

Franklin County Human Services Plan

Fiscal Year 2015/2016

To Be Submitted: June 26, 2015

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 who receive services, families of service recipients, consumer groups, providers, and partners from other systems;*

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

The leadership team is comprised of key fiscal and human service administration staff and includes: Human Services Administrator, Fiscal Specialist, Human Services Fiscal Director, MH/ID/EI Administrator, 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 categoricals have their own advisory boards which inform the direction of each department and Block Grant-funded programs:

- *The Franklin/Fulton Drug and Alcohol Advisory Board* holds six meetings a year, three in Franklin County, three in Fulton County. The seven members include two commissioners (one from each county), representatives from a church, a Federally-Qualified Health Center (FQHC), and Fulton County Probation Office, as well as a member who is in recovery and another who has a family member affected by substance abuse. They provide input into the Block Grant Plan, are informed of Block Grant impact, and are made aware of any D&A requests for new funding.
 - *The Franklin County Housing Task Force* consists of about 25 people who meet bi-monthly on issues around housing and homelessness. Representatives from both County shelters and the HAP program attend regularly, along with Housing Authority staff, staff from the domestic violence shelter, Salvation Army, an FQHC, two Boroughs, and several religious organizations. They also receive updates on Block Grant plans and funding requests. 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 Developmental Disabilities/ Early Intervention. Additional representation comes from the following areas of expertise: psychology, social work, nursing, education, religion, local health and welfare planning organizations, local hospitals, businesses and other interested community groups. The MH/ID/EI Administrator provides HSBG updates as applicable during the Board meetings. They have impact on decisions related to MH/ID/EI funding and decisions, which indirectly can impact the HSBG.
 - *The Children & Youth Advisory Board* meets five times each year. Members come from various sectors, including the County Commissioners, law enforcement, academia, school districts, providers, and staff. They receive updates on the 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. Through its Priority Needs Assessment & Outcomes Committee, the County Planning Team is working to establish an objective decision-making framework that incorporates needs, outcomes and values when developing future human services plans. We anticipate that this process may take several years, but feel it is a critical component in future funding and program decisions.

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

The collaborative nature of the Block Grant Plan process remains extremely beneficial to the county, especially the inclusion of consumer and family perspectives. The Planning Team is better able to take a holistic approach because they better understand each department's mission and services. The process also yields more empathy among planners. The County Planning Team still wrestles with the weighty question of, "How can we be expected to pick certain human services over others when there is such great need throughout all of the programs?" But, with the collaborative nature of Franklin County stakeholders, and the forward movement of integrating objective data into the decision-making process, this task is no longer as daunting as County Planning Team members perceived in the past.

PART II: PUBLIC HEARING NOTICE

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

Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716, the County conducted two public hearings to receive input on the Human Services Plan detailed in this document. A draft of the Block Grant Plan was posted on the County's website on May 15, 2015 for public review and comments. Public hearings were held at 3:00 PM on May 26, 2015, as part of the Block Grant Planning Committee, and 9:30 AM on June 23, 2015, as part of the Board of County Commissioners meeting. Appendix B contains the proof of publication and summaries of the public hearings.

PART III: WAIVER REQUEST

The County is not requesting a waiver at this time.

PART IV: HUMAN SERVICES NARRATIVE

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

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

MENTAL HEALTH SERVICES

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

a) Program Highlights:

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

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

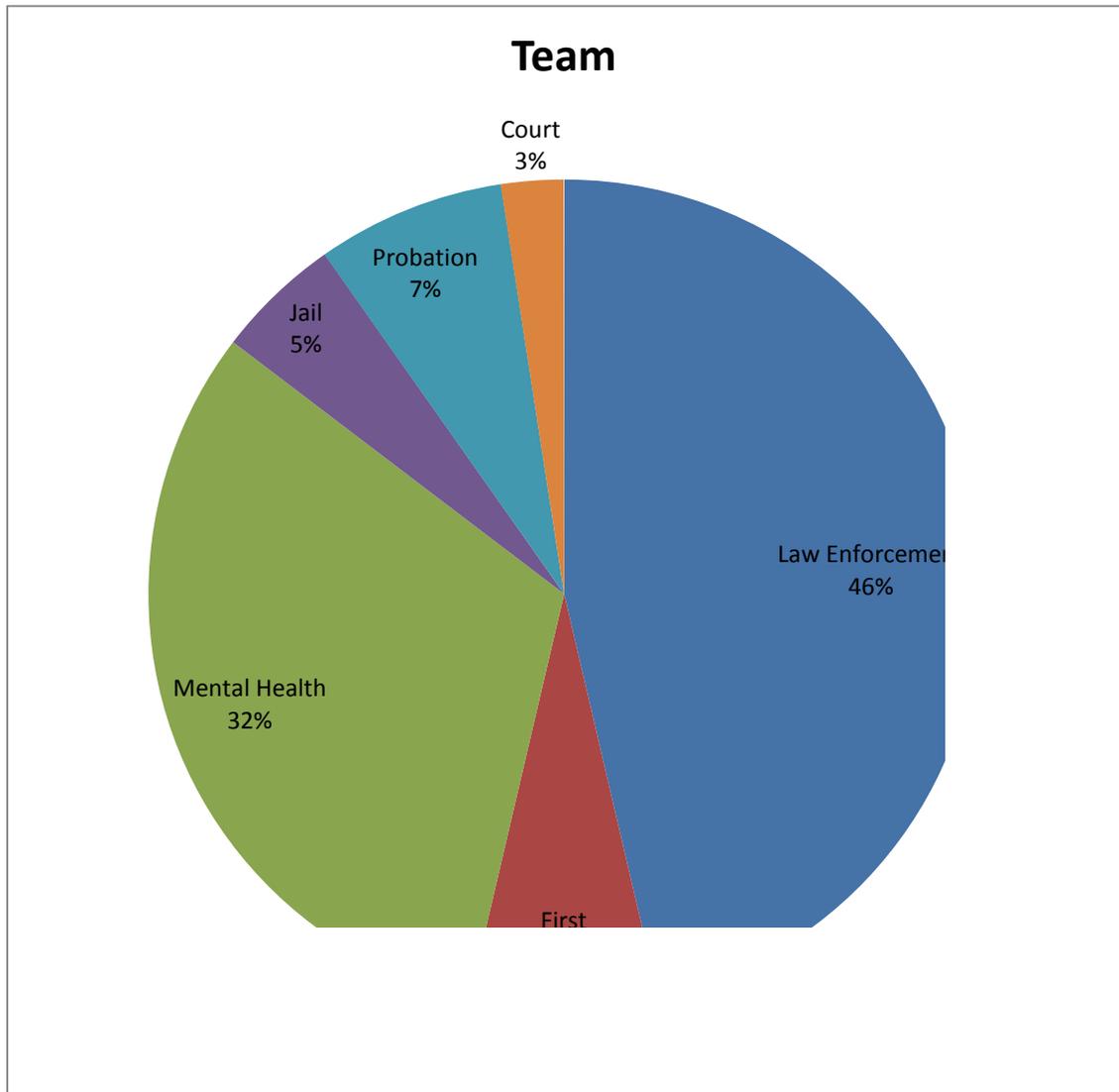
Through contracted case management, our agency provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and

