

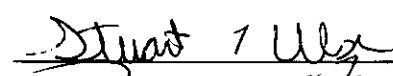
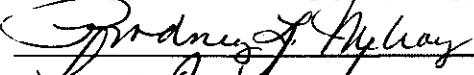

Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: FULTON

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Stuart L. Ulsh	Date: 6/6/17
	Rodney L. McCray	Date: 6/6/17
	Larry R. Lynch	Date: 6/6/17

Fulton County Human Services Block Grant Plan Fiscal Year 2017-2018

Appendix B County Human Services Plan Template

The County Human Services 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 directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS (Limit of 2 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.

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

The Fulton County Commissioners first formed a human services planning team in June, 2012 in order to explore opportunities that might arise from piloting the block grant in joiner counties. The initial planning team was composed largely of those persons representing agencies currently receiving funding. Through the years, it has grown to be deliberately more inclusive and team members now look more at outcomes and make decisions based more on outcomes than on specific allocations. Each year has built on the previous year and each year, additional members are added to the team. The planning team named for the 2017-2018 year includes:

NAME	REPRESENTING
1. Anne Harvey	Fulton Co. Housing Authority
2. April Brown	Franklin/Fulton Drug & Alcohol
3. Barry Munch	Mental Health Association of Franklin/Fulton
4. Beverly Ragan	Consumer member
6. Connie Brode	Huntingdon/Bedford/Fulton AAA
7. Dan Miller	Fulton Co. Chief Probation Officer
8. Deb Holland	Huntingdon/Bedford/Fulton AAA
9. Elen Ott	Fulton County Family Partnership
10. Jean Snyder	Fulton County Human Services Administrator
11. Julie Dovey	Fulton County Family Partnership
12. Larry Lynch	Fulton County Commissioner (non-voting)
13. Missy Reisinger	Tuscarora Managed Care Alliance
14. Rodney McCray	Fulton County Commissioner (non-voting)
15. Sr. Margie Monahan	Fulton County Catholic Mission
16. Skip Ramsey	Consumer member
17. Steve Nevada	Franklin/Fulton MH/ID/EI
18. Stuart Ulsh	Fulton County Commissioner (non-voting)
19. Wendy Melius	Center for Community Action

It should be noted that the Fulton County Human Services administrator serves on the Franklin County planning team while the Fulton County team also has representation from Franklin County in order to better facilitate cross-systems planning. Although the above team represents the “working” team with regard to the 2017-18 plan, other groups involved in the process include:

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

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

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

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

- ✓ October 27, 2016 (discussion of fiscal position at end of ¼ year; membership discussion; reallocation discussion and outcomes discussion)
- ✓ January 16, 2017 (added additional consumer member; discussion of fiscal position at end of ½ year; review of applications for additional funding; vote on applications; contracts; outcomes)
- ✓ April 27, 2017 (membership; fiscal position at end of ¾ year; reallocation applications and vote; outcomes; planning for 17-18 priorities; and review of 17-18 planning guidelines)
- ✓ June 1, 2017 (review of end-of-year fiscal position; 2017-18 planning priorities and vote on 17-18 plan. Also a public hearing on the 17-18 plan).

Other boards and committees (outside of the Planning Committee) such as those outlined above are informed of block grant activities as a block grant agenda item when meetings are held. All were invited to the public hearings.

3. Please list the advisory boards that were involved in the planning process.
 - 1) Fulton County Housing Committee
 - 2) Fulton County Family Partnership
 - 3) Fulton County Services for Children Advisory Board

- 4) Franklin/Fulton MH/ID Advisory Board
- 5) Franklin/Fulton Drug & Alcohol Advisory Board

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

The flexibility of the block grant allows counties to serve consumers in the least restrictive setting. It is now possible to assess and address need(s) at the local level and to provide the supports that are necessary for all consumers – aging, adult, children as well as those with mental health, intellectual disability and drug and alcohol challenges to be served in the community. One of the outcomes that is measured in many of the funding streams is how many are served in their own home (as opposed to residential facilities), how many placements of children due to homelessness were prevented and other outcomes which are currently being identified.. Another outcome of particular value to us is the ability to raise the funding level for Homeless Assistance so that our waiting list could be cleared. In addition, we are often more able to provide more needed funds for Drug & Alcohol treatment and this past year were able to fund a recovery event.

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

This year, we are in agreement that we should continue to focus on prevention and intervention efforts for those with opioid addictions since this has a community-wide concern due to a sharp rise in overdoses and death. We will continue to focus efforts on our homeless assistance program to endeavor to reduce, and hopefully, eradicate our waiting list. Another obvious change to our plan is the fact that Child Welfare Special Grants have been removed.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant. The first hearing was held on Tuesday, May 16, 2017, at 1:15 p.m. in the conference room at Buchanan State Forest, Resource Management Center (Conference Room), 25185 Great Cove Road. McConnellsburg, Pa. It was held at the conclusion of the Fulton County Family Partnership meeting to be held there earlier.

The second hearing was held on Thursday, June 1, 2017 at 10:00 a.m. in the conference room of the Fulton County Services for Children offices at 219 North Second Street, McConnellsburg.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
 - b. When was the ad published? Thursday, May 11, 2017
 - c. When was the second ad published (if applicable)? N/A

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

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

NOTE: The public hearing notice for counties participating in a LCA should be made known to residents of all counties.

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

For each of the following, please provide a description of how the county administers services collaboratively across categoricals and client populations. In addition, please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities.

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

Housing: Fulton County's Housing Assistance program is a perfect example of how Fulton County has used the block grant to leverage funds to eliminate a waiting list in our housing assistance program for both rental assistance and assistance with utilities. In 16-17, the HAP received a state base allocation of \$14,389, but was allocated \$28,000 by utilizing reallocation and/or retained funds. Through the CCA, some case management is now offered to housing consumers and our Homeless Assistance Planning Committee utilizes the membership of landlords to identify housing gaps and to try to identify ways to generate resources to meet those needs. Our Partnership planning committee has identified housing and its number one planning priority for this year.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

