

Appendix A
Fiscal Year 2022-2023

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Franklin

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature(s)</i>	<i>Please Print Name(s)</i>	
<hr/>	David S. Keller, Chairman	Date: 8/17/2022
<hr/>	John T. Flannery, Vice-Chair	Date: 8/17/2022
<hr/>	Robert G. Ziobrowski, Secretary	Date: 8/17/2022

Appendix B
County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2021-01.

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

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

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

Planning team members include human services providers and stakeholders as well as participants 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 services administration staff and includes: the Human Services Administrator, Fiscal Specialist, Human Services Fiscal Manager, MH/IDD/EI Administrator, Drug & Alcohol Administrator, Human and Health Services Planning and Development Director, County Grants Management Director, Veterans Affairs Director, and the Director of the Area Agency on Aging.

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

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 participants 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. Block Grant hearings are advertised in the newspaper, on the County website, and the County's Facebook page to elicit stakeholder feedback.

3. Please list the advisory boards that participated in the planning process.
 - The Franklin/Fulton Drug & Alcohol Advisory Board holds recurring meetings throughout the fiscal year rotating between Franklin and Fulton County. The Advisory Board provides input into the Block Grant plan, is informed of the Block Grant impact, and is made aware of Drug/Alcohol requests for funding, projects, or service enhancements. The voting members of the Advisory Board include the following sector representation: Criminal Justice; Business/Industry; Labor; Education; Medicine; Psycho-Social; Student; Elderly; Client and Community. Sector representation is also evenly split among genders and counties of residence.

- The Franklin County Local Housing Options Team now known as A Way HOME (Housing and Opportunities Meant for Everyone) consists of individuals who meet regularly on issues around housing and homelessness. Representatives from the Franklin County Housing Authority, the County emergency shelters, and the Homeless Assistance Program (HAP) attend regularly. In addition to these individuals, there is an array of representatives that serve on the A Way HOME group that also include Rapid Rehousing programs, Homeless Prevention programs, Permanent Supportive Housing programs, the Domestic Violence Shelter, Veterans Housing Program, Legal Services, Connect to Home staff, the Self-Determination Housing Project of Pennsylvania, Inc. (SDHP), a Federally Qualified Health Center (FQHC), two Boroughs, several religious organizations and Franklin County Grants Management. The group also receives updates on Block Grant plans and funding requests and provides input, as appropriate. During the past year, several virtual meetings have been held to keep landlords up to date on housing programs and various items related to COVID 19 including moratoriums and funding programs. Landlords have become more actively involved with the A Way HOME group and it is the desire of the group to continue to offer opportunities and information that will keep our local landlords interested and involved.
 - The Franklin/Fulton County Mental Health/Intellectual and Developmental Disabilities/Early Intervention Advisory Board meets bi-monthly, with 13 members, including one Commissioner from Fulton County and one from Franklin County. The committee requires representation from each county: four members from Fulton County and nine members from Franklin County. At least two representatives appointed to the Board are physicians (preferably, a psychiatrist and a pediatrician). Four individuals are program participants or family members, of which half represent Intellectual and 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/IDD/EI Administrator provides HSBG updates as applicable during the Board meetings. They have impact on decisions related to MH/IDD/EI funding, which indirectly can impact the Human Services Block Grant.
4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.
- Franklin/Fulton Drug and Alcohol provides prevention/intervention, treatment, and recovery services in the environment most appropriate for the individual receiving the services. Prevention services are delivered to youth in a school-based or after-school-based environment suited to their age and the selected evidence-based program. Intervention services are provided to individuals that meet program/service eligibility and occur through various contracted service providers. Treatment services are delivered to individuals based on the state's use of the American Society of Addiction Medicine (ASAM) criteria, the appropriate level of care indicated, and the utilization of risk assessments. Services are delivered in the least restrictive manner appropriate for the individual. The highest levels of care (withdrawal management and residential) include 24/7 monitoring and supervision as treatment services are delivered within the provider setting. Less restrictive levels of care (halfway housing, partial hospitalization, intensive outpatient, outpatient, and early intervention) services are provided by the provider of their choice in a community-based setting. Recovery support/housing

services are offered to individuals based on their recovery needs, varying from ancillary treatment needs to direct treatment care in a community-based setting. The department assists individuals in discovering what recovery supports and services are the best fit for their current stage.

- Franklin/Fulton Mental Health/Intellectual and Developmental Disabilities follows the principle of providing the least restrictive services and promotes the offering of individualized services which will best meet the participant's needs rather than putting an individual in a program that will not elicit best outcomes for that person. Assessed need for services and supports in the Intellectual and Developmental Disabilities Program is determined by a SIS (Supports Intensity Scale) which is mandated by the Office of Developmental Programs. People with IDD and their families are part of this process. Assessed need in the Intellectual and Developmental Disabilities program is determined using the SIS as directed by the Office of Developmental Programs.

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

No substantial changes are planned; new programs may be added as part of the reallocation process in 2022-2023.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s). See Appendix E
 - b. When was the ad published? **7/18/2022**
 - c. When was the second ad published (if applicable)? *N/A* – Both Public Hearings were advertised in the 7/18/2022 ad.

2. Please submit a summary and/or sign-in sheet of each public hearing.

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

Public Hearings were advertised in the Public Opinion Newspaper, on the Franklin County website, and on the Franklin County Facebook page.

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

Employment:

- Franklin/Fulton Transition Councils collaborate with the Office of Vocational Rehabilitation (OVR) in identifying individuals who will benefit from Pre-employment Transition Services, Paid Work Experiences and Job Shadowing within the school districts as well as students who need to connect with adult services. The Franklin/Fulton IDD Program participates in the Transition Council, which includes representative from OVR, School Districts and providers to promote and support the Employment First Model.
- Franklin County's Information and Referral Specialist can refer individuals calling 211 to employment programs such as CareerLink and United Way's Stepping Forward Works program.
 - Franklin Together, Franklin County's Reentry Coalition, is actively pursuing local employers engaging in the employment of returning citizens to the community after their incarceration. The Committee has reached out to Parole Officers, Drug Court staff and the Judge presiding over Drug Court to identify individuals in need of employment in this arena. The Outreach Committee has identified transportation as one of the barriers to successful employment in rural Franklin County and throughout the upcoming year the committee will continue to look for creative ideas to help overcome this barrier.

Housing:

- The Franklin County A Way HOME group consists of individuals who meet regularly on issues around housing and homelessness. Representatives from the Franklin County Housing Authority, the County emergency shelters, as well as, the Homeless Assistance Program (HAP) attend regularly. In addition to these individuals, there is an array of representatives from the A Way HOME group which includes Rapid Rehousing programs, Homeless Prevention programs, Permanent Supportive Housing Programs, the Domestic Violence Shelter, Veterans Housing Program, Legal Services, Connect to Home staff, the Self Determination Housing Project of Pennsylvania, Inc. (SDHP), a Federally Qualified Health Center (FQHC), two Boroughs, several religious organizations and Franklin County Grants Management. The group receives updates on Block Grant plans and funding requests. During the past year, we have continued to hold virtual meetings to keep landlords up to date on housing programs and various items related to COVID 19 including moratoriums and funding programs. Landlords have become more actively involved with the group and it is the desire of the group to continue to offer opportunities that will keep landlords interested and involved.
- Franklin County's case management staff work through the Coordinated Entry process with the assistance of multiple housing providers to help ensure a good match for individuals in need of housing. Through funds from the Homeless Assistance Program (HAP), Projects for Assistance in Transition from Homelessness (PATH), Housing and Urban Development (HUD), the Emergency Solutions Grant (ESG), the Pennsylvania Housing Finance Agency (PHFA), Emergency Solutions Grant – CARES (ESG-CV), Home 4 Good, The Pennsylvania Affordability and Rehabilitation Enhancement Fund (PHARE), 8-1-1 Housing and the Emergency Rental Assistance Program (ERAP) we provide an array of housing options, transitional housing, master lease, rental assistance, rapid rehousing, and emergency housing supports, all of which are available to individuals/families

meeting a range of specific criteria. Criteria are based on the completion of a Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment. The VI-SPDAT examines factors of current vulnerability and future housing stability and assists to identify what supports and housing interventions will be more beneficial. In 2022/2023 we will continue to work using the Coordinated Entry process with the intent that this will result in continues collaboration, streamlining of services, and increased leveraging of funding resources.

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

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussion 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, and other funding.

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY21-22.

- During this time of transition from pandemic back to more social events, Franklin/Fulton County Mental Health has relied on the strong relationship with Cumberland/Perry County Mental Health that has been established over the years. Our offices have partnered together in the past for several projects and training. This cross county support has proven helpful in a variety of areas to include not only moral but financially as well. The collaboration of working on projects and sharing costs have proven most helpful in this time.
- While the behavioral health service system has taken a toll on many throughout the pandemic, there was a lot of out of the box thinking that occurred by staff and providers to assure that individuals received the supports and services that they needed. Some individuals even sought services as it was easier for them to access telehealth than for them to travel to the provider's location.
- Mental Health was able to offer additional training opportunities to not only county staff but to contracted providers and school personnel. Franklin/Fulton Mental Health purchased a license for online training through PESI, Inc. for one (1) for the following trainings: Certified Dialectical Behavior Therapy Profesional (C-DBT) Training; Compassion Fatigue Certification Training; and the New Era of Anxiety: Helping Clients Navigate Stress, Fear, Loss & Grief During Turbulent Times. Two (2) out of the three (3) trainings offer continued education credits and initial certification for free while one required a small payment. This annual offering of PESI online trainings has been very well received by those who have registered and completed the trainings.

b) Strengths and Needs by Populations: (Limit of 8 pages-items b) #1-11 below)

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

1. Older Adults (ages 60 and above)

- Strengths:
 - Franklin County Older Adults Advocacy Team (FCOAAAT) continues to have monthly meetings and work together to collaborate services for the older adults population. The team has representatives from mental health, aging, criminal justice, community outreach, housing, and others as needed.

- Of the referrals the co-responders receive from the police 19% represented individuals over the age of 60. Of that, 38% have self reported or have a documented mental illness and 11% have dementia. 80% of those older adults have been connected to the human services field.
- Mental Health Association provides Senior Reach. Seniors receive at least a weekly phone call from a trained call specialist. This has proven to be a powerful tool in the means of reducing stress and preventing loneliness and depression.
- The availability of having a Mobile Psychiatric Nurse who can meet with seniors where they are and conduct a physical and mental health assessment and make recommendations for potential services and supports.
- Needs:
 - Due to a number of reasons, our community is struggling with waiting lists for outpatient counseling. There is a lack of credentialed counselors for commercial insurances that have proven a hardship.
 - More support is needed for those with dementia living in the community. It appears that individuals are staying home longer and need in-home support.

2. Adults (ages 18 to 59)

- Strengths:
 - Critical Time Intervention (CTI) is an intensive nine (9) month case management model designed to assist members of our community that have had multiple interactions with crisis or with the police. CTI's goal is to focus on engagement into the human services field and gradually introduce natural supports in preparation for discharge from the program. There have been a total of 204 referrals, of those referrals, 142 actually engaged with the service and of those, 36 actually completed the nine (9) month program.
 - The availability of having a Mobile Psychiatric Nurse who can meet with individuals where they are and conduct a physical and mental health assessment and make recommendations for potential services and supports, discuss diet, medication, etc. concerns.
- Needs:
 - Due to a number of reasons, our community is struggling with waiting lists for outpatient counseling. There is a lack of credentialed counselors for commercial insurances that have proven a hardship.
 - There continues to be a need for mobile crisis response. County staff have discussed the potential to look into crisis respite beds for adults to divert them from inpatient hospitalization as well. However, funding is an ongoing issue. The current Franklin County crisis provider is able to provide limited mobile response due to not having adequate staff nor the funding to increase staffing. In addition to already not having adequate staff, this provider has been approved to be one of the 988 call centers making it a strong need for additional funding for the crisis system.

3. Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

- Strengths:
 - Franklin/Fulton County has two (2) agencies (Mental Health Association and TrueNorth Wellness Services) that provide youth and young adult Certified Peer Specialist services.
- Needs:
 - Due to a number of reasons, our community is struggling with waiting lists for outpatient counseling. There is a lack of credentialed counselors for commercial insurances that have proven a hardship.
 - Supports and services for those in this transition age that do not have a serious mental illness diagnosis.
 - In order for many individuals transitioning into adulthood and independence there is a need for supports in learning to live independently and how to care for a home that is not available.
 - Housing supports and services are a need for those in the transition age population in our community.

4. Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:
 - Threat Assessment and Management Team is being formed in Franklin County. The District Attorney's office is spearheading the team under the direction of the FBI. This team will have representation from all local school districts, mental health, crisis, emergency departments, local municipality police, and state police. This team will be a supplement to the existing school threat assessment teams.
 - Youth and Young Adult Peer Support Service availability for individuals ages 14-17 provided by certified and trained peer specialists
 - Student Assistance Program (SAP) is in all secondary public schools. SAP team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school and to make recommendations to assist the student and the parent. When the problem lies beyond the scope of the school, the SAP team will assist the parent and student so they may access services within the community.
 - Elementary Student Assistance Program (ESAP) is provided in most schools in the largest district (Chambersburg) and in several others: Waynesboro School District, Tuscarora Area School District, Greencastle Area School District, Fannett-Metal Area School District, Shippensburg Area School District, Central Fulton School District, Forbes Road School District, and Southern Fulton School District.
 - School-based counseling services through managed care are available in most public schools in both Franklin and Fulton counties.
 - Child and Adolescent Service System Program (CASSP) services are available to all children who are experiencing behavioral/mental health concerns. CASSP

is able to get families and providers around the table to determine the best services and supports for the child in need.

- Healthy Communities Partnership was able to provide Strengthening Families Program for adolescents ages 10-14 virtually. It was offered twice this past year with 15 graduating families.
- Respite – Mental Health has partnered with Kidz Therapy Zone to provide monthly respite programs in our community. This program occurs twice a month for three (3) hours each. They provide one in Chambersburg and one in Waynesboro. The Waynesboro site has only been open since January and has been a collaborative effort with the school district, donating space for the respite service.

	Unduplicated Children
Chambersburg	40
Waynesboro	8

- Needs:
 - This past year brought an increase in referrals for school aged children needing mental health counseling. Due to a number of reasons, our community is struggling with waiting lists for outpatient counseling. There is a lack of credentialed counselors for commercial insurances that have proven a hardship. Our SAP team is working on getting certified in evidence based programming that is specific to groupwork to assist.
 - The local school districts have begun discussing the need for a partial hospitalization. This will be explored in the coming year.

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

5. Individuals transitioning from state hospitals

- Strengths:
 - Service Access & Management (SAM) has an assigned case manager that functions as the Danville State Hospital liaison. The liaison does a great job in both monitoring the status of individuals at the state hospital and connecting individuals to services in the community when they are ready for discharge. The social workers at the state hospital are also very easy to work with and make sure that the person has completed their Medicaid application, etc. prior to discharge.
 - Community based services that are available include outpatient, peer specialist, and housing supports to mention a few.
 - Franklin and Fulton Counties have active Community Support Programs (CSP). The monthly meeting consists of an educational component as well as

community news. The meetings continued virtually when the restrictions were put in place around social distancing due to COVID-19.

- Needs:
 - Securing available, appropriate housing can sometimes contribute to extended inpatient stays at the state hospital. Generally speaking, the liaison is able to secure the necessary appointments in a timely manner as establishing and maintaining contact with family, while the person is at the state hospital can sometimes be challenging for the social workers.
 - Our county lost access to an extended acute care setting several years ago and has not had any success in securing a contract with any providers to regain access for our community residents. This level of care would prove helpful in both as a step down from the state hospital and from a diversionary perspective.

6. Individuals with co-occurring mental health/substance use disorder

- Strengths:
 - Franklin County does have a drug court that now includes a representative from Mental Health who assists with knowledge of local resources and support.
 - Franklin/Fulton County residents have access to two (2) dually-diagnosed licensed outpatient providers.
- Needs:
 - Outpatient counseling for individuals living with a co-occurring disorder has proven difficult. The need exists for more dual-licensed programs to help serve this population.
 - A clear understanding/education on the proper way to treat co-occurring disorders. There have been many situations where a psychiatrist will note that substance use needs to be addressed prior to an individual's mental health and vice versa. This can often delay the supports and services that an individual needs and/or prevent an individual from receiving immediate services.

7. Criminal justice-involved individuals - Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

- Strengths:
 - Mental health was able to reinstate the availability of psychological evaluation services to individuals in the jail by use of telehealth.
 - Weekly mental health meetings at the Franklin County Jail, which includes jail personnel, Prime Care mental health staff, Franklin County Adult Probation and Franklin/Fulton MH/IDD/EI, during which the current status and needs of inmates

are discussed in a collaborative manner.

- Criminal Justice Advisory Council (CJAB) remains active and has a progressive strategic plan.
 - Franklin/Fulton Counties have strong and active CJAB committees. The committees are diverse in membership and foster collaboration among community services.
- Franklin/Fulton County Sequential Intercept Model (SIM) is revised yearly to ensure that all services are captured and service gaps are identified.
- Franklin County has an active Re-Entry Committee, Franklin Together, made up of mental health providers, drug and alcohol providers, faith based organizations, housing providers, individuals and their families with re-entry lived experience, employment specialists, and probation and jail officers. Individuals involved in the criminal justice system, along with their families, are encouraged to be a part of the coalition and guide the work through their lived experiences. Franklin Together is recognized on the state level as a leading coalition whose by-laws, strategic plan, and membership documents have been used as models for other coalitions to follow.
- Forensic Blended Case Management (BCM) is available and works with individuals involved with probation and preparing to be released from jail, and assisting individuals accessing services and supports to foster their success upon re-entry to the community.
- The Co-Responder Program continues to be embedded inside of four (4) local municipal police departments. This program has served as a go-to resource for many other counties throughout Pennsylvania interested in implementing a similar program. Franklin County has received grant funds to add a third Co-Responder to the program this year.
 - Mental health was awarded a grant through Pennsylvania Commission on Crime and Delinquency (PCCD) to introduce a third Co-Responder to our community. The data shows that 91% of individuals engaging with a Co-Responder do not have recontact with the police.
- Needs:
 - Local employment options.
 - Affordable housing poses a barrier for individuals trying to re-establish themselves in the community.
 - Franklin County continues to explore the Stepping Up initiative and implementing strategies within the jail, courts and mental health to identify gaps and needs to reduce recidivism.

8. Veterans

- Strengths:
 - Mental Health Association partnered with the Franklin County Veterans Affairs to supply canvassing bags to over 300 veterans that included local resources, education and handouts addressing mental wellness.

- Franklin County Veteran Affairs office maintains a relationship with the community human service providers that fosters warm hand-offs for veterans needing services and supports.
- Needs:
 - Locally, a larger choice of counselors that are knowledgeable and competent in the military culture.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

- Strengths:
 - The welcoming project has continued. Our community currently has 121 allies to date. Allies are defined as a business, health care provider, faith community, or organization that has taken the pledge to commit to having a workplace and community that is diverse and welcoming for all. These businesses are identified by displaying a window decal. There was 113 decals distributed in 2021 when the program was launched, and 168 so far in 2022.
 - Mental Health Association hosts a support group called THRIVE. This group is set to meet on the 1st and 3rd Sunday of the month.
- Needs:
 - Education and resources are needed for our community.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

- Strengths:
 - A few of our mental health outpatient providers have been able to secure bilingual staff that are able to provide clinical services to individuals speaking Spanish.
 - Wellspan and Keystone medical facilities have access to a system that connects a live translator on a computer screen to assist during appointments.
 - Franklin County does have a Hispanic Center that is active and collaborates with human services.
- Needs:
 - Access to more bilingual professional staff is a need in our community.
 - More providers with access to language line or assistance with interpreters

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

- Strengths:
 - Keystone Health has an active HIV Program that offers a full range of services aimed at promoting healthy individuals and a healthy community. They offer pop-up sites in multiple locations, making access easier and more efficient for the residents.

- Brain Injury Association of Pennsylvania hosted a presentation during our forty (40) hour training week of Crisis Intervention Team (CIT).
- Needs:
 - Support for individuals and families affected by traumatic injury living in our community.
 - Additional resources and supports for Huntington's Disease.

c) Strengths and Needs by Service Type: (items-c) #1-7 below)

1. Describe telehealth services in your county (limit of one page):

- a. How is telehealth being used to increase access to services?
- The Franklin County Jail and TrueNorth Wellness are using telehealth in order to provide mental health evaluations to foster the jumpstart of service access upon release.
 - Even with the expanded options for psychiatric telehealth in 2020, this intervention has not been successful in improving access for individuals because the network still has a shortage of providers.
 - Telehealth has been used for support groups which at times provides for greater attendance. Many individuals feel more comfortable receiving supports and services through the comfort of their own home.
 - While telehealth certainly has many pros and cons; one of the cons noted is some providers over-utilizing telehealth. Certain services and certain individuals require face to face visits. Some providers are having a hard time adjusting back to in person sessions and prefer telehealth.
 - Telehealth has allowed the availability to continue to complete intakes throughout the pandemic and even now as some individuals still have concerns about going out in public/in crowded areas.
 - Virtual meetings have allowed staff to connect to many meetings that they may not have in the past due to travel.
- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.) **(limit of one page).**

(Limit of 1 page)

- The County Mental Health Department assisted many providers with purchasing the needed equipment and supplies in order to provide telehealth services in our community.
- Other providers reported using one-time funding through CARES dollars to purchase HIPPA compliant platforms for service delivery in preparation for ongoing use of telehealth and the need to have electronic verification.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY22-23. (Limit of 1 page)

- The behavioral health subcommittee of CJAB has a workplan with a goal of: Increase levels of trauma-informed practices within the criminal justice system and educate the community regarding trauma-informed care. The accomplishments inside this goal so far are as follows:
 - The Franklin County webpage (<https://www.franklincountypa.gov>) has added a page on trauma-informed care. This page offers brief definitions regarding trauma-informed, trauma-responsive, and trauma-specific as well as links to other educational sites. From July 24, 2021 through July 24, 2022, the page was viewed 1,255 times. Unique pageviews (users) was 1,063 during that time period.
 - Franklin/Fulton County Mental Health purchased a licensed through PESI for several online learning sessions that was offered to our provider community. The topics included are Trauma Treatment, Compassion Fatigue, Anxiety, Dialectical Behavior therapy, Essentials of Treating & Preventing Suicide, and Youth Mental Health Specialist certification.

○

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY22-23. (Limit of 1 page)

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY22-23. (Limit of 1 page)

It appears that Franklin County has several work groups focused on diversity, equity and inclusion, (DEI), however, each of them is for a specific group and issue. We will need to look at something that is focused on DEI as a whole.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Goal	Objective	Measure
Goal 1: Educate, train, and provide resources	Objective 1.1: Provide suicide prevention trainings	The coalition will hold at the minimum three (3) QPR

<p>directed towards youth to help reduce the number of suicide deaths and suicidal ideation.</p>	<p>for the local middle/high schools for staff, students, and parents.</p> <p>Objective 1.2: Identify teen/youth specific informational material that can be handed out during youth events.</p> <p>Objective 1.3: Identify and attend events that are specifically marketed for youth and their families to hand out information.</p> <p>Objective 1.4: Identify and be trained in youth specific suicide prevention trainings so they may be offered to the community.</p>	<p>trainings a year to the local middle/high schools.</p> <p>The coalition will attend at least two (2) events a year that are specifically targeted towards youth and their families to hand out information.</p> <p>The coalition will be trained in and be able to offer More Than Sad to the local schools.</p>
<p>Goal 2: Educate, train, and provide resources to help reduce the number of suicide deaths in the 18-35 age category.</p>	<p>Objective 2.1: Provide suicide prevention trainings for the local colleges' students and staff.</p> <p>Objective 2.2: Work with local universities to distribute resources and information regarding suicide.</p> <p>Objective 2.3: Provide suicide prevention trainings to different businesses that employ 18–35-year-olds.</p>	<p>The coalition will conduct at least three (3) suicide prevention trainings for the local colleges each year.</p> <p>The coalition will work with local university staff to distribute resources twice a year.</p> <p>The coalition will provide at least four (4) suicide prevention trainings a year to local businesses.</p>
<p>Goal 3: Reduce access to lethal means</p>	<p>Objective 2.1: Identify medication take back programs that can be used by the community.</p> <p>Objective 2.2: Partner with local gun stores to provide safety locks and offer information on limiting</p>	<p>The coalition will establish a medication take back program by year two (2).</p> <p>The coalition will distribute at least 20-gun locks to community members.</p>

access to lethal means.