psychological evaluation, medication monitoring, residential programs, vocational and social rehabilitation, short-term inpatient, partial hospitalization and 24- hour emergency services.

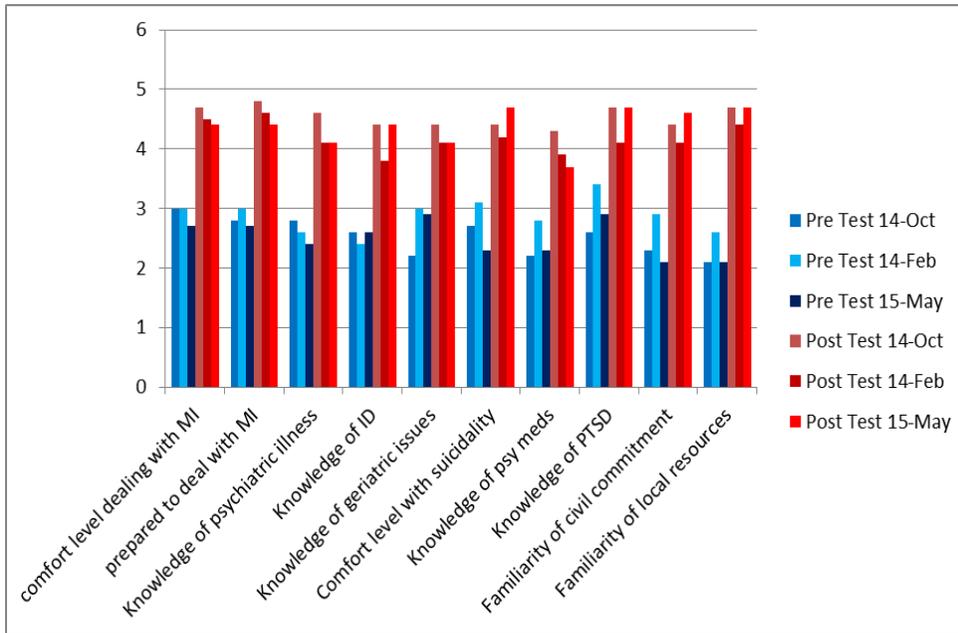
The following list describes program achievements and improvements:

Crisis Intervention Team (CIT) – This initiative is in its third year and continuing to gain momentum. The team is now 41 strong with members representing law enforcement, first responders, crisis, 911 dispatchers, jail officers/staff, probation officers, mental health professionals and advocates.

- 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.
- Outcomes: We are tracking the number of personnel trained and their disciplines. We are currently working with Shippensburg University to complete research and data collection relating to the number of mental distress calls received by 911. Our largest police department, Chambersburg Borough, is beginning to collect data related to the calls labeled “mental distress.” Our goal is to gain information to begin making informed advancements to our CIT program.
 - To date we have held three CIT trainings and have forty one members with nineteen of them representing law enforcement:



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



Mental Health First Aid

- Continues to be available in the community for those requesting the training. Currently, we have trained community members to include corrections, business, and human services.

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 12-13	Fiscal Year 13-14	% Change 12-13 to 13-14	Fiscal Year 14-15	% Change 13-14 to 14-15
AHEDD	46	65	41.3%	79	21.5%
OSI	20	18	-10.0%	15	-16.7%
Total	66	83	25.8%	94	13.3%

*14-15 is completed through Apr

WRAP®

WRAP® Education continues to grow in our community. Currently, we have had 48 people who have completed level 1 WRAP and 290 that have attended an overview session learning about WRAP. Please refer to the collaboration section of the intellectual disabilities narrative for more information.

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. From 2012 to 2013, there was a significant decrease across the board in admissions, readmissions, and bed days. Our decline in bed days continued throughout 2014.

Franklin Hospital Data						
	2011	2012	2013	% Change (12 - 13)	2014	% Change (13 - 14)
Admission	279	313	174	-44%	161	-7%
Unduplicated	160	165	98	-41%	89	-9%
Readmission	119	148	76	-49%	72	-5%
Bed Days	4927	4563	2480	-46%	2014	-19%

b) Strengths and Unmet Needs:

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

Older Adults (ages 60 and above)

- Strengths:
 - Mental Health and Aging are working collaboratively on trauma informed training for staff. Recognizing that trauma can happen anytime in a

person's life and the symptoms may present at different phases of life and in different behaviors is imperative when completing assessments.