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

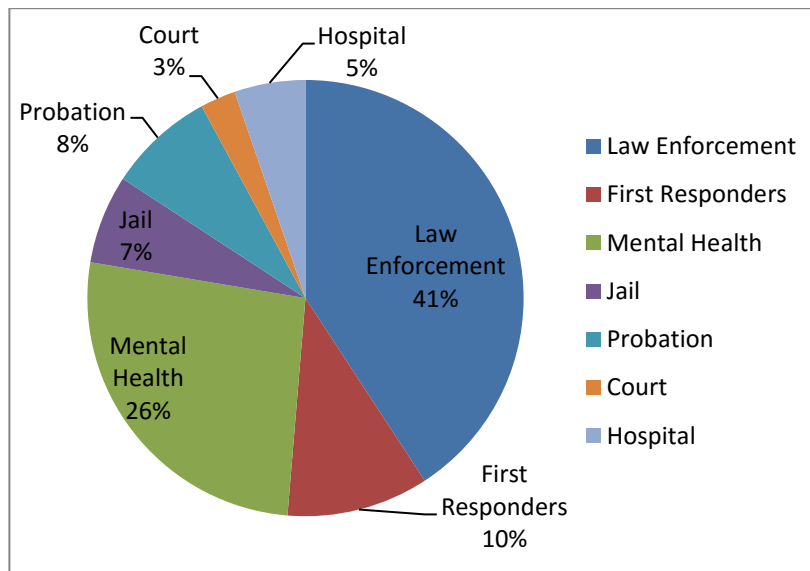
Through contracted case management, our agency provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and psychological evaluation, medication

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

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

Crisis Intervention Team (CIT) –

- Our training program is in its fifth year and continuing to gain momentum. The team is now 76 strong with half of our members representing law enforcement and first responders. The remainder of the team represents crisis, jail officers/staff, probation/parole officers, medical center staff, mental health professionals and advocates.
- South Central Region CIT continues to follow the fidelity of the Memphis Model of CIT. During the 40 hours of training, we are fortunate to have a certified trainer for the Veterans module, 2 certified trainers for the de-escalation and 1 CIT Coordinator to be trained in August. We also offer evidence based training such as QPR (Question Persuade Refer) and Pat Madigan’s *Hearing Voices* throughout the week.
- Outcomes:
 - To date we have held five (5) CIT trainings and have seventy six(76) members with half of our team being represented by law enforcement and first responders:



Evidence Based Practices-

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - To foster our communities becoming more trauma aware, Franklin/Fulton County has five (5) providers certified to provide TF-CBT.
- Eye Movement Desensitization and Reprocessing Therapy
 - Our county was fortunate to be able to assist two local therapist with managed care assisting five to begin the training of becoming EMDR certified. This will increase our capacity for evidence based therapies
- Mental Health First Aid

- There are four (4) trainers available to Franklin/Fulton County. They are certified to provide Adult, youth, older adult and Veteran Mental Health First Aid. Over the past six (6) years they have trained over 300 people within our community. During our mental health awareness conference in May, a class for Veterans and a class for older adults will be provided.

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

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

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

- Strengths:
 - The Mental health program has been presenting suicide prevention and mental health awareness within our senior centers and personal care homes.
 - Senior centers are moving towards functioning as senior center without walls. They are hosting functions attracting community to foster integration and intergenerational involvement
- Needs:
 - Specialized facilities for individuals living with dementia. Our crisis and ER's have seen an increase in patients and having difficulty with locating facilities for care.
 - Front line staff working with our older adults need better education in working with individuals living with dementia.
 - More accessible transportation would be useful.

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

- Strengths:
 - Physical and behavioral health providers have begun collaborating on health literacy and educating both our residents and our health system regarding the importance of addressing both issues for wellness.
 - Working towards increasing our supported employment opportunities for those in the workforce to turn into employment placements. We have had a significant increase this fiscal year. We credit this to the increased relationships our providers are fostering with employers in the community.

	Employment
--	-------------------

	Fiscal Year 14-15	Fiscal year 15-16	Fiscal year 16-17*
AHEDD	21	18	30
OSI	21	21	22
Total	42	39	52

*16-17 data through April

- Needs:
 - Adults and families expressed a need of better communication with the doctor. According to the Mental Health Association of Franklin and Fulton Counties, Individual/Family Satisfaction Team January-March 2017 quarterly report; families report a barrier to services was having the doctors listen to them regarding symptoms.

- **Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.**
 - Strengths:
 - Mental Health Association is in contact with the OMHSAS to revise their Peer Support Services program description to also allow them to provide peer support services to youth and young adults; most likely this will begin on or sometime after July 1, 2017
 - Childrens Program Specialist as well as Adult Program Specialists are available to meet with youth and others to discuss needs and services.

 - Needs:
 - There are no formalized transition services in the county, but CASSP can assist families with this as needed.

- **Children (under 18)- Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.**
 - Strengths:
 - Student Assistance Program (SAP)
Elementary SAP is being provided in several elementary schools in Franklin County with the goal of further expansion in Franklin County and initiating it in Fulton County schools
 - County human service agencies have begun a complex needs workgroup for early identification of children/adoscents in our community that may have complex needs and benefit from a better supported treatment/support team.
 - Children/Adolscent Service System Program (CASSP)

Continues to work with our adolescents to build capacity for more natural supports and remain in the community. Assists families in navigating the mental health service system and accessing services.

- School-based mental health therapy services have continued to expand in area school districts and in addition delivery of service has improved. This service is monitored by a QI process including HealthChoices, MH, schools and providers.
- Respite
 Respite is available to Franklin and Fulton County Children under the age of 18 on an hourly basis or an overnight stay. The number of children served is unduplicated however, the hours represent all hours provided.

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

- Needs:
 - Available community and inpatient services with speciality in complex issues. Crisis has seen an increased number of adolescents and have found barriers of finding inpatient placements and services for children/adolescents with complex needs to include dual diagnosis, sexualized behaviors and fire setting behaviors.
 - Respite services could be used more if the provider had more availability of beds and speciality for complex needs.
 - Our area lost a very valuable resource and advocate service when the only educational advocate left. This is a very needed service and our closest educational advocate is in Pittsburgh.
 - Provider staff turnover and lack of staff continue to be an issue that impacts treatment delivery. There is a meeting planned to review this issue and develop a response to assist in building capacity for enhance treatment.