6. Employment First:

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see the [Employment-First-Act-three-year-plan.pdf](#).

- a. Please provide the following information for your county employment point of contact (POC).
 - Name(s): Jim Gilbert
 - Email address(es): jgilbert@franklincountypa.gov
- b. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
 - Yes No
- c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data		
<ul style="list-style-type: none"> • Please complete all rows and columns below with FY 20-21 data. • If no data available, list as N/A. • If data is available, but no individuals were served within a category, list as zero (0). <p>Include additional information for each population served in the Notes section. (for example, 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).</p>		
Data Requested	County Response	Notes
i. Total Number Served	16	
ii. # served ages 14 up to 21	7	
iii. # served ages 21 up to 65	9	
iv. # of male individuals served	13	
v. # of females individuals served	3	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	15	
viii. # of Hispanic and Latino served	0	
ix. # of Black or African American served	0	
x. Asian	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	1	
xiv. # of individuals served who have more than one disability	16	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	15	

xvi.	# of individuals served working full-time (over 30 hrs. per wk.)	1	
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Data Requested	County Response	Notes	
xvii.	lowest hourly earned wage of individuals served (ex: minimum wage)	\$7.25	
xviii.	highest hourly earned wage of individuals served	\$14.00	
xix.	# of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	1	

7. Supportive Housing:

- a. Please provide the following information for the county housing specialist/point of contact (POC).
 - **Name(s):** Jennifer Heidler
 - **Email address(es):** jcheidler@franklincountypa.gov

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

This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

- b. **SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn’t available because it’s a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year’s planning documents.***

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY20-21 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Totals								
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY20-21	10. Average Subsidy Amount in SFY20-21
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
PATH Grant	2005	Federal	\$39,855.00	\$66,300.00	34			40-50	.5 (part time)
		State HSBG	\$13,285.00						
Totals			\$53,140.00	\$66,300.00					
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
Totals									
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21		7. Projected Number to be Served in SFY22-23
Housing Expansion	2006	State HSBG	\$12,131.00	\$26,000.00	4		3
		County Match	\$337.00				
Keystone Service Systems SCR	2005	State HSBG	\$392,886.00	\$482,523.00	8		8
		Federal	\$21,000.00				
		County Match	\$10,000.00				
TrueNorth Wellness SLP	2005	State HSBG	\$693,239.00	\$749,028.00	18		22
		Federal	\$40,000.00				
		County Match	\$19,000.00				
New Visions – CRR Full Circle	2003	State HSBG	\$304,894.00	\$392,947.00	14		15
		Federal	\$18,000.00				
		County Match	\$8,500.00				

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Keystone Systems FSCR	2019	State HSBG	\$99,144.00	\$0.00	0			0
		County Match	\$14,000.00					
FSCR – RFP	2022	State HSBG	\$0.00	\$550,000.00	0			8
		County Match	\$0.00					
Totals			\$1,633,131.00	\$2,200,498.00				
Notes:	<p>There is one agency in Franklin County which operates a lodge; however, it does not meet the criteria of being a Fairweather Lodge. Historically, there has only been one CRR. Since this continues to be considered an important level of residential placement in our continuum of care, there are no plans to enter into a CRR Conversion Protocol.</p>							

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

i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

Priority	Narrative	Action Steps	Timeline	Progress Made
1. Crisis Intervention Service system	a. Department of Human Services are updating the state regulations regarding crisis intervention services and preparing for the initiation of the 988#	Upon the release (projected fall 2021) of the updated crisis regulations, the county crisis system will be reviewed for compliance	Fall 2021	Still waiting for the crisis regulations; however, our crisis intervention provider is a call center for 988. So mental health, crisis intervention, and our emergency services department commenced monthly meetings to begin planning for 988 implementation.
		Assist with start up and implementation of 988	July 2022	
2. Addressing health literacy and resilience in our community	a. Provide training opportunities for the providers in order to strengthen our system	i. MH will purchase license agreement with PESI, for training and consider other trainings as they become available	continual	i. County offered training on Compassion Fatigue, Era of Anxiety, and DBT to our community providers. DBT continued into FY 22-23 due to providers not being able to complete with all the added referrals. ii. Mental Health First Aid, QPR, and verbal de-escalation skills are a few trainings that have been made available to the community for free.
		ii. Provide training and support for local community to include: business, neighbors, providers etc.	continual	
	b. Increase community awareness about depression and available resources within the community	i. The Mental Health Task Force will develop a community awareness and education action plan for informing the community about depression and other mental illnesses.	September 2021	i. Used different media forms to make awareness of mental health available. Yard signs, billboards, social media, and word of mouth.
		ii. Continue and expand existing community campaigns that educate the public about effective ways to manage depression (i.e., physical activity, nutrition).	February 2022	ii. Have used several campaigns to educate throughout community using social media, print, and with interactive community challenges.

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		iii. Develop a model for integrating behavioral health services, training and resources into Primary Care offices to include education for special populations such as older adults, TBI, fetal alcohol syndrome, and LGBTQI.	June 2022	iii. Still in progress
3. Housing placements and supportive services needed for individuals with intense behaviors	a. Identify models of housing programs available	i. Gather information on different housing options and explore the working structure.	December 2022	Continue to gather information on different housing options.
		ii. Create workgroup to develop residential/housing model for those needs.	December 2022	Continue to work with staff in other programs to collaborate; participate in regular landlord meetings and other housing support meetings to identify supports and resources.
	b. Identify models of supportive services that support individuals experiencing an immediate crisis need	i. Create a workgroup to include families that would be able to utilize respite to research and create a model of respite for our community.	December 2022	Due to lack of staff internally and in other programs this program was put on hold. Discussions with the Community Connections housing staff have begun and will continue as an added resource to MH housing supports.
		ii. Research the models in which crisis beds can be provided and create plan for implementation.	June 2023	Due to lack of staff internally and in other programs this program was put on hold, though discussions are being held to plan for this need.
4. Stepping Up Initiative	a. Rejuvenate this initiative to include all county stakeholders	i. Researching the initiative and creating a committee	Sept 2021	Collaborations are still being formed and will continue to move forward however, a formal initiative has been put on hold at this time.
		ii. Continue growth of CIT program to include fidelity to the Memphis model and apply for program certification through CIT International	April 2022	Working on developing the CIT program and getting key practices into place in order to align with CIT International's best practices guidelines.
		iii. Expansion of co responder program to include 3 rd co responder with a focus of the 60+ population. This co responder would take the lead on inmates who are ready for release also.	June 2022	We have secured the funding for this position and are working on finding a provider to expand this program.

- iv. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY22-23 at current funding levels.

For **each** transformation priority, please provide:

- a. A brief narrative description of the priority including action steps for the current fiscal year.
- b. A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- d. A plan mechanism for tracking implementation of the priorities.

Priority	Narrative	Action Steps	Timeline	Resources Needed	Tracking Mechanism
1. Crisis Intervention Service system (<input checked="" type="checkbox"/> Continuing from prior year <input type="checkbox"/> New Priority)	a. Department of Human Services are updating the state regulations regarding crisis intervention services and preparing for the initiation of the 988#	Upon the release (projected fall 2021) of the updated crisis regulations, the county crisis system will be reviewed for compliance Assist with start up and implementation of 988		This will be determined as plan is created.	This is monitored through Franklin/Fulton County MH/IDD/EI, TMCA, DHS
2. Addressing health literacy and resilience in our community (<input checked="" type="checkbox"/> Continuing from prior year <input type="checkbox"/> New Priority)	a. Provide training opportunities for the providers in order to strengthen our system	i. MH will purchase license agreement with PESI, for training and consider other trainings as they become available	continual	\$15,000	This is monitored through the Franklin/Fulton County MH/IDD/EI,

Priority)		ii. Provide training and support for local community to include: business, neighbors, providers etc.	continual	\$500	
		iii.			
	b. Increase community awareness about depression and available resources within the community	i. The Mental Health Task Force will develop a community awareness and education action plan for informing the community about depression and other mental illnesses.		\$6,500	This is monitored through the MH task force and Healthy Franklin County.
		ii. Continue and expand existing community campaigns that educate the public about effective ways to manage depression (i.e., physical activity, nutrition).		\$1,500	This is monitored through Chambersburg Cares, the MH task force and Health Franklin County.
iii. Develop a model for integrating behavioral health services, training and resources into Primary Care offices to include education for special populations such as older adults, TBI, fetal alcohol syndrome, and LGBTQI.			\$5,500	This is monitored through Franklin/Fulton MH/IDD/EI, TMCA, the MH task force and Health Franklin County.	
3. Housing placements and supportive services needed for individuals with intense behaviors (<input checked="" type="checkbox"/> Continuing from prior year <input type="checkbox"/> New Priority)	a. Identify models of housing programs available	i. Gather information on different housing options and explore the working structure.		The needed funds will be determined during action steps.	This is monitored through Franklin/Fulton MH/IDD/EI
		ii. Create workgroup to develop residential/housing model for those needs.		The needed funds will be determined during action steps.	This is monitored through Franklin/Fulton MH/IDD/EI
	b. Identify models of supportive services that support individuals experiencing an immediate crisis need	i. Create a workgroup to include families that would be able to utilize respite to research and create a model of respite for our community.		Approximately \$8,000	This is monitored through Franklin/Fulton MH/ID/EI and Human Services Block Grant Committee

		ii. Research the models in which crisis beds can be provided and create plan for implementation.		Approximately \$10,000	This is monitored through Franklin/Fulton MH/IDD/EI and TMCA

d) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

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

Note: HC= HealthChoices

e) Evidence-Based Practices (EBP) Survey*:

(Below: if answering Yes (Y) to #1. **Service available**, please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	No	N/A	N/A	N/A	N/A	N/A	N/A	County would like to have service
Supportive Housing	Yes	49	N/A	Agency / County	Y	N	Y	
Supported Employment	Yes	120	N/A	Agency / County	Y	N	Y	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	N/A	CodeCat	Agency / County / HC	Annually	N/A	Y	
Illness Management/ Recovery	No	NA	N/A	N/A	N/A	N/A	N/A	
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Provided by C&Y services
Multisystemic Therapy	Yes	4	TAM/SAM	Agency	Monthly	No	Yes	
Functional Family Therapy	No	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	No	N/A	N/A	N/A	N/A	N/A	N/A	Information not tracked

*Please include both county and HealthChoices funded services.