- Scheduled to meet with the local nursing home continuum of care committee to determine how to partner and become active members within each other's service system.
- Continue to provide training regarding older adults and mental health to law enforcement and first responders through CIT program. This includes best way to intervene and resources available.
- Needs:
 - To provide outreach services in peoples' homes whereby a team composed of aging and mental health (and potentially nursing) staff would provide assessment and resource-sharing services to older adults to address quality of life issues.

Adults (ages 18 and above)

- Strengths:
 - The leadership academy continues to meet for eight weeks featuring professions from our community as the presenters. The goal of the academy is preparing the students to gain skills that assist when holding a position on an advisory board or board of directors. To date, fifty (50) have graduated over the past five (5) years. Currently, the class will graduate 14 students at the end of May.
- Needs:
 - Public transportation continues to be voiced as a need. For the past few years, MH/ID has had a contractual agreement with Franklin County Integrated Transportation to provide funding for transportation to mental health-related appointments for individuals who are not Medicaid eligible.

Transition-age Youth (ages 18-26)

- Strengths:
 - The focus is on employment opportunities and skills training for transition-age youth. We are offering education sessions to the families and support system so they are also aware of what is available in our community.
- 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.

- Mental Health also participated in Summit Health's Wellness Days. We hosted a station titled Positive Identify where we saw 1,607 third grade students from Franklin County. We teach them the importance of good character traits through positive self-esteem and the impact of bullying.
- Respite: The demand for overnight respite increased this fiscal year. The number of children served for FY 14-15 is unduplicated.

	Year Totals 12-13		Year Totals 13-14		Year Totals 14-15	
	Overnight	Hourly	Overnight	Hourly	Overnight	Hourly
Children Served	10	5	10	6	10	2
Hours of Respite	480	39	600	37	624	12
Cost	\$3,540.20	\$773.76	\$4,425.25	\$734.08	\$4,602.26	\$238.08

*14-15 is completed through April

- 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	79
New Referrals	40	58	22	14
Higher level of care	14	18	18	7

*2015 is current through April

- Strengths:
 - The provision of school-based mental health services to all secondary schools in Franklin County.
 - The provision of the Student Assistance Program (SAP) in all of the secondary schools in Franklin and Fulton Counties. In Franklin County, in the 2014-15 school year, there were 10 total groups (3 girls circle, 4 grief/loss, 1 D&A, 1 social skills and 1 total wellness); with 67 total sessions.

SAP Screening info				
	# students screened	% MH	% D&A	% CO
2014-15 (through Apr)	353	72%	6%	22%
2013-14	337	82%	3%	15%
2012-2013	284	76%	3%	21%
2011-2012	285	73%	7%	20%

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

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

Individuals transitioning out of state hospitals

Strengths:

- 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 is mirrored from the OMHSAS bulletin that was created. In June, Franklin/Fulton MH/ID and HealthChoices will begin to credential those outpatient providers that want to be recognized as a credentialed provider. Please refer to the transformation priorities for further detail.
- Training related to co-occurring illness continues to be offered free to our providers.

Needs:

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

Justice-involved individuals

Strengths:

- There are health navigators that work at the Franklin County Jail to assist inmates in completing insurance applications and applying for any other financial resources they may be eligible for upon release. This assists them in re-entry to the community.
- Also refer to the CIT update in program highlights.
- Franklin County was a recipient of a trauma-informed SAMHSA grant that includes a strategic planning session as well as training. Our audience for this is focused on law enforcement.
- Franklin-Fulton MH/ID/EI, TMCA HealthChoices, and the Franklin County Jail completed a study of our local jail population. The results indicate that

most of the inmates were not involved with the mental health system prior to entry in the jail.

Needs:

- Early identification and assessment of individuals with MH issues who become involved in the criminal justice system.
- A facility 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:

- Law enforcement is continuing to be educated about experiences of Veterans returning home after combat during the week of CIT training.
- Participating in the 2nd annual Veteran's Conference being held locally to share the services available and access information.

Needs:

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

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

Strengths:

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

Needs:

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

Racial/Ethnic/Linguistic minorities

Strengths:

- MH/ID/EI does have a contractual agreement with an agency which provides translation and interpretation services.
- 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: None identified.

Other, if any (please specify)

None identified.

c) Recovery-Oriented Systems Transformation:

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

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

- *A brief narrative description of the priority*
- *A time line to accomplish the transformation priorities*

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

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

1. Comprehensive, Continuous, Integrated System of Care Model implementation (CCISC) to develop a service system that is co-occurring capable.
 - i. Implementation team is working on a credentialing process to recognize local providers that have completed the criteria to be co-occurring capable.
 1. The certification program is scheduled to begin the process in May with the outpatient providers interested in becoming a recognized county certified co-occurring program.
 2. June 19, 2015 we are hosting a 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.
 - ii. Change Agent Committee continues to meet on a quarterly basis. Researching evidence based programs that focus on the co-occurring population and will then make a recommendation to providers to begin use if possible.
2. Transition age and forensic population housing option to assist entry into the adult system and re-entry to the community from incarceration. It will offer supports for successful transition to independent living.
 - i. The Criminal Justice Advisory Board (CJAB) received a grant to focus on housing and contracted with New Hope Shelter to start a Recovery House to serve 6 or more individuals without home plans who have D&A issues.