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

- **Individuals transitioning out of state hospitals**
 - Strengths:
 - Franklin/Fulton County mental health continues to facilitate Community Support Plan meetings at the state hospital in order to assist in the transition of returning home and meeting the person's needs.
 - Needs:
 - Many of our people currently at Danville State Hospital have complex needs which require nursing home level of care or structured residential programs (the latter of which we have very limited capacity)
- **Co-occurring Mental Health/Substance Use Disorder**
 - Strengths:

- Training related to co-occurring illness continues to be offered free to our providers to include continue education credits from the Pennsylvania State Board of Social Workers. We also offer an on-line training series that is available for all Franklin/Fulton County providers. It features training based on the Tip-42 to include motivational interviewing.
- Needs:
 - Health literacy of the community recognizing that mental health and substance use disorder can be co-occurring and the treatment often times includes addressing both.
- **Justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths:
 - As of November 2016, Service Access Management has been providing forensic case management services for individuals currently incarcerated in Jail or recently released as well as individuals who are within three months of maxing out their sentences at State Correctional Institutions who express interest in returning to Franklin or Fulton County and are agreeable to continuing with mental health services in the community
 - Also see information above regarding CIT
 - The mental health program is very active on the Criminal Justice Advisory Board to include the Executive Committee and the Behavioral Health Committee.
 - Mental health professionals are available to individuals on probation to assist with connecting to the mental health services in their communities.
 - Needs:
 - Re-entry into the community to include employment, housing, and accessing services locally.
- **Veterans**
 - Strengths:
 - During CIT training, PTSD training is presented and Veterans are available in a panel to present situations and answer questions in regards to identifying and approaching a Veteran.
 - Needs:
 - Reliable transportation to appointments and employment is needed. Currently it is a barrier due to having to cross state lines and not having handicapped vehicles available.
 - The closest VA clinic is out of state. Again, being out of state poses a barrier to healthcare. The appointment times are limited due to the availability of transportation.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths:
 - Within this past year, an outpatient program has started group therapy for individuals identifying as LGBTQI.

- Mental health staff participated in the White House and the U.S. Department of Health and Human Services conference call with the LGBT community regarding the Affordable Care Act.
 - Fulton County has a high school that recently started a group during school hours for students that identify as LGBTQI.
- Needs:
 - Health literacy for physical and behavioral health care professionals. The LGBTQI community requires health care and having a professional with whom they feel safe with and discuss health related issues is important.
- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
 - Strengths:
 - The County does have access to the language line that allows us to respond to any language.
 - Currently, we do have access to a small number of bilingual therapists in our community.
 - Needs:
 - The County continues to find it challenging to secure services of a lot of bilingual professionals in our area.
 -
- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**
 - Strengths:
 - A Dental Clinic has been established since 1999. This clinic is free dental treatment for economically disadvantaged residents of all ages. Dentists volunteer
 - Needs:
 - Health literacy and supports for traumatic brain injury and other diseases would be helpful for our providers. It would also assist those living with the diseases to live healthier and happier.

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

c) Supportive Housing:

The DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Housing Development Initiative	HealthChoices Reinvestment				15	15	20 years		
Housing Development	County	\$185,000	0	0	4-14	4	20 years		2017

Initiative									

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

3. Master Leasing (ML) Program for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
---	--

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
HUD ½ Master Lease PSH	Federal/HUD County Match	\$178,435 \$11,408	\$178,435 \$11,408	21	20		21	\$538/month /participant	2006

4. Housing Clearinghouse for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
---	---

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Projected Number to be Served in FY 17-18				Number of Staff FTEs in FY 16-17	Year Project first started

5. Housing Support Services for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
--	--

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
Franklin/Fulton PATH Program	Federal	\$49,485	\$54,558	26-30	25-35			32.25	2005
	State	\$16,495	\$18,186						

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

7. Other: Identify the program for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.

Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other .									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started
HUD 3 Leasing Assistance Program	Federal County Match/in Kind	\$83,352 \$1,628	\$83,352 \$1,628	20	13-15	NA	NA		2008
Supportive Living Program	County	\$730,269	\$730,269	18	18	NA	NA		2005

Specialized Community Residence	County	\$386,218	\$386,218	9	9	NA	NA		2005
Community Rehabilitative Residential	County	\$293,096	\$293,096	12	15	NA	NA		2003

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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

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

1. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

<i>Priority</i>	<i>Description</i>	<i>Target Progress Steps</i>	<i>Completion Dates</i>	<i>Resources Needed</i>	<i>Tracking Mechanism</i>
1. Addressing health literacy in both our community residents and our primary /behavioral health care providers	a. Improve access and quality of care by designing a model by which behavioral health services are integrated with Primary Care offices	i. Committee formed to review the processes and procedures of primary care accessing mental health providers	May 2017	Staff from many of the providers will be required. The dollar amount needed will be assessed as the committee is researching a program.	This will be monitored through the committee made up of medical center, HealthChoices, County Mental Health and providers
	b. Increase community awareness about depression and available resources	ii. Provide training and support for primary / behavioral care professionals on the use of	ongoing		

	within the community	assessment tools, documentation of assessment results and making referrals for support for individuals experiencing depression			
2. Re-entry of individuals from our jail to our community	a. Having access to supports and services upon returning to the community	i. Mental health and probation enhancing working relationship to create processes for referrals and accessing services	ongoing	County mental health and as any programs /services are identified cost will be assessed.	Criminal Justice Advisory Board monitors this progress
3. Data Collection to increase knowledge of quality of services in order to assist in making better decisions for service delivery	County Human Services is working with our managed care organization to create a data warehouse to track human services data across systems.	i. Creation of data collection process ii. Begin upload of data for county human services department to compare and contrast for developing services	Winter 2017 Spring 2018	County and HealthChoices have committed funds to pursue the project.	This is monitored through the County project planning

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input checked="" type="checkbox"/>	<input checked="" 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
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" 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 Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	Yes	18	Outcomes Rating Scale	Agency	6 months	No	Yes	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	Yes	135		Agency		No		
Medication Management (MedTEAM)	Yes	18		Agency/County	Every session	No		
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes							
Functional Family Therapy								
Family Psycho-Education	No							

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	300	
Family Satisfaction Team	Yes	125	
Compeer	No	0	
Fairweather Lodge	Yes	8	
MA Funded Certified Peer Specialist	Yes	40	
Other Funded Certified Peer Specialist	Yes	39	
Dialectical Behavioral Therapy	Yes	20	2 providers offer group
Mobile Meds	No	0	
Wellness Recovery Action Plan (WRAP)	Yes	42	Groups & individual
High Fidelity Wrap Around	No	0	
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	84	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment of Depression in Older Adults	No	0	
Competitive/Integrated Employment Services**	Yes	174	Include # employed 52
Consumer Operated Services	Yes	350	Mental Health Association
Parent Child Interaction Therapy	Yes	17	Actual FY 16/17 as of April
Sanctuary	Yes	2	In our larger system
Trauma Focused Cognitive Behavioral Therapy	Yes	16	Actual FY 16/17 as of April
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	15	
First Episode Psychosis Coordinated Specialty Care	No	0	
Other (Specify)	Yes	23	Middle school age

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	15
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	13

INTELLECTUAL DISABILITY SERVICES

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

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

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

**Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The*

percentage might not add to 100 percent if individuals are receiving services in more than one category.