To access SAMHSA’s EBP toolkits visit:

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

f) Additional EBP, Recovery-Oriented and Promising Practices Survey*:

(Below: if answering yes to #1. service provided, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	N/A	
Compeer	No	0	
Fairweather Lodge	Yes	N/A	No county involvement
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	N/A	
CPS Services for Transition Age Youth (TAY)	Yes	N/A	
CPS Services for Older Adults (OAs)	Yes	N/A	
Other Funded CPS- Total**	Yes	N/A	
CPS Services for TAY	Yes	N/A	
CPS Services for OAs	Yes	N/A	
Dialectical Behavioral Therapy	Yes	N/A	
Mobile Medication	No	0	
Wellness Recovery Action Plan (WRAP)	Yes	N/A	
High Fidelity Wrap Around	No	0	
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	No	0	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment of Depression in OAs	No	0	
Consumer-Operated Services	Yes	N/A	MHA
Parent Child Interaction Therapy	Yes	3	1 provider
Sanctuary	No	0	
Trauma-Focused Cognitive Behavioral Therapy	Yes	N/A	5 providers
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	
First Episode Psychosis Coordinated Specialty Care	No	0	
Other (Specify) Criterial Time intervention (CTI)	Yes	N/A	1 provider

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices. <https://www.samhsa.gov/ebp-resource-center>

g) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

Name and email of county CPS Point of Contact (POC)	Jim Gilbert, jgilbert@franklincountypa.gov
Total Number of CPSs Employed	16
Average number of individuals served (ex: 15 persons per peer)	19
Number of CPS working full-time (30 hours or more)	2
Number of CPS working part-time (under 30 hours)	13
Hourly Wage (low and high)	\$12-\$18.50
Benefits (Yes or No)	Yes & No

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2021
 - Yes, AOT services were provided from date: _____ to date: _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2021

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2021 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2021:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. # 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). # N/A

4. Please complete the following AOT/IOT chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **IOT services column:** if no one has been served in the last year, enter 0. (Row V) Administrative costs of AOT and IOT

	i. AOT	ii. IOT
I. Number of individuals subject to involuntary treatment in CY2021	N/A	343
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		4 (306 hearings)
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	N/A	107
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	0	\$16,642.96 (emergency delegates)

i) CCRI Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2021 been reported to the state as a pseudo claim? Yes No

j) Categorical State Funding-FY 21-22 (ONLY to be completed by counties not participating in the Human Services Block Grant)

1. Does the county currently receive state funds for Respite services?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

2. Does the county currently receive state funds for Consumer Drop-in Centers?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

4. Does the county currently receive state funds to support the closure of Philadelphia State Hospital closure?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

5. Does the county currently receive state children’s funds to support the closure of the Eastern State School & Hospital?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

6. Does the county currently receive state funding to support the closure of the Mayview Children’s Unit Closing?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)

State Categorical Funding			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 21-22. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
Program	Funding Received FY 21-22	Funding Expended FY 21-22	Balance of funds
Respite Services			
Consumer Drop-in Center			
Direct Service Worker initiative			
Philadelphia State Hospital Closure			
Eastern State School & Hospital			
Mayview Children’s Unit Closing			
Student Assistance Program			

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below regarding estimated numbers of individuals, please include only individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

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

The mission of Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/ Early Intervention is to partner with the community to develop and assure the availability of quality MH/IDD/EI services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the IDD program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Intellectual & Developmental Disabilities program 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. In Fiscal Year 2021- 2022, there were 536 people registered and supported in the Intellectual and Developmental Disabilities program in Franklin County.

Individuals Served

	<i>Estimated Number of Individuals served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	21	0.04	25	0.05
Pre-Vocational	0	0	0	0
Community participation	6	0.01	5	0.01
Base-Funded Supports Coordination	65	0.12	65	0.12
Residential (6400)/unlicensed	0	0	0	0
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	14	0.03	14	0.03
PDS/VF	0	0	0	0
Family Driven Family Support Services	71	1.13	75	0.14

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

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

Employment First is a concept promoting competitive integrated employment. Franklin/Fulton IDD program is supporting this concept in a variety of ways. Due to the COVID pandemic, individuals with disabilities were either laid off, quit their jobs, were furloughed or were terminated just like those without disabilities. As the pandemic continued, individuals with disabilities again, like those without disabilities, continued to work, found new jobs or decided not to return to work. The pandemic has affected our programs in many different ways.

The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources and post-secondary opportunities. One-to-one services include connecting with employers, job shadowing, community-based work assessments, and work incentive counseling. There are currently 19 students in the TALS program in Franklin County. The TALS program has a goal of placing eight

(8) individuals into a competitive job. Two (2) individuals had been placed into a competitive job in 2021-2022.

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 Services have outcomes of “placing individuals with intellectual disabilities in a competitive job.” Of the 21 people receiving base funded supported employment, all 21 have competitive jobs.

Small Group Employment services consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan and it must be documented in the service plan how and when the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Small Group Employment services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave. While there are no base funded individuals participating in Small Group Employment, there are seven (7) individuals utilizing Small Group Employment Services via waiver funding.

Discovery is a targeted service for a participant who wishes to pursue competitive integrated employment but due to the impact of their disability, their skills, preferences and/or potential contributions cannot be best captured through traditional, standardized means, such as functional task assessments, situational assessments and/or traditional normative assessments which compare the participant to other or arbitrary standard of performance and/ or behavior. Discovery involves a comprehensive analysis of the participant in relation to the following:

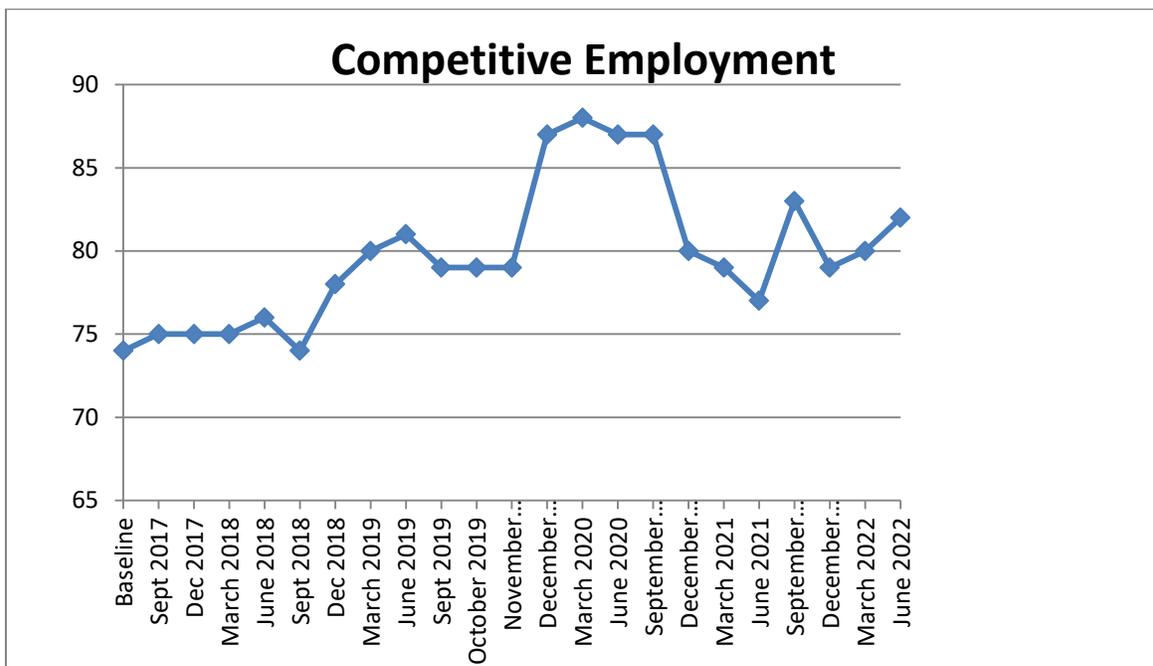
- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment; and
- Conditions necessary for successful employment or self-employment.

All employment providers use Discovery as part of their supported employment process. At this time, no one in Franklin County uses Discovery as a discrete service.

Community Participation Support is defined as “providing opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment.” Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and membership. Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers. This service is expected to result in the participant developing and sustaining a range of valued social roles and relationships, building natural supports, increasing independence, increasing potential for employment, and experiencing meaningful community participation and inclusion.” The Franklin/Fulton IDD program will continue to support providers in providing Community Participation Support. A total of six (6) individuals utilized base dollars to pay for Community Participation Support during FY 21/22. During COVID, the facility that was providing base funded Community Participation

Support was closed and then reopened March 1, 2021. As of June 30, 2022, five (5) individuals have returned to the facility for face to face Community Participation Support in accordance with the facilities reopening plan.

The IDD department is concentrating on Competitive Integrated Employment which includes supported employment and small group employment for the Quality Management Goal (see Appendix E). The outcome for the Quality Management Plan is “people who choose to work are employed in the community.” There were 87 individuals who were employed in competitive Integrated Employment before the COVID-19 Pandemic. As with the rest of the state, some individuals were laid off or furloughed or the business may have closed or the individual chose to leave their job, while other individuals continued to work in essential businesses throughout the pandemic. The following graph shows how employment has increased or decreased the last five (5) years and the effect of the pandemic. There are 82 individuals who are currently employed in Competitive Integrated Employment. As the pandemic is slowing down, this number will be considered the baseline for the QM plan. Franklin/ Fulton IDD Employment Providers will continue to support people to continue to work or to find new jobs.



Franklin/Fulton Transition Councils collaborate with the Office of Vocational Rehabilitation (OVR) in identifying individuals who will benefit from Pre-employment Transition Services, Paid Work Experiences and Job Shadowing within the school districts. The Franklin/ Fulton IDD Program participates in the Transition Council, which includes representative from OVR, School Districts and providers to promote and support the Employment First Model. OVR and the Franklin/Fulton IDD Program facilitate the STAR (Student Transition to Adult Review) meetings for students and their parents to focus on their plan for transitioning from high school and adult supports/services. Discussion centers on students’ interests, goals and present levels in relations to employment and independent living and supports needed. This also provides an opportunity to register with the IDD Program and OVR if the person has not already done so. The Franklin/Fulton County Transition Councils created virtual transition sites during the pandemic to provide useful resource documents, presentations, etc. that school districts and families can access at anytime. In person Virtual Transition Fairs hope to resume during school year 22/23 depending on school COVID protocols.

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

Supports Coordination:

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

Base Funded Supports Coordination included home and community case management for individuals in Nursing Facilities, Medical Assistance (MA) eligible individuals who are admitted for hospitalization, individuals residing in Intermediary Care Facilities, and individuals who do not qualify for MA. These services are only paid for individuals who have a denial of MA Coverage. There are 55 people who have base funded Supports Coordination either because they are not eligible for MA or who lost their MA for part of the year. There are seven (7) individuals who have the OBRA waiver and have base funded Supports Coordination, and three (3) people who reside in an ICF/ID or State Center and receive base funded Supports Coordination. Currently, no one is interested in leaving the State Center system from Franklin County so transition services are not needed at this time. See Community for All Section for more information. The IDD program has MA denials for individuals who are receiving base services over \$8000.

The IDD Program collaborates with the Supports Coordination Organization (SCO) by holding monthly meetings with the SC Supervisors. During these, meetings, individuals who are deemed high profile or have an Emergency PUNS are discussed regarding natural supports and what supports are necessary for that person. Any individual can be added to the list. During these monthly meetings, PUNS, ISPs, Levels of Care, incident management, provider risk assessments, IM4Q and other items are part of the standing agenda discussed.

The SCO is also represented on the Transition Council and is encouraged to participate in State Employment Leadership Network (SELN) trainings, Community of Practice employment calls, and Secondary Transition Conferences, to promote community integrated employment. Franklin/ Fulton County is part of one of the Regional Collaboratives for the Community of Practice. Franklin/ Fulton has combined their stakeholder group with York/ Adams Counties and has become the South Central Regional Collaborative. The Franklin/ Fulton part of the Regional Collaborative is working on creating a one-page profile of the AE this year to be discussed at intake so that when the person is referred to the SCO, they are already aware of the Lifecourse Tools. The SCO is part of the Stakeholder group for the Regional Collaborative. The State Community of Practice has established the following goals: Family Engagement, Employment, Front Door and Supports Coordination. Support Coordinators use the life course principles and activities to help individuals and families plan for the future. The SCO supports the initiatives of the Community of Practice. See more information about Regional Collaboratives in Administrative Funding.

In addition to the Transition Council and Regional Collaborative, the SCO also sends representatives for the Risk Management Committee and the Quality Improvement Council.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.
- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.
- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

According to 55 Pa. Code Chapter 6100 regulations: “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 (1) or two (2) individuals with an intellectual disability, who are not family members or relatives of the life-sharing host, reside.” Satisfaction surveys have shown that individuals in life-sharing living arrangements are more satisfied with their life.

The Franklin/Fulton County IDD Program will support the growth of life-sharing in the following ways:

- The Administrative Entity (AE) and SCO will continue to work on providing information to individuals and families on the values and benefits of Life-Sharing and correcting the “stigma” that is “adult foster care.” We will continue to help families understand that Life-Sharing is a supportive, sharing, and mentoring environment that enhances the natural supports of the family.
- The AE has encouraged local Life-Sharing providers to develop new licensed homes to be used for periodic and emergency respite situations that can be available when needed. This has helped to expedite emergency respite placements which, in turn, have developed into new life-sharing connections.
- The AE will work with providers with the expansion of the Life-Sharing service definition to include individuals living in their own home or the home of a relative and receiving agency managed life-sharing services.