- ii. Franklin County submitted a grant proposal in January 2015 for Mental Health and Justice Housing Initiative to the Pennsylvania Commission on Crime and Delinquency. The proposed project would provide three furnished master-lease apartments including utilities as a transitional option for persons with Mental Health/Co-Occurring Disorder who are currently incarcerated due to no approved home plan. An additional emergency housing fund would serve as a short term option for those at imminent risk of losing their housing and returning to jail. County-administered housing management and supportive services are included in the proposal.
- 3. Public Awareness Campaign to assist the community in understanding mental health and substance use disorder and how to access services.
 - i. *I Am the Evidence* awareness campaign through the PA Mental Health Association
 - ii. Health Fairs, Job Fairs
 - iii. Email blasts
 - iv. Chamber of Commerce
 - v. Community Events
 - 1. As of June 30 2015, Mental Health will have participated in over 30 community events of various audiences. The goal of community events is to provide education about mental wellness.
- 4. Increase integration between mental health and the aging population.
 - i. CIT continues to be an avenue for law enforcement to learn strategies to relate to the older adults.
 - ii. Sponsoring trauma training for the staff at the aging office.
- 5. Data collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery.
 - i. Working with the providers to gather data that is comparable among the similar services and determine if those receiving services are satisfied.

INTELLECTUAL DISABILITY SERVICES

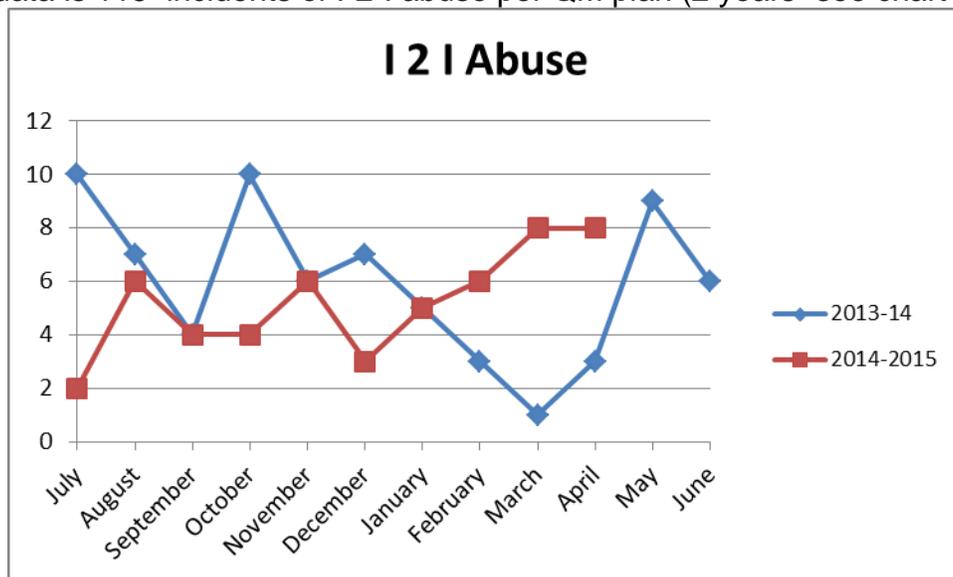
Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding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

It is the mission of Franklin/Fulton Mental Health/Intellectual Disabilities/ Early Intervention to partner with the community to develop and 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 March 31, 2015, there were 527 people registered in the Intellectual Disabilities program in Franklin County, of which 33 were participants in the Lifesharing program.

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

- *To meet the goal of security and safety in home and community for participants, we will monitor the number of restraint incidents quarterly through analysis of the HCSIS Incident Data: Since of July 1, 2013, there have been 0 restraints in Franklin County.*
- *The QM outcome is People are abuse free. This is measured by the QM outcome of reducing the number of 1-2-1 abuse incidents by 5%, the number of incidents of 1-2-1 abuse will be measured through quarterly analysis of the HCSIS Incident Data, the target trends to prevent future incidents will be analyzed by the Risk Management Team, and quarterly reports will be provided by the Quality Management Council: For 2014-2015, ODP redefined I-2-I abuse, to make sure the definition is consistent across the state. As a result, the state expects to see I-2-I abuse sharply increase followed by a plateau which Franklin/Fulton will use as baseline data. The baseline data is 115 incidents of I-2-I abuse per QM plan (2 years- see chart below).*



- *To assure the health and safety of individual receiving services outcome, Franklin/ Fulton Co. Intellectual Disabilities Program will use the objective of reducing the number of medication errors by 10% by June 30, 2017. This is a new objective to measure for 2015-2017. The baseline data is 270 medication errors from July 2013- April 2015.*

The remaining three Quality Management goals can be found in the narrative on Employment, Lifesharing and Collaboration.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	26	68*
Sheltered Workshop	5	5*
Adult Training Facility	2	1
Base Funded Supports Coordination	68	70
Residential (6400)	2	1
Life sharing (6500)	0	0
PDS/AWC	28	30
PDS/VF	0	0
Family Driven Family Support Services	0	0

*This number may increase depending on the number of Graduate Initiative slots we are given from the state. There are 17 graduates for June 2015.

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

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

Supported Employment Services include direct and indirect services provided in a variety of community employment work sites with co-workers who do not have disabilities. Supported Employment Services provide work opportunities and support

individuals in competitive jobs of their choice. Supported Employment Services enable individuals to receive paid employment at minimum wage or higher from their employer. 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 December 2014, they have placed 6 individuals in jobs.

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.

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

The ID department is concentrating on Community Employment which includes supported employment and transitional work for the Quality Management Goal. The outcome for the Quality Management Plan is people who choose to work are employed in the community. As of April 1, 2015, there were 65 Franklin County residents in community employment. Franklin County’s QM objective is to increase by 5% the number of people who want to work to achieve community employment. The baseline data as of April 1, 2015 is 223 people have some type of employment goal and 124 people have community employment. This gives a baseline of 56%.

During the summer of 2015, the ID Program will also fund a summer youth work program through Occupational Services, Inc. to provide paid work experience opportunities to 16 students who have learning disabilities or intellectual disabilities. The program will target students in Franklin County school districts who do not have the opportunity for extended school year, transition activities or paid work during the summer months.

