG) due to the revelation of the commonwealth's failure to accurately predict the shortfall in revenues.

I appreciate the frustration county staff must feel as it attempts to create the budget and plan amid the uncertainty in Harrisburg. According to our Human Services Director there was a delay in receiving guidance from the DPW with regard to completing the plan in addition to the budgetary uncertainty.

I believe it was wise for our Human Services Director to place a hold on funding any new mini-grants and to save the rolled over HSBG funds until such time there is more certainty. I also thanked the Human Services Director for returning funds for Intellectual Disabilities (ID) to cover the budget deficit for ID.

Without a good sense of how to comment on specific line items in the budget, I am focusing my public commentary on the process involved with developing the plan and budget.

According to Act 80 of 2012, counties participating in the HSBG are legally obligated to engage the public and stakeholders in a standardized transparent process for developing the county HSBG plans. Participating counties must hold at least two public hearings to gain the public's input and feedback on the counties' *draft* plans before submitting them to the DPW.

Although a public hearing for June 20, 2014, was advertised in a local newspaper, no information about the plan was found anywhere in the public domain. It was impossible for the public to provide input or feedback at this "public hearing." Therefore, it is hard to make the claim that the June 20th meeting was in fact a public hearing. The planning process occurred in contravention to applicable law. When this was brought to the attention of the Human Services Director he directed that staff contact the IS Department to get the draft plan on the county website. The staff contacted the IS Department during the middle of the June 20th meeting.

At the June 20th meeting the public heard from one of the self-advocates. She stated that she had not been able to review the plan (that she was expected to vote on) due to not having a computer available to her. At that time it was noted by staff that the plan had been sent electronically to the committee members late on the Friday evening prior to that Tuesday's meeting. A committee member representing the MHIDEI Advisory Board stated he had received the plan and had reviewed it without any information about how the plan was put together. He asked how the staff was guided in its development of the plan. Two other advocates were absent. Of the 7 voting members, 1 was an actual user of services and she had not seen the document. Of the 6 other voting members, only the 1 man asked questions related to how the document was put together. None of the five remaining voting members questioned the plan. The Human Services Director answered the question about how the plan was developed, as indicated in the meeting minutes (made available after the July 24, 2014, public hearing). He stated he had staff use the previous year's parameters.

The 2014-2015 HSBG Plan was developed from a “top-down” approach with no input from the voting members. When the plan was sent to voting members it came with no explanation. It is hard to comprehend how this plan could be described as having been developed in a transparent fashion or in collaboration with the voting members. According to the meeting minutes, one voting member and service provider had a question about the funding of her organization’s mini-grant.

The public, at the June 20th “public hearing,” was subjected to the same slide show presentation given at the June 24th public hearing at the regularly scheduled County Commissioners’ meeting. It is important to note that both County Commissioners present at that meeting stated the summary slide showing the proposed budget was too small and too fuzzy to read. Any document developed by a committee tasked with serving people with disabilities should make sure the document is accessible to people with disabilities.

Another example of inaccessibility was made evident during the discussion on June 20th, brought about by the MHIDEI Advisory Board representative, surrounding the mission statement. He was concerned that the statement was focused on system outputs and not on how individuals using services were impacted. He offered a revised mission statement. A quick review of the original statement yielded a Flesch-Kincaid reading level of 17th grade. Again, there appeared to be no connection between the developers of the plan and the individuals they are serving. It is common practice to make information for individuals with disabilities available at a third grade reading level. Once the reading level was established, all committee members agreed to make an effort to have future documents compliant with Section 508 of the Rehabilitation Act, as well as, the Americans with Disabilities Act.

Suggestions for improving the process of developing future HSBG Plans should include:

- 1) Increasing the number of self-advocates. Doubling the number may assist in improving the likelihood there will be more self-advocates present at meetings (these are people who are living with extraordinary vulnerabilities and should have a higher than expected number of absences than other members).
- 2) Information, especially items to be voted on, must be received by *all*, voting members no less than 10 days prior to a meeting. The receipt of the information should be confirmed. It is unjust to not insure that a vulnerable person has the information needed to make decisions. Being singled out as the only person unable to access the information is humiliating and creates a situation where the vulnerable person is more likely to give socially accepted answers in an effort to appear more knowledgeable or part of the group.
- 3) Public hearings should not only be advertised, but should include a way for the public to provide input and feedback. Documents, such as plans and budgets, should be made available to the public prior to any hearing.
- 4) Minutes of all public meetings for the HSBG should be made available to the public.
- 5) Increase the diversity of the committee members.
- 6) Proofread the document before it is submitted to the DPW.

In addition to process suggestions, I have a few questions and comments on plan in general.

- 1) Why are the proposed CASSP meetings and referrals so much lower in number than last year? Is this in anticipation of budget cuts? The same thing with the number of people projected to be served by housing organizations.
- 2) Why is the HSBG committee considering providing financial support for clinicians' credentialing? If a clinician wants to be able to be paid to serve people with co-occurring conditions, then they should pay for their own credentialing. That's how it is done in other fields. Same thing with CCISC credentialing.
- 3) Are people being trained on how to use the automark machine to assist them with voting?
- 4) What kind of outreach is being done for non-English speakers?
- 5) What are the specific types of communication methods being provided to people who are minimally- to non-verbal? How are these facilitated and augmented methods being paid for? Can they be paid for by Medicaid?
- 6) Data collection remains output oriented, please make every effort to be person oriented.
- 7) People with ID experience co-occurring substance abuse, however, these individuals are never mentioned when referring to D&A programs.
- 8) The Point in Time survey must follow the national standards to get a count that can be taken seriously.
- 9) A criticism of the grant itself (not the county staff) is that it concerns itself only with individuals "enrolled" in programs while we can see the numbers of people served are very low when compared to the expected prevalence of many disorders.

Thank you for this opportunity to provide public commentary.

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