Life-sharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 35 people living in Life-Sharing homes in Franklin County (Franklin/Fulton QM information). The funding that supports 34 of these individuals in their life-sharing homes is waiver funding. The remaining person is private pay for his life-sharing home.

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

In July 2018, ODP expanded their waiver offerings by adding the Community Living Waiver (CLW); this waiver has a funding capacity of \$85,000 dollars. This is enough funding to support an individual

that has a low SIS Needs Group in a Life-Sharing home as long as that individual is either working or not attending a traditional day program.

During the COVID pandemic, the IDD Program checked in with Life-Sharing Providers, as well as other residential providers to determine whether they had enough personal protective equipment (PPE), number of COVID cases and to check on the health and safety of individuals in their program. The meetings started out weekly and are still being held, but have changed to every 3-4 weeks. These virtual meetings have helped the AE and the Provider stay in contact to discuss other issues as well as COVID and will continue past the Pandemic.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multiple needs, especially medical needs.
- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.
- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and families to access community resources, as well as formalized services and supports through ODP.

The IDD program collaborates with the following agencies to increase the support for individuals with multiple needs. The IDD program staff attends Child and Adolescent Service System Program (CASSP) meetings to discuss the supports needed for individuals to be supported in their community and school. The IDD staff also has a working relationship with Home Health Aide providers to support individuals with medical needs in their home and community. Lastly, the Managed Care Organization Specialized Needs Unit is available for individuals under the age of 18 who meet their criteria. The IDD program collaborates with the school districts by offering informational sessions to both parents and teachers. These have been put on hold during the pandemic but plan to resume in 2022-2023. The IDD staff attends IEPs when requested to help problem-solve and/or to provide intake information. STAR meetings (student transition to adult review) meetings that is facilitated by OVR Supervisor and IDD Program Specialist to discuss and plan for services/supports after graduation. The IDD program has also worked with school districts and the PA Family Network to provide information to families and hold workshops after Back to School Nights on different subjects. During COVID, these sessions have not been held, or held virtually, due to the restrictions of ODP, Franklin County and School Districts. The Administrative Entity (AE) also is a member of the Transition Council and attends the Transition Fairs at all High Schools county-wide. The IDD program partners with Children and Youth (C&Y) through CASSP. There are also individual cases where C&Y and the IDD program are involved and the collaboration between the two agencies has resulted in the best outcome for the child while protecting the individual's rights.

The Mental Health and IDD program has a long history of communication and collaboration. IDD collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions, which supports individuals with both a mental illness and developmental disability. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/Fulton County and Philadelphia are the pilot areas. The first group was held at Occupational Services, Inc. (OSI) in 2013. The County is also on the committee that wrote the WRAP® for People with Developmental Distinctions curriculum in collaboration with The Copeland

Center, OMHSAS, NASDDDS and ODP. This curriculum is the next step for WRAP® for People with Developmental Distinction to become evidenced-based. The County has supported WRAP® efforts to explain this new program at conferences and trainings. WRAP® groups were not held throughout the year due to the COVID pandemic. Franklin County will continue to support WRAP® for People with Developmental Distinctions and resume WRAP® for People with Developmental Distinctions groups in 2022-2023.

The IDD program presents the module on Intellectual & Developmental Disabilities at the Crisis Intervention Team (CIT) Curriculum. This curriculum helps police officers, Mental Health professionals and first responders respond to someone with a disability in the course of their professions. The IDD section has been revised to better suit the audience of police officers and first responders for 2020-2021. The training was presented twice in 2021-2022 and is planned to be held twice in 2022-2023. Many of the local first responder agencies or police departments have most of their staff trained in CIT.

The IDD program continues to collaborate with Mental Health, CASSP, School Districts, Tuscarora Managed Care Alliance and Perform Care to support people who have a dual diagnosis.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
 - Does the county reserve any base or HSBG funds to meet emergency needs?
 - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does the county provide mobile crisis services?
 - If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
 - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
 - Is training available for staff who are part of the mobile crisis team?
 - If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

If waiver capacity is unavailable in an emergency situation, individuals will be supported out of funds in the Block Grant. Base money can be provided for day programs and transportation to maintain their residence at home and/ or to allow their parents to maintain their employment status. The Franklin County IDD Department will increase the availability for combinations of Family Aide, Day Programs, transportation, adaptive equipment, home modifications and respite care so that individuals may continue to live at home instead of residential programs, which are more costly. Franklin County reserves 28 days for Emergency Respite care in base funds.

The IDD Independent Apartment Program has 13 individuals living in their own apartments with less than 30 hours of support per week. Base funds are used to subsidize the rent. This program is the least restrictive housing option for individuals who wish to live independently.

The AE has a Risk Management Committee that meets quarterly to discuss incident management, to review restrictive procedures, discuss risk mitigation and any items that may lend to a future emergency. Under the direction of ODP, the County is implementing Provider Risk Assessments as a proactive means to determine if a provider has risk in their operations. The AE reviewed two (2) residential providers who Franklin/ Fulton is the assigned AE and also provided information to other Assigned AEs about their providers in 2021-2022.

Franklin County responds to emergencies outside of normal work hours in Procedure Statement IDD505 Risk Mitigation. In this procedure statement, all Program Specialists are listed, as well as the MH/IDD/EI Administrator, with their cell phone numbers. These contacts can be used after hours for any emergency. All providers have been trained in the policy. Initial incidents are reviewed daily to assure the health and safety of the individuals served; this includes weekends and holidays. Franklin County reserves base respite funds to authorize respite services as needed in an emergency and works with providers. Adult Protective Services, and the Supports Coordination Organization to set up these services, whether during normal business hours or after business hours. These services may end up being Life Sharing or 6400 Residential. This provides for the safety of the person and finds a long-term solution.

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

The IDD Program utilizes the current contract with Keystone Behavioral Health for Crisis Services. The Crisis Department is operated 24 hours per day, seven (7) days per week, 365 days per year. One aspect of this contracted service is Mobile Crisis and is available in Franklin County. Any of the Crisis workers can provide Mobile Crisis. Some of the Crisis workers do have a background in working with individuals with autism and/or Intellectual & Developmental Disabilities and are trained; Training is available for any staff as requested. As with the other Crisis services offered, when an individual with an intellectual disability or autism utilizes Crisis services, the Crisis staff will notify either the Supports Coordinator or the AE if the person is not registered with the IDD program. The Co-Responder program is also a way to divert individuals with disabilities from being incarcerated and seek the community resources help that they need. Please see Mental Health Section for details.

The Franklin/Fulton IDD Program supports CSG's Mobile MH/IDD Behavioral Intervention Services to expand the Mobile Crisis service in Franklin/Fulton County. The service would be a "time limited service designed to evaluate the current situation, develop treatment strategies, provide direct interventions with the individual, deliver consultation, provide resources and develop skills so that existing supports can continue to implement the treatment strategies developed by the team" for individuals who have a dual diagnosis and are struggling to have an "everyday life." The program has served five (5) individuals this past year.

Franklin/ Fulton County has had a recent increase in individuals being discharged from the jail/ prison system. While some of the individuals are registered with the AE, others are not known to the IDD system. This delays the provision of services and supports as many do not have the documentation

necessary to determine eligibility Franklin County has also recently organized a Complex System Triage Team Workgroup to discuss certain cases that may cross different departments, and to develop policies and procedures to make it easier to support individuals in need.

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

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

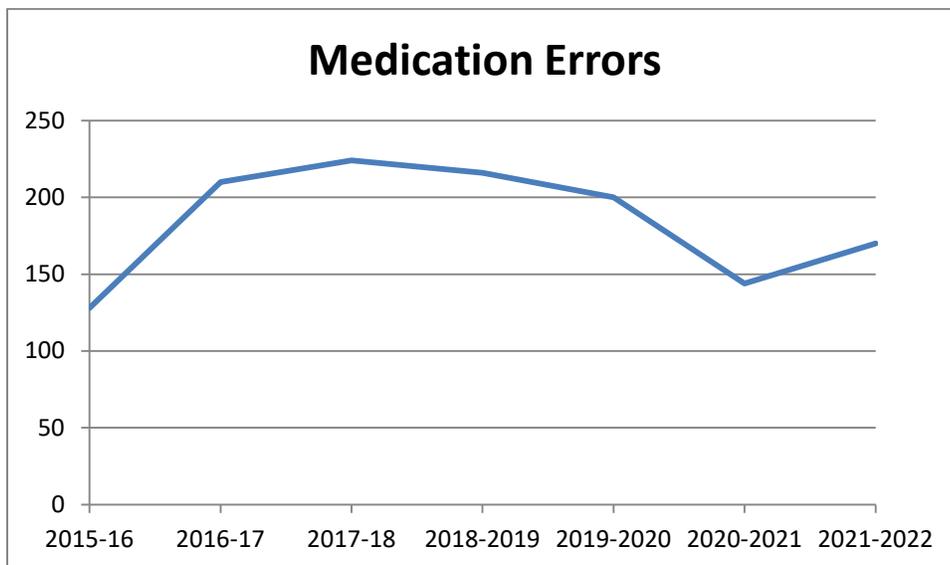
- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education,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

The IDD Program has hired a Community Mobile Nurse Position. The Community Mobile Nurse will be primarily stationed in one (1) home but will be able visit IDD individuals who reside in Franklin/Fulton counties when a referral has been made to the Administrative Entity through the Support Coordination Organization or when an Incident Report is entered into the IDD state system that a nurse should make a Health and Safety visit to that individual. This position was established to aid in providing individuals living with family members with added nursing support when needed. The Community Mobile Nurse has served 22 individuals/ families in 2021-2022.

Franklin/Fulton IDD program is a Regional Collaborative for the Community of Practice. As part of the Community of Practice, the PA Family Network is part of our Stakeholder Group. Due to the COVID-19 pandemic, all in-person trainings had been cancelled. The PA Family Network will

continue to provide weekly Family Forums using a Zoom platform. The PA Family Advisor on the Regional Collaborative continues to support families via internet/ phone during this time. The Regional Collaborative will concentrate on the four (4) areas that ODP has initiated. They are Employment, Family Engagement, Front Door and Supports Coordination. York/ Adams and Franklin/ Fulton have merged into one Regional Collaboration and are now called the South Central Regional Collaborative. Franklin/ Fulton is the process of taking the resource guide and mapping it through the GIS department, making it searchable and printable. This will be an electronic application that will be able to be used by human service professionals and individuals and families. The next step is creating more Maps (Behavioral Health and Food Resources are done). Due to the COVID pandemic, the Regional Collaborative Stakeholder Group had not been meeting. Meetings started back up in 2021 with the meetings being virtual. There have been 2 virtual meetings where the goal is to create a Vision and Mission for our Collaborative. Then a “Deeper Dive” training was held in May. The next meeting will be Fall 2022 and it is hopeful that it will be hybrid model with both in-person and virtual together.

The IDD program uses the vast experience of the HCQU. Trainings by the HCQU are held virtually which allows folks to participate in any scheduled training regardless of county you live in. They also provide individualized training that is requested by providers and families. The AE attends the Positive Practices Committee meetings as well as Regional HCQU meetings. The HCQU is represented at our provider meetings and participates on both the Risk Management Committee and the Quality Improvement Council. Medication Errors is one (1) of the outcomes and objectives in the Quality Management Plan. The HCQU provides training to individuals, provider homes, staff or individuals, depending on the trends found while analyzing the data. This supports the outcome “people are healthy, and Franklin/Fulton Intellectual and Developmental Disabilities Program will use the objective of reducing the number of medication errors by 10% by June 30, 2022”. The baseline data is 144 medication errors from July 2020- June 2021. As of June 30, 2022, there are 170 medication errors in 2021-2022 QM year, demonstrating an 18% increase in the number of medication errors. This outcome will remain in the QM plan.