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

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There are 49 people who have base funded Supports Coordination. There are 12 people who have the OBRA Waiver and have base funded Supports Coordination. There are 7 people who reside in an ICF/ID and receive base funded Supports Coordination. Currently no one is leaving a State Hospital system

from Franklin or Fulton Counties, so transition services are not needed at this time. We have MA denials for 6 people who are receiving base services over \$8000.

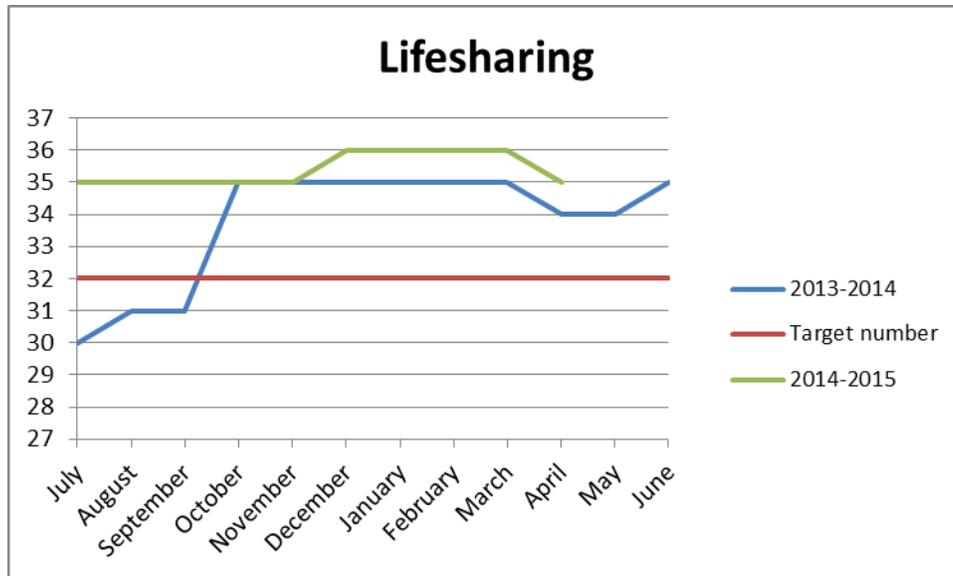
Life sharing Options: Describe the services provided and identify how you propose to support growth of this option.

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

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

1. The AE and SCO will support people interested in a residential placement to meet with Lifesharing providers and Lifesharers who have openings first to promote Lifesharing 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 Lifesharing from other residential placements. If the person would benefit from Lifesharing or is interested in moving, the AE will follow up as in #1 above.
3. The AE Lifesharing Point Person will discuss with providers at least annually if they know of anyone who may benefit or want to move from a 6400 licensed home to a Lifesharing home.
4. Franklin County has 33 people living in Lifesharing Homes, representing 32% of the people in residential placement.
5. There are Lifesharing Homes in Franklin County with residents from other counties living in them. These people are supported by the home county at this time.

Lifesharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 33 people living in Lifesharing Homes in Franklin County (see chart below for Franklin/Fulton QM information). All 33 people have waiver funding to support the services they need in the lifesharing home. The Intellectual Disability Program's Quality Management Outcome is people live where they choose. The QM objective is to increase the number of people in Lifesharing by 10% (n=3) by June 30, 2017.



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

ID collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/ Fulton County and Philadelphia are the pilot areas. Franklin/Fulton Counties piloted the new WRAP® for People with Developmental Distinctions which supports people with both a mental illness and Developmental Disability. The first group was held at OSI in 2013. The second group has 6 participants and is currently being held. The County is planning on sponsoring a WRAP® for People with Developmental Distinctions Group for other providers to be able to send individuals for WRAP training. The County is also on the committee that wrote the WRAP® for People with Developmental Distinctions curriculum in collaboration with The Copeland Center, OMHSAS, NASDDDS and ODP. This curriculum is the next step for WRAP® for People with Developmental Distinction to become evidenced- based. The County has supported WRAP® efforts to explain this new program at conferences and trainings. WRAP for People with Developmental Distinctions has been presented at the Positive Practices Team Meeting, at the Northeast HCQU Day of Learning, at the WRAP® Summit in PA and at Franklin County Human Services Training Days. It is scheduled to be presented at the IM4Q Conference in July and the WRAP® Around the World Conference in August.

In addition to WRAP®, the Quality Management Plan will also include an outcome to Collaborate and Implement Promising Practices to assist people in achieving outcomes. The objective for the 2015-2017 QM Plan 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. The first year will be used to gather the baseline data and to develop the toolkit. The second year of the QM plan will be used to start the implementation.

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

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

Franklin County is hopeful that waiver slots will be given to new graduates (17 in June 2015) in the 2015-2016 fiscal year. We are waiting to hear about waiver slots for the fiscal year.

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

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

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

Waiver Admin monies primarily support the three program specialist positions. Each program specialist has specific duties in the AE Operating Agreement for which they are

responsible. Program Specialist #1 is primarily responsible for waiver capacity. This program specialist makes sure all clients served have the correct waiver to meet their needs. She is also responsible for Waiver Capacity Commitment, Residential Vacancy Management, Unanticipated Emergencies, Waiver Enrollment and Pre-surveys for IM4Q which are all in the AE Operating Agreement. IM4Q data is analyzed and used to measure objectives in the Quality Management Plan (Appendix E, Attached).

Program Specialist #2 is primarily responsible for Incident Management/ Risk Management. She is responsible for making sure incidents are entered, investigated and finalized in a timely manner. She also approves all incident reports at the county level. She is responsible for assuring for the safety and well-being of all individuals involved in an incident. She reviews all incidents within 24 hours of occurrence. She also takes all incident data and other associated data to facilitate the Risk Management Committee. She is responsible for the delegated functions in the AE operating agreement. She is also responsible for the level of care determinations and re-determinations. These duties are also part of the AE Operating Agreement. Two goals in the QM plan that are part of incident management are Restraint Reduction and Individual to Individual Abuse reduction.