The mission of Franklin/Fulton Mental Health/Intellectual Disabilities/ Early Intervention is to partner with the community to develop and assure the availability of quality MH/ID/EI services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the ID program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. This information allows Franklin/Fulton Mental Health/Intellectual Disabilities/Early Intervention to budget and plan for the continuum of services and to develop programs to meet the needs of the community. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate. As of April 30, 2017, there were 31 people registered in the Intellectual Disabilities program in Fulton County.

Individuals Served

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	3	10	5	16
Pre-Vocational	0	0	0	0
Adult Training Facility	0	0	0	0
Base Funded Supports Coordination	1	3	1	3
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	3	10	4	13
PDS/VF	0	0	0	0
Family Driven Family Support Services	4	13	7	22

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

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.

- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

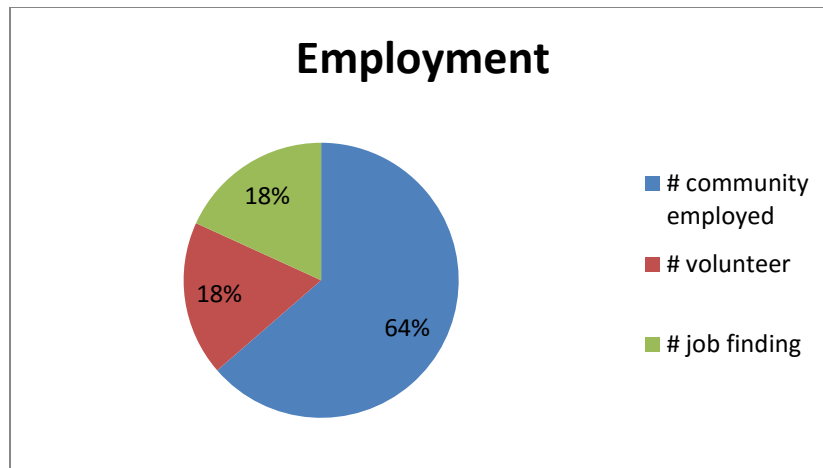
Employment First is a concept promoting community integrated employment. Franklin/ Fulton ID program is supporting this concept in a variety of ways. program is supporting this concept in a variety of ways.

The "Transition to Adult Life Success" program engages young adults with disabilities in discussions and activities pertaining to areas of self-determination and career exploration. The "Transition to Adult Life Success" program activities include presentations on employability, community resources, and post-secondary opportunities. One-to-one services include connecting with employers, job shadowing, community-based work assessments, and work incentive counseling. There are currently 3 students in the TALS program in Fulton County. to increase the number of students participating in th program.

Supported Employment Services include direct and indirect services provided in a variety of community employment work sites with co-workers who do not have disabilities. Supported Employment Services provide work opportunities and support individuals in competitive jobs of their choice. Supported Employment Services enable individuals to receive paid employment at minimum wage or higher from their employer. Providers of Supported Employment Supports have outcomes of "placing individuals with intellectual disabilities in a competitive job." There is 1 person receiving base funded supported employment. This person is competitively employed. There is also one person who is competitively employed receiving waiver funded services.

Transitional Work Services support individuals transitioning to integrated, competitive employment through work that occurs at a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. Transitional work service options include mobile work force, work station in industry, affirmative industry, and enclave. Franklin/ Fulton County currently serves all individuals using Transitional Work Services in the Waiver. There are currently 5 individuals in the Transitional Work Program for Fulton County. All these individuals are waiver funded. With the waiver renewals, this service will changes to "small group employment." Individuals must be paid ast least minimum wage. Therefore, number of current transitional work participants will reduce in 17/18.

The ID department is concentrating on Community Employment which includes supported employment and transitional work for the Quality Management Goal and logic model. The outcome for the Quality Management Plan/ logic model is "people who choose to work are employed in the community." As of April 1, 2017, there were 7 Fulton County residents in community employment. Franklin County's QM/logic model objective is to increase by 5% the number of people who want to work to achieve community employment. The percentage of individuals working the community is currently 45% (108/241) for Franklin and Fulton Counties. This is a decrease in the percentage of people who are community employed. Fulton County has 64% of people with an employment outcome working in competitive employment (7/11). The Intellectual Disability Program's QM plan will be measuring the number of new people in Competitive Integrated Employment as defined by the Department of Labor in the 2017-2019 QM year. This also aligns with the Office of Developmental Program's Quality initiative as set by the ISAC.



The Franklin/ Fulton County ID Program started supporting a new program which began in June 2016. The Pathways Program is a time-limited program that teaches independent living skills and/or employment skills. The outcome of this program is for individuals to complete this curriculum in a 2 year period and live independently in their own apartment and/or have competitive employment at the end of the 2 years. There are currently 10 people enrolled in the first year of this program. The program is almost at capacity and has pending referrals for recent graduates. There are 2 Fulton County individuals who will be in this program in 2017-2018.

During the summer of 2017, the ID Program will also fund a summer youth work program through Occupational Services, Inc. to provide paid work experience opportunities to 16 students who have learning disabilities or intellectual disabilities. The program will target students in Franklin County school districts who do not have the opportunity for extended school year, transition activities or paid work during the summer months. This will be the last year for this program as OVR is operating a Pre-employment Transition Service (PETS). Franklin County ID Program will encourage students to attend this program as appropriate. The Franklin/Fulton ID Program participates in the Transition Council with OVR and the School Districts and providers to promote and support the Employment First Model.

Supports Coordination:

- Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list.
- Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

Base Funded Supports Coordination includes home and community based case management for individuals in nursing facilities, receiving psychiatric hospitalization, and in community residential settings. These services are only paid for individuals who have had a denial of Medical Assistance Coverage. There is 1 person who has base funded Supports Coordination. The program has MA denials for people who are receiving base services over \$8000.