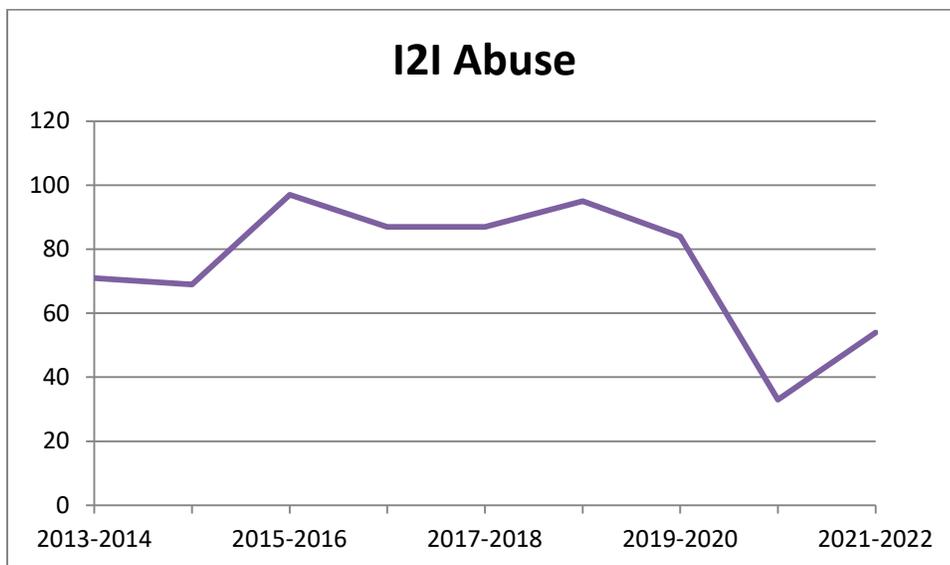


As with the HCQU, a representative for the IM4Q local program sits on the QI Council. The QI Council also reviews Employment IM4Q data to determine satisfaction with services. The QI Council also looks for trends in IM4Q data where satisfaction of services is below the state average. The greatest barrier to reviewing IM4Q data is that the reports are not current. As a result, there is a lag in developing QM outcomes and objectives. Since the surveys were cancelled due to the pandemic, IM4Q data will not be used for the next year outcomes as there will not be a

report. When a new QM plan is developed, IM4Q data is reviewed for Franklin/Fulton County to determine if and where the IDD program is falling behind the state average or if there is a reoccurring issue for consideration.

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

The Risk Management Committee holds quarterly meetings to assess incidents to establish a higher quality of life for individuals. The Risk Management Committee realized that Individual to Individual (I-2-I) abuse was an issue that needed addressed. The QM Plan addresses the I-2-I abuse issue. The outcome, “People are abuse free,” is measured by the objective of reducing the number of I-2-I abuse incidents by 5%. The number of incidents of I-2-I abuse will be measured through quarterly analysis of the HCSIS Incident Data and the target trends to prevent future incidents will be analyzed by the Risk Management Team. The baseline data is 33 incidents of I-2-I abuse for 2021-2022. As of June 30, 2022, there were 54 incidents of I-2-I abuse. This was a increase of 64 % in I-2-I abuse. The increase was due to provider home consolidation due to staffing shortage and reporting at one specific home. The Risk Management Committee will continue to monitor the data for trends.



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

The County engages providers of service by ensuring that all ISPs have backup/emergency plans included. All providers updated their Emergency Preparedness Plans during the COVID-19 pandemic. Providers will continue to update their Emergency Plans as needed and provided re-entry plans to the AE during COVID. Franklin/ Fulton AE continues to follow up with providers

during the COVID pandemic. Through the IM4Q considerations, Franklin/ Fulton Counties made emergency folders with the local information from the Department of Emergency Services and Ready.gov. These folders are in the process of being revised and a new program is being developed. The stakeholder group developing these folders is consisted of individuals, families, IDD program staff and first responders. This should be completed and piloted in 2022-2023.

Franklin/ Fulton IDD Program received American Rescue Plan Act (ARPA) funding from the Office of Developmental Programs. These dedicated funds were used to fund a new Program Specialist Position and for Respite and Family Drive Support Services (FDSS). The new Program Specialist started in June 2022. Franklin/ Fulton County used a portion of the FDSS funds to provide emergency respite to two (2) people in May. Franklin/ Fulton plans to provide more services using these dedicated funds to individuals and families in the 2022-2023 year.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or increasing self-direction?

Franklin/ Fulton Counties have no individuals or families using VF/EA. When the VF/EA is explained to families, they choose Agency with Choice (AWC) if they wish to self-direct their services. Franklin County has 14 families using AWC supports. All of their supports and services are paid with ODP waiver funding. The County coordinates training for families through the Arc of Franklin/ Fulton Counties (the AWC provider) and the HCQU.

The major challenges for AWC continue to be that families have trouble finding staff, especially in the rural areas of the county. This is due to the low wage, lack of transportation and/ or locations far from any services, as well as families have a lack of knowledge of the IDD system and the service definition changes and the COVID- 19 Pandemic. Additionally, families become frustrated with the amount of documentation and training required. ODP assistance could be used to find creative ways to address these issues and to provide training to families regarding AWC. However, due to the COVID pandemic, more families are considering AWC services.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.

Franklin County has 10 individuals in congregate settings. Two (2) individuals reside at State Centers and all have been given the choice to move into the community. Both individuals have stated that they are happy where they currently reside and have no desire to move. One (1) person resides in a private ICF/ID and continues to choose that placement. The remaining seven (7) individuals reside in nursing homes. All but one (1) of these individuals are age-appropriate and/ or have a nursing home level of care required, making the nursing home an appropriate placement. The one (1) exception is a woman who is too young to be in the nursing home, but repeatedly refuses appropriate residential options that are offered to her, though she does have a long-term level of care that was determined

by ODP. The Supports Coordinator will continue to offer and encourage her to look at residential options that are appropriate.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 21-22.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

Due to limited funding, Franklin County has not expanded into bridge housing support.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 21-22.
- If case management services are not offered, please provide an explanation of why services are not offered.

Every Rental Assistance applicant will be part of Family Services (HAP) Case Management and Service Navigation program for South Central Community Action Programs (SCCAP) A service plan will be established and signed by each applicant that will include referrals to address factors that led to the housing crisis in addition to other factors that may have contributed to the problem. Specifically, case management will be available through referrals with regard to budgeting, parenting, accessing resources, and life skills with a goal of working towards self-sufficiency. Individuals that consistently do not participate in the service plan may transition out of the program and become ineligible for HAP funds for a period of up to two years. In this event the efforts will be made to refer the individual to other Family Services or external partner programs for alternative shelter assistance.

The SCCAP HAP Family Services Specialist will be responsible for completing all intakes and assessments for Franklin County Homeless Assistance Program. This process will include assessment of other needs, especially those that brought the family to a housing crisis. 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 plan) for individuals who are in need of supportive services and who need assistance in accessing the service system.

- Assistance in developing a future story and SMART goals designed to lead to long term stability
- Assessing service needs and eligibility and discussion with the individual of available and acceptable service options.
- Referring individuals 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 requested services.
- Protecting the individual's confidentiality.

The SCCAP HAP Family Services will refer the individual to appropriate agencies/resources as needed for services such as linkages to income supports, parenting skills, life skills, budgeting, food, making appointments, priority setting, maintaining records, literacy training, adult basic education, etc. The case manager will establish linkages with the Housing Authority and other local housing programs for low-income housing and the County Assistance Office. Specifically, the HAP Family Services Specialist will assure that individuals who are eligible have accessed Emergency Shelter Assistance (ESA) through the Title IV-A program at the CAO so long as the ESA program exists. The SCCAP HAP Family Services Specialist will discuss with the individual any service needs and options and any goals the family has identified.

Confidentiality of the individual will be protected, and all reasonable efforts will be made to coordinate service delivery and to avoid duplication of services. Therefore, Releases of Information will be required so that all other agencies offering housing services can be contacted to cross reference whether the family is receiving services elsewhere and to ensure coordination of services.

After the individual has been approved, the HAP Family Services Specialist will complete a payment agreement between the individual, landlord and SCCAP and will work with the client to complete a goal plan specific for the individual needs of the family and appropriate referrals will be made.

Some notable successes for Case Management have been the intentional referral to Support Circles for HAP clients. That has allowed both families from the shelter and families applying for rental assistance to be enrolled in a long-term program that will support the family on their journey out of poverty. While not a requirement, we have seen several families take advantage of this opportunity and they are receiving ongoing appropriate support.

Another notable success is the creation of a housing landlord survey that is shared with families that can meet the needs of high barrier families (those who have had an eviction in the past or may have a non-violent criminal history).

As we have evaluated the results of this program and the recidivism of families returning for help, we are also opening our case management opportunities to families after they receive help and promoting that as an ongoing opportunity so families can come back to talk through options before they are in another crisis.

Another addition to this component for SCCAP is Rapid Rehousing and Homeless Prevention through HUD and ESG funding and ERAP rental and utility assistance. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with

families before they become homeless through HAP, ERAP, or ESG Homeless Prevention dollars, if they are currently homeless through our Emergency Shelter to get them off the streets and then through HAP, ERAP, or Rapid Rehousing to help them get into safe affordable housing. Followed by ongoing services through Case Management or Support Circles. The addition of these services along with the coordination of internal and external supports through family services and social support navigation assistance provides a much better continuum of care for families experiencing the trauma of homelessness or near homelessness.

Of notable success are two critical partnerships. HAP is currently working with individuals referred through the Veterans program and the Franklin Together Reentry Coalition. Both of those county collaborative groups have a host of supports which assist the individual in having a better opportunity of long term success.

In assessing the barriers to services the most common reasons we are unable to help individuals is due to individuals being over the income limit or not being a resident of Franklin County for six months. We also receive many calls about people wanting us to help before they have an eviction notice. Individuals are reaching out to receive help to prevent an eviction notice. If we are not able to help, there are not many other organizations in the community that are able to provide support. Many organizations have the same regulations; at times local churches can assist and we make those referrals as appropriate.

Franklin County staff members complete an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

During the COVID 19 Pandemic we have been able to coordinate services with clients while maintaining safety for the client and their families. We have been able to perform most of the eligibility via the phone and sending documents via text or email. We anticipate managing the program in a similar manner as long as needed to keep HAP clients and their families safe.

Individuals will be informed in writing by SCCAP, of the right to appeal if service is denied to them as set forth per the HAP guidelines. The following will be provided in writing to any individual who is denied or terminated from service:

- the action being taken;
- the reason for the action;
- the effective date of the action and
- the availability of an appeal process at the County and State level.

Written appeal may be made to the County of Franklin. The individual will be informed in writing of the result of the appeal. Further appeals will follow the guidelines as set forth by HAP which states that after exhausting the first level of appeal at the County, an individual may appeal to DHS to the Office of Hearings and Appeals. All individuals will be informed of the appeal process during their initial appointment. The appeal plan is explained at the first appointment and a copy is signed by the individual.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 21-22.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

HAP's Rental Assistance program is used 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). Actual Eviction notice is required in the file.

Individuals served by the HAP program must have been a resident of Franklin County for six months prior to applying for assistance. Rental Assistance is only provided to Franklin County applicants who can demonstrate that they will be able to become self-sustaining after help is provided. Individuals 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 and can show that with assistance they can be stable in the future.
- Persons fleeing domestic violence.
- Individuals who have fallen on hard times who need rental assistance and can show that with assistance they can be stable in the future.

To receive financial assistance, the individual or family must be below 200% of the Federal Poverty Income Guidelines. Referrals to other agencies can provide needed services and will be made available to those who do not meet the income or residency guidelines as appropriate. 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 and the creation of a service plan for each household addressing the conditions which precipitated the housing crisis and addressing the acquisition of permanent housing including the schedule for

disbursement of rental assistance funds. The service plan is signed and placed within the individual's file. The service plan will address other services needed and referrals made. In all cases the goal for the family will be to acquire stability and permanent, affordable housing. The household must demonstrate through the service plan and their actions that they have the ability to become self-sufficient and a commitment to work toward that goal. All service plans will include an agreement to cooperate with the HAP Family Development Specialist/Case Manager. Individuals that consistently do not participate in the service plan may be transitioned out of the program and ineligible for assistance for up to two years.

Applicants will be expected to contribute financially towards the housing plan as determined by their individual service plan. The individual or family must have anticipated income sufficient to pay the rent in the future. Whenever possible and practical, payment plans will be established whereby the applicant retains part of the responsibility for current or back rent or utility payments. The maximum assistance available in a 24-month period is \$1,500 for families with children, and \$1,000 for adult only households. In most instances, households will not receive the maximum amount of assistance, but only the amount determined appropriate as stated in their service plan. Assistance given by Emergency Shelter Assistance (ESA) or Emergency Food and Shelter Program (EFSP) will be included in the maximum allowed per household, as per DHS.