Program Specialist #1 and #2 also are responsible for Intakes for eligibility, offering free choice of willing and qualified providers, approval and authorization of Individual Support Plans, Provider Recruitment and notice of Fair Hearing and Appeals. These duties are included in the AE Operating Agreement.

Program Specialist #3 is primarily responsible for Quality Management. She is to make sure the PUNS are done and completed in a timely manner. She also assures Provider Qualifications, Provider Monitoring, the AE Oversight Monitoring and any Corrective Actions Plans from the monitoring is completed in a timely manner. She is also responsible for the writing, implementation, data collection and analysis of the data for the Quality Management Plan. She is the facilitator of the Quality Improvement Council and acts as the Closing the Loop Point Person for IM4Q. These duties are indicated in the AE Operating Agreement. She also acts as the community liaison for the ID program at community events.

HOMELESS ASSISTANCE SERVICES

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

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

Franklin County is currently contracted with Waynesboro New Hope Shelter to administer the 2013-2015 ESG which includes financial and short-term rental assistance under the rapid rehousing and homelessness prevention programs. SCCAP and Waynesboro are also contracted with the County to oversee the 2013-2015 ESG which includes shelter support, rapid rehousing and homelessness prevention. Franklin County also provides permanent supportive housing through the Mental Health Program and offers an independent living program through the Intellectuals with Disabilities funding.

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

	Estimated / Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	0	0
Case Management	228	214
Rental Assistance	228	214
Emergency Shelter	64	64
Other Housing Supports	0	0

Bridge Housing:

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

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

Case Management:

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

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

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

Case Management services are contracted out to South Central Community Action Program (SCCAP). Every rental assistance applicant will be part of HAP case management. Specifically, case management provides referrals with regard to budgeting, parenting, hygiene, sanitary housekeeping, accessing resources, life skills, and becoming more self-sufficient. A service plan is established and signed by each applicant that includes referrals to address factors that led to the housing crisis in addition to other factors that may have contributed to the problem. SCCAP's HAP Program Coordinator is responsible for completing all intakes and assessments for the Homeless Assistance Program. This process includes assessment of other needs, especially those contributing to the housing crisis.

Each year, the fiscal specialist for HAP conducts an evaluation and monitoring visit at SCCAP to ensure that all program requirements are being met, and that client charts are complete, signed and accurate.

Rental Assistance:

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

HAP's Rental Assistance Program provides funding for rent and security deposits for eligible low-income applicants who are homeless or near homeless as defined below. Individuals or families are homeless if they:

- Are residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health, drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence needs a safe place to reside;
- Have received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement;
- Are living in a “doubled-up” arrangement for six months or less on a temporary basis;
- Are living in a condemned building;
- Are living in housing in which the physical plant presents life and/or health threatening conditions; e.g. having dangerous structural defects or lacking plumbing, heat, or utilities; or
- Are living on the streets, in cars, doorways, etc.

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

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

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

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

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

- Homeless families with children who are candidates for Transitional Housing.

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

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

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

Emergency Shelter:

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

The Franklin County Shelter for the Homeless is located centrally at 223 South Main Street in Chambersburg, PA. The Shelter provides 10 bedrooms, two of which are family rooms, with the capacity to house up to 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 a Common Application for Assistance and Assessment package, which includes a self-declaration of homelessness. A potential client will only be considered a client once he/she has completed the intake forms. Upon completion of the form, the client/family works with the staff to identify his/her/their particular causes for homelessness. Once the causes have been identified, the client/family, in coordination with the staff, develops a plan of action including specific goals to be achieved during their stay at the Shelter. Long term goals that lead to the attainment of stable housing are also set. The caseworker assesses the client's work history, medical history, and educational background. This information becomes a permanent part of the client's file.

The staff identifies the client's family needs such as nutritional education, parenting classes, and drug/alcohol treatment services. Using this information, staff, under the supervision from the Program Coordinator, acquires the necessary information or services to address that particular client/family's needs.

In 2014, the Shelter provided temporary shelter to 131 homeless individuals representing a total of 3,918 nights of shelter. From January through March 30, 2015, the shelter has served a total of 40 individuals representing a total of 1,104 nights of shelter.

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

Other Housing Supports:

(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)

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

Homeless outreach events and activities are held multiple times throughout the year in Franklin County. PATH collaborates with the Franklin County LINK program and the community to make these events possible. Previous events include "Help for the Hungry and Homeless" and "Help for Heat and Housing". The events are advertised to target the literal homeless community. Events are held in recognition of National Hunger and Homeless Awareness week in November. At outreach events, human service agencies are present in one location as a "one stop shop" to assist those experiencing homelessness. For example, individuals can have a volunteer assist in completing applications for services such as transportation, case management services, medical assistance, PATH, etc. Additionally, individuals are provided with information on where free community meals are held, and are provided with a hot meal at the event, as well as safety and emergency supplies. Participants are encouraged to complete a brief satisfaction survey upon entrance to the events as well as at the conclusion of the events.

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

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

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

Franklin County has actively participated in HMIS for approximately five years, entering data from existing programs. Two HUD Permanent Supportive Housing Programs and one Shelter Plus Care Program through Franklin County are currently entering data into the PA-HMIS system and have been doing so for over four years. The PATH program began entering data into PA-HMIS at the beginning of fiscal year 2013-2014. Intake forms for the Supportive Housing Programs, Shelter Plus Care, and PATH 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 in to 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) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

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

Services are provided to families who request and voluntarily accept services or who have been ordered to participate in services by the Franklin County Courts. Services are designed to promote the safety, permanency, and well-being of children and their families. These are specialized services dealing with the problems of children whose families need help in caring for them. Reports involving abused, neglected, exploited or truant/incorrigible children are investigated and in-home services and/or placement

services are provided to families who meet Children & Youth legal criteria. Children and Youth can help intervene in family disputes and crises; however, Children and Youth does not have the authority to determine, mediate or change Court- ordered custody or visitation agreements. Government intervention is justified when the family cannot, or will not, provide for the child's safety and/or basic needs. Placement of a child by Children and Youth can only occur if ordered by the Juvenile Court. FCCYS provides an array of services (either in-house or through private contracted providers) to accomplish the goals set forth above.