The ID Program collaborates with the Supports Coordination Organization (SCO) by holding monthly meetings with Supports Coordination Supervisors. During these meetings, individuals who are deemed high profile or have Emergency PUNS are discussed regarding natural supports and what supports are necessary for that person. Any individual can be added to this list. At these meetings, PUNS, ISPs, Physicals, Levels of Care and other items are part of the standing agenda discussed monthly. The SCO is also represented on the Transitional Council and is encouraged to participate in SELN trainings to promote community integrated employment. The ID Program collaborates and participates in training with the Office of Vocational Rehabilitation on implementation of WIOA. The ID Program developed an OVR referral process to streamline, track, and facilitate in accessing OVR services.

Lifesharing Options:

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

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

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

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

Life sharing is the first residential option offered to any person who needs a residential placement. This is documented in the Individual Support Plan. Currently, there are 3 people living in life sharing

homes in Fulton County This represents 100% of individuals in residential settings in Fulton County are in Lifesharing settings. All 3 people have waiver funding to support the services they need in the life sharing home. The Intellectual Disability Program's Quality Management/ logic model outcome is "people live where they choose." The QM objective is to increase the number of people in life sharing in Franklin/ Fulton Counties by 10% (n=44) by June 30, 2019.

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

Cross Systems Communications and Training:

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

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

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

The ID program collaborates with Fulton County Office of Aging with participating in the Aging/ ID Meetings as well as reviewing PASSAR packets The ID staff also attends the Building Bridges Conference

The Mental Health and Intellectual Disabilities program have a long history of communication and Collaboration. ID collaborated with the Copeland Center for Wellness and Recovery and Mental Health to pilot WRAP® for People with Developmental Distinctions, which supports people with both a mental illness and Developmental Disability. WRAP® is a recovery oriented evidence-based model that is accepted internationally. Franklin/ Fulton County and Philadelphia are the pilot areas. The first group was held at OSI in 2013. The County is also on the committee that wrote the WRAP® for People with Developmental Distinctions curriculum in collaboration with The Copeland Center,

OMHSAS, NASDDDS and ODP. This curriculum is the next step for WRAP® for People with Developmental Distinction to become evidenced-based. The County has supported WRAP® efforts to explain this new program at conferences and trainings. WRAP® groups were held throughout the year. See Mental Health Section.

The ID program continues to collaborate with Tuscarora Managed Care Alliance and Perform Care to develop policy and procedures for people who have a dual diagnosis.

The Quality Management Plan/ Logic Model also includes an outcome to “collaborate and implement promising practices to assist people in achieving outcomes.” The objective for the 2015-2017 QM Plan/ logic model will be to identify individuals who have a dual diagnosis and/or a Behavior Support Plan, then develop a toolkit for them to assist in recovery and achieve their outcomes. In 2015, the baseline data was gathered and the toolkit started. The toolkit was developed and is available for use for those teams that would like to use it. This outcome was met and will be discontinued in the next QM plan.

Emergency Supports:

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

If waiver capacity is unavailable, individuals will be supported out of funds in the Block Grant. Base money will be provided to graduates for day programs and transportation to maintain their residence at home, so their parents can maintain their employment status. The Franklin/ Fulton County ID department will increase the availability for combinations of Family Aide, Day Programs, Transportation, Adaptive Equipment, Home modifications and Respite so that individuals can continue to live at home instead of residential programs which are more costly.

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

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

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

The Intellectual Disabilities Program utilizes the current contract with True North Wellness for Crisis Services. The Crisis Department is operated 24 hrs. per day, 7 days per week for 365 days. Fulton County provides mobile crisis. Some of the crisis workers have a background in Intellectual Disabilities and/or Autism. They are trained through the Crisis Intervention Training and may request more training if needed. When an individual with a 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 ID program.

The County 24-hour Emergency Response Plan, as required under the Mental Health and Intellectual Disabilities Act of 1966, 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 thinking trainers.

- Describe how the county will utilize the trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.

- Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan.
- Are there ways that ODP can partner with you to utilize data more fully?
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with an intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Participant Directed Services (PDS):

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

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

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

Franklin/ Fulton ID program is a Regional Collaborative for the Community of Practice. As part of the Community of Practice, the PA Family Network is part of our Stakeholder Group. In Collaboration with the PA Family Network, the Franklin/ Fulton County Collaborative will host events and parent seminars to present the Life Course Planning Tools. The Stakeholder group is meeting on a monthly basis and have hosted 2 different kinds of events. The PA Family Network and ID Program presented in Fulton County to the Parents of Children with Disabilities Support Group. There were 5 people in attendance. The ID program will continue to collaborate with the PA Family Network and the Stakeholder Group to provide more family sessions. The Regional Collaborative will also reach out at community events in Fulton County such as the Kick off your Drug Free Summer event.

The ID program uses the vast experience of the HCQU. Monthly trainings by the HCQU are held in Franklin County. They also provide individualized training that is requested by providers and families. The AE attends the Positive Practices Committee Meetings as well as Regional HCQU meetings. The HCQU is represented at our provider meetings and sits on both the Risk Management Committee and the QI Council. As a result of this collaboration, a Medication Error Task Force has been convened in Franklin/Fulton Counties. This is an outcome and objective in both the Logic model and QM Plan. The HCQU provides training to individuals, provider homes, staff or individuals depending

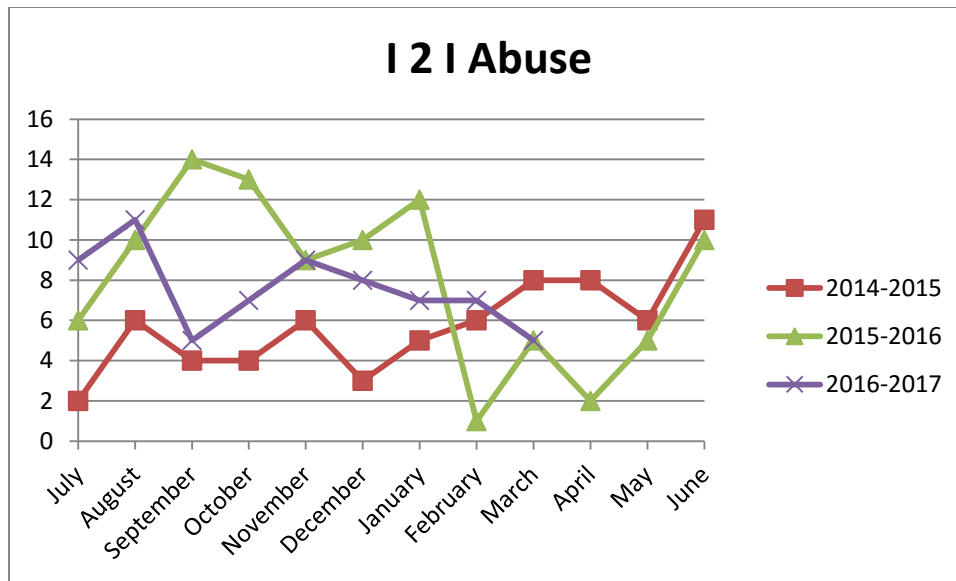
on the trends found while analyzing the data. This supports the outcome to assure the health and safety of individuals receiving services, Franklin/ Fulton Intellectual Disabilities Program will use the objective of reducing the number of medication errors by 10% by June 30, 2017. The baseline data is 270 medication errors from July 2013- April 2015. As of March 31, 2017, there are 291 medication errors this 2015-2017 QM year. This is not a decrease and this outcome will continue with the Medication Error Task Force taking the lead. The Med Error Task Force has nurses from all residential providers on the committee as well as HCQU nurses. They evaluate the Medication Administration processes at each provider and brainstorm ways together to solve the problems that they have with medication errors. The Task Force has not been in existence long enough to note if these changes are effective.