Applicants will be required to exhaust all other resources available through the County Assistance Office (CAO) or other local resources before being considered for HAP Rental Assistance. This includes but is not limited to Emergency Shelter Assistance (ESA), Low Income Home Energy Assistance Program (LIHEAP), fuel assistance, utility assistance, etc. Applicants who may be 62

eligible for Title IV-A Emergency Shelter Assistance must apply at the County Assistance Office, and receive a determination from the CAO before HAP can be considered. Families with a child under 21 whose income is below 80% of poverty will be referred for ESA before Rental Assistance is utilized. This requirement will end if the ESA program is discontinued.

Individuals or families must have an agreement with the landlord to rent to them before financial assistance will be provided. Written agreements must be confirmed by the HAP Family Development Specialist before funds can be released.

Franklin County staff members complete an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

Another addition to this component for SCCAP is Homeless Prevention and Rapid Rehousing through HUD and ESG funding and ERAP rental and utility assistance. SCCAP's emergency shelter had attempted rental assistance in the past with limited success. With the implementation of the longer term supports of Rapid Rehousing, we have found we are better able to help families find and maintain housing. While a relatively new program, this addition is strengthening our continuity for families. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with families before they become homeless through HAP and ESG Homeless Prevention dollars, if they are currently homeless through our Emergency Shelter to get them off the streets, and then through HAP or Rapid Rehousing to help them get into safe affordable housing and then on an ongoing basis through Case Management or Support Circles. We feel the addition of these services along with the coordination of internal and external supports provides a much better continuum of care for families. We believe these supports will help families stabilize and maintain long-term, safe, affordable housing!

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 21-22.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

Emergency Shelter is provided to families who are currently homeless. Basic needs (shelter and food) are provided in conjunction with intensive case management and effective referrals. This program is evaluated on a number of factors:

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

The Franklin County Shelter for the Homeless is located in downtown Chambersburg, at 223 South Main Street. The Shelter provides nine bedrooms with the capacity to house up to 18 individuals at one time. During the COVID 19 pandemic, SCCAP has kept its shelter capacity to a level that allows for individuals to quarantine in place. We have worked with the local health system for a process on testing and quarantining, should it be needed, in order to keep everyone safe. Two of the rooms at the shelter are family rooms and seven others are designed for single adults or couples. The Franklin County Shelter for the Homeless is the safety net for the residents who may find themselves without a place to live. The Franklin County Shelter uses a Housing First Model and staff work diligently to get individuals into housing quickly and then work to help them stabilize and move forward. Our goal 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 during and after their stay. We also coordinate with other agencies within the County to direct residents to the available resources that will help them achieve their established goals and long term success.

In order to receive services, the Franklin County Shelter for the Homeless, an individual/family must be legally homeless. Families either come to the shelter, where we work with the coordinated entry system to get them registered and evaluated for service, or we receive a referral from the coordinated entry system and a family or individual comes to the shelter referred through 211. Immediately we perform a housing barriers assessment to identify what will prevent the family or individual from getting housed quickly and then begin the work of finding safe, affordable, appropriate housing and stabilizing the family. Our work with the family continues after the family is housed so we can provide the best opportunity for long term success. Homeless Assistance Program funds are needed to support the daily operational costs of the Franklin County Shelter for the Homeless and the extensive case management needed to help families and individuals, many of whom are chronically homeless or have extensive housing barriers, obtain and maintain long term housing.

Another addition to the Homeless Services Toolkit for SCCAP is Homeless Prevention and Rapid Rehousing through HUD and ESG funding. SCCAP's emergency shelter had attempted

fragmented one time rental assistance in the past with limited success. With the implementation of the longer term supports of Rapid Rehousing, we have found we are better able to help families find and maintain housing. This addition is strengthening our continuity for families. This allows us the opportunity to identify the appropriate program for the individual. SCCAP can now work with families before they become homeless through HAP and Homeless Prevention dollars, if they are currently homeless through our Emergency Shelter to get them off the streets, and then through HAP or Rapid Rehousing to help them get into safe affordable housing, and then on an ongoing basis through Case Management or Support Circles. We feel the addition of these services along with the coordination of internal and external supports provides a much better continuum of care for families. We believe these supports will help families stabilize and maintain long-term, safe, affordable housing!

Franklin County staff members complete an annual onsite monitoring visit to evaluate case management services to ensure that all program requirements are being met. This process includes an evaluation of fiscal and program requirements along with individual file chart reviews.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 21-22.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

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

Homeless Management Information Systems:

- Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?

Franklin County has actively participated in the Homeless Management Information System (HMIS) and has taken a lead role by providing an access center as a secondary option to the 211 system, for those who are seeking housing services. This process allows for individuals and families to be triaged, prescreened and assessed through HMIS so that appropriate services can assist in making individuals achieve permanent housing successfully.

In addition, this system works as a starting point to connect individuals and families with the Emergency Solutions Grant, HUD Permanent Supportive Housing Programs, PATH and one Shelter Plus Care Program. Individuals and families are connected by use of referrals and/or the housing prioritization queue tools that are a part of HMIS. The goal is to have individuals entered into HMIS immediately following enrollment in the housing programs. Multiple County employees are familiar with entering data into HMIS as well as running reports.

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

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

Please provide the following information:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	1	1-2 day
Medically-Managed Intensive Inpatient Services	2	1-2 weeks
Opioid Treatment Services (OTS)	2	1-2 days
Clinically-Managed, High-Intensity Residential Services	2	1-2 days
Partial Hospitalization Program (PHP) Services	1	1-7 days
Outpatient Services	6	2-3 days
Other (specify)	1	7-14 days

*Average weekly number of individuals

**Average weekly wait time per person

- **Withdrawal Management (WM) Services:** In FY21/22, the average wait time for WM services in or out of the county was 1-2 days from the time of the request, regardless of the individual's current environment. The primary substances for WM placement were opioids (prescribed and illicit) and alcohol.
- **Medically-Managed Intensive Inpatient Services:** In FY21/22, FFDA has funded treatment for two medically managed/high-intensity residential services.
- **Opioid Treatment Services:** In FY21/22, FFDA contracted with one methadone provider(closest in geographical proximity) as there aren't any methadone providers within FranklinCounty. There are five (4) Buprenorphine prescribing providers within the county, and only one contracts with the county SCA. There are four (4) prescribing practices of oral naltrexone (Vivitrol) in the county with limited physician time – our SCAcontracts with two of those. Same day/same week access hasn't been obtainable. This is extremely important for individuals stepping down from a high level of care/secure environment (residential SUD, incarceration, psychiatric placement, etc.) where they received MAT to engage in a community-based delivered process. FFDA continues to partner with a mobileVivitrol provider, Positive Recovery Solutions (PRS), to assist in reducing this barrier for individuals that have started Vivitrol as their chosen MAT. In FY21/22, PRS provided mobileVivitrol services in one location per month. In FY21/22, FFDA also provided funding for Buprenorphine, which allowed FFDA to provide three primary forms of MAT for individuals with opioid use disorder.
- **Clinically-Managed, High-Intensity Residential Services:** In FY 21/22, the average wait for a residential bed was one-two (1-2) days from the time of the request across all provider networks (in/out of Franklin County). Wait times depended on bed accessibility, priority population requests, unplanned discharges, and time of day (evening) for the request from FFDA.
- **Partial Hospitalization Services:** In FY21/22, the average wait for Partial Hospitalization Services was one-two (1-2) days from the time of the request across all provider networks (in/out of Franklin County).

- Outpatient Services: In FY21/22, there was no significant wait to access this Intensive Outpatient Program (IOP) or Outpatient Program levels of care (whether the entry was a step-down from a higher level of care or direct entry).
- Recovery Housing: In FY 21/22, FFDA contracted with three PARR-certified recovery houses (one male home and two female homes). Wait time for this service is dependent on availability. The typical wait period is 7-14 days.

2. **Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
82	Unknown/Data not collected	Recovery Liaison, ER crisis workers	Unknown/Data not collected

*Reported information is data from the Commonwealth of PA Overdose Information Network (ODIN) Naloxone Usage by County. This survivor data is based upon law enforcement naloxone usage data inputted into ODIN for 7/1/20-5/31/21.

Franklin County has the grant to fund a provider to offer Recovery Liaison services throughout Franklin County through various funding sources. These funds provide a Recovery Liaison on call for any law enforcement to provide Warm Handoff services to overdose survivors and other clients with substance use concerns to help the individual access treatment. The Recovery Liaison works with the referred individual to identify barriers to success and assists in linking individuals to services. The liaison position provides warm handoff services for various clients (not just overdose survivors) and focuses on emergent care by connecting clients to treatment; however, data tracking does not include separate searches specifically for overdose survivors. Overall Warm Handoff data is reported above, and this tracking is currently being reviewed to see if data collection could be enhanced to track overdose survivors in FY22/23 more effectively. Law enforcement agencies have access to Recovery Liaison services for overdose survivors, and EMS/BMS/ALS also have access to Leave Behind Kits for survivors. Leave Behind Kits include the following: Pouch with OSAL branding and contact information of SCA, non-latex gloves, mouth shields, Need Help Now hotline card, Naloxone, and Naloxone instruction pamphlet.

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	0
4	2	0	2
3.7 WM	20	1	0
3.7	2	0	2
3.5	31	1	15
3.1	5	0	0
2.5	2	0	2
2.1	5	4	2
1	5	4	2

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

Tuscarora Managed Care Alliance (TMCA) oversees Franklin/Fulton County's Behavioral Health HealthChoices Program. Reinvestment Plans that benefit Franklin County residents include three approved and currently implemented programs for Recovery Bridge Housing Subsidy, Certified Recovery Support Specialists, and Recovery Capital Mini-Grants. The Recovery Bridge Housing plan focuses on providing a rent subsidy for individuals who are Medicaid eligible/members to receive financial assistance for recovery housing rent. The recovery house must be DDAP Licensed to receive a contract from TMCA for this plan. TMCA's Certified Recovery Specialist plan provides the opportunity for the in-network local outpatient drug/alcohol providers to employ a certified recovery specialist to provide peer support to individuals transitioning from a high level of care (withdrawal management/residential) to a lower, local level of care such as IOP or OP services. FFDA partners with TMCA on this endeavor by providing funds to PA Counseling, Pyramid HealthCare, and Gaudenzia. The primary goal is to provide individuals with needed yet voluntary peer support while, in turn, reducing the rate of readmission to a higher level of care.

A current need in Franklin County is the lack of drug/alcohol-free pro-social activities for individuals who struggle with substance use disorders and their families/natural supports. OHMSAS recently approved the TMCA Recovery Capital Mini-Grants reinvestment plan. The Recovery Capital Mini-Grants will be used, in part, for an effort to support pro-social events. The success of this initiative could lead to the establishment of a group to eventually operate and sustain a community-based recovery organization.

Another community-based treatment need is funding/financial assistance for individuals that are under/uninsured to obtain assistance with medication-assisted treatment. FFDA will continue to meet this need in FY22/23 by providing funding to provide financial assistance to those that meet the funding and clinical eligibility criteria.

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

Intranasal naloxone is available to professionals and the general community in Franklin County without a prescription due to the current standing order status in which the medication has been made public.

FFDA provides overdose response/naloxone administration training, known as "Operation Save A Life" (OSAL), to anyone that wishes to attend, free of charge. Residents of Franklin County are eligible to receive a free dose of intra-nasal naloxone upon completion of the OSAL training.

Training often occurs and was offered virtually/in-person this past fiscal year to continue offering the training during the impacts of COVID-19. FFDA provides funding to contract with Healthy Communities Partnership (HCP) and Fulton County Family Partnership (FCFP) to deliver most community-based trainings.

The SCA completes OSAL training for professionals and County of Franklin employees. Residents that wish to purchase the medication can do so at any Franklin County pharmacy, as 100% of them are carrying/dispensing the medication. Naloxone is also available and used by county first responders. Each of the six (6) law enforcement agencies in Franklin County is also carrying/administering intra-nasal naloxone.