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

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

While the caseload numbers within the Intake Unit are high, we have been able to sustain reasonable caseload numbers for our ongoing caseworkers and have seen improved results in our casework practice. Workers are performing well within recommended Best Practice Standards and continue to implement these recommendations in their daily case management. We have implemented internal checks and balances to assure that every worker is aware of and utilizing these standards. State and Federal mandates are addressed and made a part of casework practice.

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

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a

primary focus on FY 2015-16. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

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

Family Group Decision Making (FGDM)

Program Name:	Family Group Decision Making (FGDM)			
Status	Enter Y or N			
Continuation from 2015-2015	Y			
New implementation for 2015-2016	N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	N			
Requesting funds for 2015-2016 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

	14-15	15-16
Target Population	Children & family members	Children & family members
# of Referrals	30*	35
# Successfully completing program	18*	30
Cost per year	\$47,469	\$59,349
Per Diem Cost/Program funded amount	\$47,469	\$59,349
Name of provider	FCCYS	FCCYS

*Note that numbers are for 7/1/14-5/12/15

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

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

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

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

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

DRUG and ALCOHOL SERVICES

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

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

Information regarding access to services:

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

Waiting list issues:

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

An estimated 569 Franklin County residents will be funded for treatment through the drug and alcohol program in fiscal year 2014-2015. FFDA projects that 419 individuals

will receive level of care assessments. Level of care assessments are completed by contracted outpatient providers or FFDA Case Management staff.

Coordination with the county human services system:

Research has shown that a decrease in funding for treatment means an increase in cost for other systems (i.e. jails, prisons, hospitals, crisis centers). Our population served continues to increase as our funding constantly reduces each year. Therefore, Franklin/Fulton Drug and Alcohol Program has taken the initiative to research and identify new potential funding sources for services.

Our local district attorney implemented a program titled “Feed The Good Wolf.” This program identifies individuals in need of treatment at the “street” level and coordinates services accordingly.

FFDA works closely with Adult Probation, Public Defenders Office, Children & Youth, and Juvenile Probation to coordinate drug and alcohol services for individuals involved in the criminal justice system. Since 2010, D&A partners with Franklin County Adult Probation to provide a designated Case Manager who works with level three and four offenders with addictions issues who are sentenced to restrictive intermediate punishment. Funding for this program is provided through a grant from the Pennsylvania Commission on Crime and Delinquency.

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

None noted.

Target Populations

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

Older Adults (ages 60 and above)

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

Adults (ages 18 and above)

If indicated, adults ages 18 to 55 are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house,

partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. It is anticipated that many of our priority populations, including Pregnant Injection Drug Users and Pregnant Substance Abusers, will fall into this age demographic.

Transition Age Youth (ages 18 to 26)

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

Adolescents (under 18)

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

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

Criminal Justice-Involved Individuals

If indicated, criminal justice-involved individuals are eligible for all levels of care for substance abuse treatment. These levels include inpatient detoxification, rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early

intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment.

All contracted treatment providers have specialized programming for this population. In addition, Franklin County is involved in the Restrictive Intermediate Punishment Program that coordinates treatment needs for this population. We are currently working closely with the Drug and Alcohol Probation Partnership (DAPP) to implement the medical assistance jail pilot in FY 14/15. In June 2014, New Hope Shelter in Waynesboro opened a recovery house, providing supportive housing and treatment for offenders with addictions leaving the Jail without a home plan. This program is funded through a grant from PCCD through Franklin County CJAB.

Veterans

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

Racial/Ethnic/Linguistic minorities

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

Recovery–Oriented Services

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

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

In FY 2015-2016 the Governor’s budget has proposed \$2.5 Million for vivitrol and naloxone treatment. The Department of Drug and Alcohol Programs (DDAP) sent out a Funding Initiative Announcement to address the heroin/opioid crisis in Pennsylvania. FFDA will be applying to use this funding to implement a Recovery Support Specialist within our two Counties. Because of our successful Criminal Justice Advisory Board, we have been involved with many programs that are designed to get those being released into treatment immediately after incarceration. FFDA has been involved with the MA jail project from the beginning as well as Expedited Plus Plus. We are hoping to make an impact to reduce recidivism through a Recovery Support Specialist.

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

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

	Estimated / Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Adult Services	0	0
Aging Services	0	0
Generic Services	3,676	3,732
Specialized Services	1,152	0

Adult Services:

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

Franklin County implemented the adult protective services program in the beginning of fiscal year 12/13. This program has provided disabled consumers ages 19-59 access to protective services. Effective April 1, 2015 these services were contracted by the State to another provider, however the County will continue to receive the reports of need and ensure that they are communicated to the contracted entity

Franklin County executed the PA Link to Aging and Disability Resources (LINK) in February 2011. Designed to streamline access to long term supports and services, the initiative is part of the nationwide effort to re-structure services and supports for older adults, persons with disabilities, family members and care providers. The objective is to

“link” disability and aging providers together to share information and to increase access to services to these groups easier. The LINK Coordinator refers the consumer to the agency or agencies that best fits their particular needs.

These programs are not funded by the Block Grant.

Aging Services:

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

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

This service is not funded by the Block Grant.

Generic Services:

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

For FY 15/16, Franklin County will continue the Information and Referral program (I&R) under HSDF. 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. Data from I&R’s resource database is shared with the capital region during quarterly coordination meetings. In FY 15/16 Franklin County is projected to receive 1,858 contacts through our office and 1,874 through our contracted after- hours provider.