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

The ID program supports local providers by encouraging them to develop a relationship with the HCQU for trainings needed for their staff to support individuals with higher levels of need. The HCQU can also do biographical timelines, CDCs, medication/pharmacy reviews and provide training. The AE continues to support providers in developing relationships with the local hospital. As previously mentioned, the MH/ID Coordination Meetings help to support providers also.

Franklin/ Fulton County ID Program has collaborated with the HCQU to provide training to individuals. These trainings are held monthly and are on various topics such as Summer Safety, Hygiene, How to make a friend, etc...

The Risk Management Committee holds quarterly meetings to assess incidents to establish a higher quality of life for individuals. The Risk Management Committee realized that Individual to Individual (I-2-I) abuse was an issue that needed addressed. The logic model and QM Plan both address the I-2-I abuse issue. The outcome, "People are abuse free," is measured by the objective of reducing the number of I-2-I abuse incidents by 5%. The number of incidents of I-2-I abuse will be measured through quarterly analysis of the HCSIS Incident Data and the target trends to prevent future incidents will be analyzed by the Risk Management Team. The baseline data is 115 incidents of I-2-I abuse for 2013-2015. As of March 31, 2017, there were 165 incidents of I 2 I abuse. The Risk Management Committee has found several trends over this year demonstrated by the peaks in the graph and worked to resolve these situations. Several of the trends were resolved by making residential moves as the target and victim were always the same. Some of the trends required Behavior Support Plans to be modified or training for the individual or direct support staff. The Risk Management Committee will continue to monitor the data for trends.



The County engages providers of service by ensuring that all ISPs have emergency plans included. As stated in the IM4Q paragraph, the county has developed Emergency Preparedness Folders for people who request them. Folders will continue to be updated and given to individuals and their families who are interested or request them.

Participant Directed Services (PDS):

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

Franklin/ Fulton County has no individuals or families using VF/EA. When the VF/EA is explained to families, they choose Agency with Choice (AWC) instead. Fulton County has 2 families using AWC supports. All of their supports and services are paid with waiver funding. The county coordinates trainings for families through the Arc of Franklin/ Fulton Counties (the AWC provider) and the HCQU.

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

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

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

Fulton County has 0 individuals in congregate settings.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing: Not provided due to limited funds

- Please describe the Bridge Housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of Bridge Housing services?
- Please describe any proposed changes to Bridge Housing services for FY 17-18.
- If Bridge Housing services are not offered, please provide an explanation of why services are not offered.

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

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

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

- How does the county evaluate the efficacy of Case Management services? Using exit surveys
- Please describe any proposed changes to Case Management services for FY 17-18. No changes anticipated unless more funds become available.
- If Case Management services are not offered, please provide an explanation of why services are not offered.

Rental Assistance:

- Please describe the Rental Assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Rental Assistance services?
- Please describe any proposed changes to Rental Assistance services for FY 17-18.

- If Rental Assistance services are not offered, please provide an explanation of why services are not offered.

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

Fulton County’s Section 8 housing is managed by the Huntingdon County Housing Authority. So although we are not always able to show a continuum of care locally, we have done a very good job with case managing and finding outside resources (homeless shelters, etc.) for the homeless or near-homeless. The block grant has assisted with providing extra funding for our program through reallocation of unspent funds from other categories. In 2017-18, we again plan to supplement our allocation in order to avoid waiting lists. Money already given up for reallocation will be used as recommended by the planning team.

Fulton County has a very active Homeless Assistance Committee. It meets quarterly and meetings were held: September 28, 2016, December 21, 2016, March 15, 2017 and June 21 2017 (scheduled). There are twenty-five (25) committee members and they are representative of: Consumers, Human Services administration, Fulton County Catholic Mission, Area Agency on Aging, Center for Community Action, Fulton County Family Partnership, Fulton County Commissioners, Fulton County CDBG, Cardinal Glen Apartments (low-income), Mountain View apartments (elderly), Huntingdon County Housing Authority (Section 8 housing), Fulton County Housing Authority, Fulton County Planning, Food Basket, Center for Independent Living, state Dept. of Aging (Aging Specialist), local landlords, Franklin/Fulton MH/ID and Diana T. Myers & Associates. This year, the committee has added several local landlords to our workgroup.

SERVICES: The Homeless Assistance Program is state-funded on a state fiscal year (July 1-June 30) and for the FY 2009-10, 2010-11, 2011-12 and 2012-13 funding has decreased with Fulton’s allocation at \$17,733 for 2009-10, \$17,765 for FY 10-11, \$15,988 for FY 2011-12 and \$14,389 for 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17. The result is that as need increased due to economic conditions, funding continues to decrease. Because of the flexibility of the block grant, we were able to reallocate an additional \$2,000 to the program in 2012-13. In 2013-14 and in 2014-15, we have been able to bring the funding up from \$14,389 to \$22,000 using reallocated funds. In 2016-17, the housing assistance program received a total of \$28,000 due to reallocations. This has been a perfect example of the flexibility of the block grant and how it can be beneficial to counties. One example of an outcome of the grant with respect to Homeless Assistance was specifically the ability to increase per capita spending and reduce waiting lists. In 2014-2015, we were able to serve an additional 101 children and adults to prevent homelessness. In 2015-16, we were able to serve an additional 55 families with reallocated funds. For the 2017-18, the provider has asked for \$24,000 to serve an additional 60 clients (beyond the HAP state block grant allocation) to prevent homelessness or near homelessness.