In FY17/18, FFDA began serving as the Centralized Coordinating Entity (CCE) through PCCD and has continued this role throughout 2020-2021. The CCE’s position is to provide free intra-nasal naloxone to agencies/organizations that serve as first responders in the county, and these definitions were broadened dramatically in 2020.

Current partners include agencies within the following categories: EMS/BLS/ALS, Fire & Rescue, Treatment Providers, Prevention Providers, Recovery Houses, Wilson College, Penn State Mont Alto, Mental Health Association, Children & Youth Services, Juvenile Probation Office, Adult Probation Office, Hotels/Motels, Public School Districts (Nurses), South Central Community Action Council, Shippensburg University, and the Private K-12 School Sector.

FFDA has expanded to offer Leave Behind Kits for EMS/BLS/ALS units that wish to participate. Leave Behind Kits include the following: Pouch with OSAL branding and contact information of SCA, non-latex gloves, mouth shields, Need Help Now hotline card, Naloxone, and Naloxone instruction pamphlet.

- 6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

Warm Handoff Data:

# of Individuals Contacted	172
# of Individuals who Entered Treatment	52
# of individuals who have Completed Treatment	Unknown/Data not collected

*Reported numbers are representative of the number of clients served with Warm Hand Off services through the contracted Recovery Liaison FY20/21 year to date (7/1/21-6/30/22)

Franklin County’s Warm Handoff process is the primary model to address overdose survivors’ linkages to treatment. It is implemented in two emergency room departments (Chambersburg Hospital and Waynesboro Hospital). In both hospitals, the crisis department can do an intake and referral for clients after they are medically cleared by medical staff.

Additionally, the county contracts with a provider to offer Recovery Liaison services throughout Franklin County through various funding sources. These funds provide a Recovery Liaison who is on call for law enforcement and is called out to work with clients with substance use concerns to help the individuals access treatment. The liaison position focuses on emergent care and connects clients to treatment; however, tracking of completion of treatment does not occur under the current system. This will be reviewed to see if data collection could be enhanced in future years.

FFDA is studying enhancing the Warm Handoff Process throughout the community by examining several models currently utilized in Pennsylvania that conform to specific funding limitations on using such allocations.

Listed below are some of the Warm Hand Off process challenges and barriers for Franklin County:

1. The Warm Handoff process in Franklin County is currently a partner with a contracted agency providing a Recovery Liaison who is on call for law enforcement needs surrounding substance use. The local townships and jurisdictions call the Recovery Liaison to assist in helping clients to access treatment and resources such as emergent care resources. This liaison helps refer clients to treatment and can set up services. One challenge with this process is that some law enforcement jurisdictions do not call the liaison and that EMS doesn't notify the liaison of an overdose if the client refuses transport. Work will continue in 2022-2023 to increase partnerships and consistent utilization of the Recovery Liaison and Warm Handoff process.

2. Additionally, referrals can be accepted from the emergency room departments for assessments and case management. The Crisis department at the Chambersburg and Waynesboro Emergency rooms can refer to substance use treatment services after the clients are medically cleared; however, the clients often leave before completing their crisis intake.

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

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.

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

Adult Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

No services are funded through the Block Grant

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

No services are funded through the Block Grant.

Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

No services are funded through the Block Grant

Generic Services: Please provide the following:

Program Name: Information and Referral Coordination

Description of Services: I&R provides a service that links individuals and the community through a variety of communication channels, including in person presentations to local agencies to help educate the community of the various services throughout Franklin County. The I&R department is also the contact point for PA 211 coordination. In addition, I&R serve as the local Connect to Home Coordinated Entry Systems Access Center as a secondary option to the 211 system for those who are seeking housing services. This process allows individuals to be triaged, prescreened, and assessed through HMIS so that appropriate services can assist in helping the individual achieve permanent housing successfully.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following:

(Limit 1 paragraph per service description)

Program Name:

Description of Services:

No services are funded through the Block Grant

Interagency Coordination: (Limit of 1 page)

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

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

Franklin County Human Services Training Days is a 1 day event, held in April of each year, as a format to provide up-to-date training for those who serve in the human services profession. The participants who attend are from a wide array of human services agencies, faith-based organizations, not-for-profit, and medical programs and range from case managers, to support staff, to directors and administrators. Our goal is to provide them with quality professional training that will enhance their skills, increase their professional development, and ensure that they are aware of the current trends in their profession. From the information they receive, agencies and staff can use the new tools as a way to take their existing and new programs and strengthen the delivery of the service.

The event is held at the Rhodes Grove Conference Center, which is located in Chambersburg, Pennsylvania. The site is chosen because of the unique ability to provide space for 200 – 250 individuals to attend. All training is provided at no cost to those who are a part of the human services community.

The Franklin County Human Services Training Days format provides the opportunity for individuals to learn from several different areas in the field of human services. The event is kicked off by having a Keynote Speaker, who will present for an hour. Afterwards individuals will attend one of the four 1.25 hour sessions/presentations that are occurring. A total of 12 sessions/presentations are held over the course of the one day. Individuals are given the opportunity to register for the specific classes that they feel they will benefit most from. From this, we can expect approximately 20-50 participants for each session, unless there is a request for a limit due to the nature of the presentation. These sessions will cover areas of topics that relate to Veterans/Military, the Aging Community, Mental Health, Early Intervention, Intellectual Disabilities, Services to Children, as well as ways to take care of ourselves as the human service professionals.

If funding becomes available, the expenses associated with this event will be for the facility's fees, trainers and supplies.

Franklin County Intro to Human Services is a second training event that provides individuals the ability to become educated directly on the specific services that the Franklin County Human Services Administration departments offer to the residents of Franklin County. The event is open

to a wide array of human service agencies, faith-based organization, not-for-profits, and medical programs and range from case managers, to support staff, to directors and administrators. Individuals are given an overview of each of the departments and how their services are able to benefit those in the Franklin County community. Departments include Veteran Affairs, Drug and Alcohol, Children and Youth Services, Area Agency on Aging, Mental Health, Intellectual and Developmental Disabilities, Early Intervention, Information and Referral, Housing and Grants Management, The session is held twice a year and there is no cost associated with this training for participants.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

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

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	350		\$ 274,000		\$ 5,000	
Administrator's Office			\$ 500,000		\$ 13,000	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	105		\$ 225,000		\$ 7,000	
Community Residential Services	50		\$ 2,080,683		\$ 47,000	
Community Services	2,000		\$ 839,000		\$ 25,000	
Consumer-Driven Services						
Emergency Services	300		\$ 42,200		\$ 1,000	
Facility Based Vocational Rehabilitation	10		\$ 55,000		\$ 2,000	
Family Based Mental Health Services	2		\$ 13,500			
Family Support Services	45		\$ 42,100			
Housing Support Services	95		\$ 142,650	\$ 49,725	\$ 3,000	
Mental Health Crisis Intervention	3,000		\$ 364,500		\$ 4,958	
Other						
Outpatient	8		\$ 4,050			
Partial Hospitalization						
Peer Support Services	35		\$ 43,100			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	90		\$ 336,500		\$ 8,000	
Targeted Case Management	200		\$ 127,000		\$ 5,000	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	6,290	\$ 5,089,283	\$ 5,089,283	\$ 49,725	\$ 120,958	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 283,369	\$ 78,134	\$ 7,863	
Case Management	65		\$ 77,353		\$ 2,147	
Community-Based Services	106		\$ 335,411	\$ 38,061	\$ 33,060	
Community Residential Services	13		\$ 63,076		\$ 1,930	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	184	\$ 759,209	\$ 759,209	\$ 116,195	\$ 45,000	\$ -

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	200		\$ 55,658			
Rental Assistance	100		\$ 20,000			
Emergency Shelter	25		\$ 30,000			
Innovative Supportive Housing Services						
Administration			\$ 8,000			
TOTAL HOMELESS ASSISTANCE SERVICES	325	\$ 113,658	\$ 113,658		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy	20		\$ 47,800			
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	890		\$ 41,000			
Recovery Support Services	964		\$ 210,625			
Administration			\$ 52,800			
TOTAL SUBSTANCE USE DISORDER SERVICES	1,874	\$ 352,225	\$ 352,225	\$ -	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	4,900		\$ 71,371			
Specialized Services	200		\$ 15,000			
Interagency Coordination						
Administration			\$ 9,597			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	5,100	\$ 95,968	\$ 95,968		\$ -	\$ -
GRAND TOTAL	13,773	\$ 6,410,343	\$ 6,410,343	\$ 165,920	\$ 165,958	\$ -

Appendix D:

Human Service Block Grant Committee Members:

- James Fox (Aging Advocate Specialist)
- Lorna Blanchard (Intellectual & Developmental Disabilities Advocate Specialist)
- Zachary McCauley (Early Intervention/Family Advocate Specialist)
- Michael Straley (Drug & Alcohol Advocate Specialist)
- Erin Grant (Mental Health Advocate Specialist)
- Greg Colbert (Homeless Assistance Advocate Specialist)
- Sonja Payne (Member at Large Community Advocate)
- Kim Crider (Health Planning Community Advocate)
- Sherri Sullivan (Employment/Training/Education Community Advocate)
- John Kratz (Faith Based Community Advocate)
- Thomas Reardon (Housing/Homelessness Community Advocate)
- Doug Wilburne (Criminal Justice Community Advocate)

Staff Members:

- Julia Dovey (Fulton County)
- Stacy Rowe* (Fiscal)
- Ashley McCartney (Fiscal)
- Stacie Horvath * (Human Services Administrator)
- Payton House (Human Services)
- Stacey Brookens* (Mental Health/Intellectual & Developmental Disabilities /Early Intervention)
- Erin Nye* (Mental Health/Intellectual & Developmental Disabilities /Early Intervention)
- Jane Cline (Intellectual & Developmental Disabilities)
- Marion Rowe (Intellectual & Developmental Disabilities)
- Lori Young (Intellectual & Developmental Disabilities)
- Jim Gilbert (Mental Health)
- Cori Seilhamer (Mental Health)
- Glenda Helman* (Grants)
- Minnie Goshorn * (Children & Youth Services)
- Justin Slep* (Veterans Affairs)
- Melissa Reisinger* (Tuscarora Managed Care Alliance)
- James Eagler* (Drug & Alcohol)
- Katelyn Becker (Drug & Alcohol)
- Tawnya Hurley* (Aging)
- Ashley McCullough* (Aging)
- Bonnie Speaks (Fiscal)
- Lillian Rodriguez (Information & Referral/LINK/PA 211)

**denotes Leadership Team Members*

CONFIRMATION

FRANKLIN/FULTON CO D
 425 FRANKLIN FARM LN
 CHAMBERSBURG PA 17202--306

PO#:

<u>Account</u>	<u>AD#</u>	<u>Ordered By</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1427832	0005339646	Sharyn Overcas	\$0.00	\$76.95	Invoice	\$0.00	\$76.95

Ad Order Notes:

Sales Rep: jrohde

Order Taker: jrohde

Order Created 07/14/2022

<u>Product</u>	<u>Placement</u>	<u>Class</u>	<u># Ins</u>	<u>Start Date</u>	<u>End Date</u>
YOR-CHA Public Opinion	YOR-Legals	Public Notices	1	07/18/2022	07/18/2022
YOR-publicopiniononline.com	YORW-Legals	Public Notices	1	07/18/2022	07/18/2022

Text of Ad: 07/14/2022

Franklin County Human Services Block Grant Meetings 2022/2023 FY Plan Review and Approval

Public Hearing Date #1: August 9th, 2022 (Tuesday)
 Time: 10:00am - 11:30am
 Place: Human Services Administration Building
 @ 424 Franklin Farm Lane
 Chambersburg, PA 17202
 Virtual Meeting option also:
meet.google.com/ajg-nwfw-ugn
 Join by phone
 (US) +1 260-277-0291 PIN: 956 497 332#

Public Hearing Date #2: August 17th, 2022 (Wednesday)
 Time: 11:00am (Commissioners Meeting)
 Place: Franklin County Administration Building
 272 N Second Street
 Chambersburg, PA 17201

Virtual Meeting option also:
meet.google.com/ejg-hmya-gvd
 Join by phone
 (US) +1 541-702-7763 PIN: 341 905 293#