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

Estimated HSBG Expenditures for Generic Services: \$106,239

Specialized Services:

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

If funding becomes available within the FY 15/16, Elementary intervention groups will continue through HSDF. This service is being offered to schools in Franklin County that acknowledge having students who might be struggling in school or at home with issues such as bullying, aggression, low grades, etc. Students are identified and referred to the groups by teachers, staff or faculty. Groups are held in each school during a time and day designated by the school. The facilitators use various curriculum including (but not limited to) Too Good for Violence, Girls Circle and Boys Council. The additional funding will allow the elementary intervention groups to be expanded throughout the school year and offered to all the elementary schools in Franklin County. The schools will also be offered multiple groups through the year based on need and referrals. The elementary intervention program reaches approximately 120 youths through 17 groups completed. The youth show increased connection to school and adults. We continuously receive positive group feedback.

Red Ribbon Week is another important program that was funded in FY 14/15 and will continue to be financed in 15/16 if funding becomes available. This program reaches approximately 12,000 students in grades K-12 in a one week time period. This is completed by organizing assemblies in elementary, middle and high schools throughout Franklin County. The main focus is to promote awareness regarding drug and alcohol substance use and abuse. Each level of education has a theme based upon the age group.

The Interrupted Group Program is another program that will possibly be funded if monies become available within the fiscal year. This program has three different curriculums: Interrupted Tobacco, Alcohol and Marijuana. Referrals for the programs come from School District Administration, Magisterial Court District Judges, SAP teams, Juvenile Probation, Children and Youth Services and Franklin/Fulton County Drug and Alcohol Program. This program is offered for youth who have some experimentation or limited use of substances. They are aimed at preventing further use and directed toward serving youth before they require expensive intervention/treatment.

Healthy U is a curriculum that will perhaps be funded in FY 15/16 if monies become available. This program has been developed by the Healthy Communities Partnership staff that is designed to follow the Wellness Wheel principles of health and wellness and includes the following topics: Healthy Values, Healthy Resiliency, Healthy Choices, Healthy Mind, Healthy Movement, Healthy Food, Healthy Relationships, Healthy Technology and Healthy Surroundings. Many of these lessons have discussions about

substance use and abuse and many have Mental Health components. The curriculum is designed to be 10 sessions in length with a pre- and post-test component. Curriculum and materials will be developed for four age groups: 1) K-2nd grades, 2) 3rd-5th grades, 3) 6th- 8thgrades, and 4) 9th- 12th grades and a component for adults. Funding would be used to hold Healthy U groups in classrooms throughout the county.

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

Estimated HSBG Expenditures for Specialized Services: \$0.00 unless funding becomes available within the fiscal year to provide the programs listed above.

Interagency Coordination:

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

The Information and Referral Coordinator organizes a two-day training event that is available for Human Services professionals. Average number of attendees to this event is 395. She also organizes the Introduction to Human Services training that is available two times a year to new employees within the County government as well as agencies in the community.

Estimated HSBG Expenditures for Interagency Coordination: \$13,097

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

None anticipated.

Appendix A: Signatures

Appendix B: Minutes

Appendix C: Human Services Block Grant Proposed Budget and Service Recipients

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			652,559		6,686	
Administrative Management	287		273,420		7,263	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	119		298,739		8,126	
Community Residential Services	53		1,470,108		38,318	
Community Services	492		323,250		8,520	
Consumer Driven Services						
Crisis Intervention	1,920		273,162		7,430	
Emergency Services	168		37,898		1,031	
Facility Based Vocational Rehab	31		66,696		1,814	
Family Based Services	3		23,081		628	
Family Support Services	15		4,024		109	
Housing Support	31		52,421	49,485	1,426	
Other						
Outpatient	401		282,570		5,340	
Partial Hospitalization						
Peer Support	15		44,625		1,214	
Psychiatric Inpatient Hospitalization	2		45,317		1,233	
Psychiatric Rehabilitation	10		77,652		2,112	
Social Rehab Services	133		251,921		6,852	
Targeted Case Management	197		281,499		7,657	
Transitional and Community Integration						
TOTAL MH SERVICES	3,877	4,458,942	4,458,942	49,485	105,759	0

INTELLECTUAL DISABILITIES SERVICES

Admin Office			571,466			
Case Management	70		50,409			
Community Residential Services	4		38,840			
Community Based Services	250		314,471		46,500	
Other						
TOTAL ID SERVICES	324	975,186	975,186	0	46,500	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	214		48,321			
Rental Assistance	214		45,540			
Emergency Shelter	64		15,000			
Other Housing Supports						
TOTAL HAP SERVICES	492	113,658	108,861		0	0

CHILDREN & YOUTH SERVICES

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

DRUG AND ALCOHOL SERVICES

Inpatient non hospital	69		182,107			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	80		44,462			
Medication Assisted Therapy	3		23,400			
Recovery Support Services						
Case/Care Management						
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	152	290,526	249,969		0	0

HUMAN SERVICES AND SUPPORTS

Adult Services						
Aging Services						
Generic Services	3,732		71,506			
Specialized Services						
Children and Youth Services						
Interagency Coordination			13,097			
TOTAL HUMAN SERVICES AND SUPPORTS	3,732	95,968	84,603		0	0

COUNTY BLOCK GRANT ADMINISTRATION			56,719		0	
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GRAND TOTAL	8,612	5,993,719	5,993,719	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, Drug and Alcohol Director)
- 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)

**denotes Leadership Team Members*

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

Outcome	Objective for 2015-2017	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.	Identify baseline data of people who have a dual diagnosis and /or have a Behavior Support Plan. Develop a toolkit to offer to people to continue to engage in recovery and educate them on achieving their outcomes.	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.