Emergency Shelter: Not provided due to limited funds

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Emergency Shelter services?
- Please describe any proposed changes to Emergency Shelter services for FY 17-18.
- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered. **Not provided due to limited funds. Emergency Shelter services are provided in the county by the Salvation Army using housing (hotel, motel) vouchers.**

Other Housing Supports: Not provided due to limited funds

- Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Other Housing Supports services?
- Please describe any proposed changes to Other Housing Supports services for FY 2017-2018.
- If Other Housing Supports services are not offered, please provide an explanation of why services are not offered. **Not provided due to limited funds**

Homeless Management Information Systems:

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

Fulton County has actively participated in HMIS for over 7 years, entering data from existing programs: Two Supporting Housing Programs and one Shelter Plus Care Program. Because Fulton County operates the Homeless Assistance Program locally, it is Franklin County and the Bedford/Huntingdon/Fulton Center for Community Action who utilizes HMIS and enters data for Fulton County. Data for the county's Homeless Assistance is now being entered in HMIS by the Center for Community Action agency. In Franklin County, PAHMIS is used for three HUD funded programs which total 30 independent apartments. Of those 30 apartments, three apartments can be located in Fulton County. Currently one Fulton County apartment is occupied with the potential of adding up to two additional apartments should the need arise for someone who meets the established criteria.

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

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

This overview should include:

1. Waiting list information (time frames, number of individuals, etc.) for:

- Detoxification services: In FY16/17, average wait for a detox bed in or out of county was 2-3 days from the time of the request and regardless of current environment of the individual. The majority of primary substances for detox placement were opioids (prescription and illicit) and alcohol.
- Non-hospital rehabilitation services: In FY 16/17, average wait for a short-term rehab bed was 0-1 days from the time of the request across all provider networks (in/out of Franklin/Fulton County); however, average wait for a long-term rehab bed was 2-3 weeks from the time of the request, across all provider networks (in/out of Franklin/Fulton County). There were a total of 6 individuals that received a long-term rehab bed within 1-2 days due to someone at the provider facility leaving against medical advice.
- Medication Assisted treatment: In FY16/17, FFDA contracted with one methadone provider (closest in geographical proximity) as there aren't any methadone providers within Fulton County. There are a total of one Buprenorphine prescribing physician in Fulton County and four Buprenorphine prescribing physicians in Franklin County (4 provider systems) one of which who just obtained the waiver and is limited to 30 patients. This physician provides women's OB/GYN services and has allocated patients slots for pregnant women and women of childbearing age, as this is a priority population, but also an increasing population in need of MAT services within the county. There are a total of 3 prescribing physicians of oral naltrexone (Vivitrol) in Franklin County with limited physician time. Same day/same week access hasn't been obtainable. This is extremely important for individuals stepping down from a high level of care/secure environment (rehab, incarceration, psychiatric placement, etc.) where they received Vivitrol to be able to engage in a community-based delivered process. FFDA has partnered with a mobile Vivitrol provider to assist in reducing this barrier for Franklin County residents.
- Halfway House Services: In FY16/17, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).
- Partial Hospitalization: In FY16/17, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).
- Outpatient: In FY16/17, there was no indication of any wait to access this level of care (whether entry was a step-down from a higher level of care or direct entry).

2. Barriers to accessing any level of care.

An estimated 3,100 Franklin/Fulton County residents will receive substance use assessments in FY 2017-2018. Level of care assessments are completed by contracted outpatient providers or FFDA Case Management staff. An estimated 289 adults/adolescents are projected to be funded for treatment services through the drug and alcohol program in Fiscal Year 2017-2018. Treatment services are inclusive of detoxification, short and long-term inpatient, halfway house, partial hospitalization, intensive outpatient and outpatient services. The primary barrier to accessing treatment services revolves around the need for detoxification and long-term inpatient treatment beds when the placement is needed. Current wait times to secure

placement in these two levels of care produces barriers to getting individuals engaged in treatment when it's needed and when they're ready. This occurs state-wide with the capacity needs of detox and inpatient beds available. Treatment services occurring within the community, on an outpatient basis do not encounter access issues as individuals are able to enter into these levels of care within 7 days of the request, with an average of 2-3 days of the request.

3. Narcan resources available in the county.

Intra-nasal naloxone is available to both professionals as well as the general community in Fulton County without a prescription due to the current standing order status in which the medication has been made available. Franklin/Fulton Drug & Alcohol provides overdose response/naloxone administration training, known as "Operation Save A Life" (OSAL) to anyone that wishes to attend, free of charge. Individuals that are residents of Fulton County are eligible to receive a free dose of intra-nasal naloxone upon completion of the OSAL training. Trainings occur monthly in various geographic areas within Fulton County for easy accessibility. Residents that wish to purchase the medication can do so at any Fulton County pharmacy, as 100% of them are carrying/dispensing the medication. Naloxone is also available and used by county first responders. Both of the law enforcement agencies in Fulton County are also carrying/administering intra-naloxone as well as Fulton County adult and juvenile probation officers.

4. Resources developed to address the opioid epidemic such as warm hand-off protocols, use of CRS, 24/7 Case management services, use of toll free hotline, coordination with local emergency departments, police, EMS, etc.

Fulton County's warm hand off process is implemented in the only ER in Fulton County – Fulton County Medical Center (FCMC). FCMC utilizes FFDA to make referrals for a case manager or recovery support specialist (both current FFDA employees) to come onsite to provide assessments, placements and case management services. FFDA works collaboratively with the hospital system to leverage resources and to also offer these services to any individual that presents as needing substance use disorder treatment; however, overdose survivors are a prioritized population within this process. Fulton County will be entertaining ways to extend the warm hand off process to EMS/first responders through the county's Overdose Task Force as a strategic plan goal.

FFDA employs a full-time Recovery Support Specialist (RSS) to enhance current community recovery supports, implement new recovery supports and provide recovery support case management services to individuals who are FFDA funded for substance use treatment. FFDA's RSS also works closely with in and out of county recovery houses, treatment providers, managed care, medical professionals, behavioral health providers and family members/support systems for individuals engaging in treatment and recovery. The RSS conducts educational presentations for the community (schools, faith-based community, human service providers, forensics system, etc.), assists with community recovery-oriented events and represents recovery on multiple task forces/coalitions/work groups within the county.

5. Treatment Services expansion including the development of any new services or resources to meet local needs.

The Early Intervention level of care has been created by the Department of Drug & Alcohol Programs and is used within Fulton County for individuals meeting its criteria. This level of care is not a covered service through Medicaid as a diagnostic code for it doesn't exist within the DSM-V; therefore it's a covered service for FFDA in regards to funding individuals in need of Early Intervention. In the past year, this level of care is most present in DUI-related assessments, whether the primary substance leading to the DUI is alcohol or another substance.

Fulton County will be expanding the availability of oral naltrexone (Vivitrol) on a mobile basis. FFDA anticipates contracting with Just For Today (JFT) to deliver this mobile service for anyone that needs it; however, FFDA will provide funding for this service for any resident that is Medicaid ineligible/denied as well.

The Fulton County outpatient treatment provider will be trained in Moral Reconciliation Therapy (MRT) with the intention of incorporating MRT into their service delivery model for criminal-justice involved patients, which accounts for over 50% of their patient population.

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

The implementation of the Commonwealth's Prescription Monitoring Program may create higher demand for treatment services within Franklin/Fulton County. With the reduction of access to prescription opioids, it's anticipated for counties to see a rise in heroin use, heroin related overdoses and heroin related overdose fatalities. With the current high level treatment bed capacity issues across the Commonwealth, it's anticipated that detox and inpatient beds will quickly fill up and remain consistently utilized.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

Target Populations

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**

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

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

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

- **Adolescents (under 18)**

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

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

If indicated, individuals with co-occurring disorders are eligible for all levels of care for substance use treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case management services and oversight of medication assisted treatment. It is anticipated that all of our priority populations, will fall into this demographic. Individuals are encouraged to engage with a co-occurring provider, regardless the level of care to ensure that both the mental health and the substance use needs are being addressed simultaneously with the same provider.

- **Women with Children**

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

- **Overdose survivors**

If indicated, overdose survivors are eligible for all levels of care for substance use treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. FFDA also provides case

management services and oversight of medication assisted treatment. Additionally, FFDA also contracts with providers of prevention and intervention programs focusing on the adolescent population. Overdose survivors present throughout the majority of community-based systems in Franklin County (acute care, primary care, forensics, education, employment, treatment/recovery, etc.).

- **County's identified priority populations**

Franklin/Fulton Drug & Alcohol prioritizes the following populations in the priority order listed below

- Pregnant Injection Substance Users
- Pregnant Substance Users
- Injection Substance Users
- Overdose Survivors
- Veterans

If indicated, these priority populations are eligible for all levels of care for substance use treatment. These levels include detoxification, short and long term rehabilitation, halfway house, partial hospitalization, intensive outpatient, outpatient, and early intervention outpatient services for Franklin and Fulton county residents. These specific individuals receive priority on any service delivered through FFDA's continuum of substance use services (screening, assessment, funding, treatment placement/aftercare and case management).

Recovery –Oriented Services

Describe the current recovery support services including CRS services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc).

–Oriented Services

In FY16/17, Fulton County has engaged in targeted efforts to incorporate recovery-oriented services across its multiple service delivery systems, such as community coalitions, task forces, work groups, strategic planning initiatives, forensic system, medical systems, behavioral health systems, consumer driven advocacy groups, faith-based community, education and employment sectors.

Franklin County now has a PARR certified recovery house for men, Noah's House, which can house up to 15 men at any given time and is within 30 miles of Fulton County and accepts out of county residents. The lack of recovery houses in Fulton County limits residents from adequate housing conducive to their recovery and is needed within the county as the county currently doesn't have any halfway houses. Women specific recovery houses are a need that is being explored as well.

Describe the current recovery support services including CRS services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc).

FFDA employs a full-time Recovery Support Specialist (RSS) to enhance current community recovery supports, implement new recovery supports and provide recovery support case management services to individuals who are FFDA funded for substance use treatment. FFDA's RSS also works closely with in and out of county recovery houses, treatment providers, managed care, medical professionals, behavioral health providers and family members/support systems for individuals engaging in treatment and recovery. The RSS conducts educational presentations for the community (schools, faith-based community, human service providers, forensics system, etc.), assists with community recovery-oriented events and represents recovery on multiple task forces/coalitions/work groups within the county. The RSS will be exploring expansion efforts within the community in FY17/18 to include: certified recovery housing (specifically for women), increase number of traditional 12-step programs in each municipality, implementation of SMART Recovery and reduction of stigma/increase in community awareness.

Tuscarora Managed Care Alliance (TMCA) in partnership with FFDA has developed two (2) substance use recovery service plans in which were approved for implementation:

Supportive Housing Bridge Subsidy:

The target population is MA eligible adults 18 and older who have successfully completed treatment in a rehabilitation program for substance abuse or persons at risk of requiring intensive treatment in a rehabilitation program. Subsidies are provided in one of two ways. The first is to provide rental subsidies to individuals who need a short term subsidy until they can obtain employment. These subsidies would cover the cost of up to three months of room and board costs for MA recipients accessing recovery house services. The second is to provide a shallow subsidy of up to \$200/month for up to six months to rapidly rehouse individuals can likely return to work but who require a shallow rental subsidy for a short period of time in order to obtain and maintain housing.

Goals: The primary goals are to (1) to reduce the number of non-hospital drug and alcohol rehabilitation readmissions to below 10% during the first full 12 months of treatment, and (2) to increase the members' ability to be employed and/or participate in volunteer activities.

Drug and Alcohol Certified Recovery Specialist Services:

The target population consists of Medical Assistance eligible adults, 18 years and over, who have been diagnosed with a substance use disorders (SUD); participants may also have co-occurring mental health disorders (COD). The program focuses primarily on individuals who have had a high re-entry rate into substance abuse rehabilitation centers and assistance for persons transitioning to the community from inpatient treatment. CRS will be employed by Substance Abuse Outpatient clinics and the care they deliver will be integrated with the OP services. Core functions of the CRS include:

- Recovery Capital Needs Assessment – to assess the sum of the personal, social, family and community resources that the individual may draw on to begin and sustain recovery;

- Stage appropriate recovery education/coaching – to build or enhance self-management skills;
- Assistance with identifying and mobilizing needed resources, including mental health and addiction recovery supports, substance free social and recreational activities, and community resources to ensure that basic needs are met;
- Assertive linkages to assist with treatment and navigating other service systems;
- Recovery check-ups, advocacy, leadership development and empowerment.

The outcomes expected include:

- Increase in outpatient follow-up within 7 days of discharge from 24-hour LOC;
- Increase in continuity of outpatient treatment;
- Decrease in readmissions to detox and rehab;
- In addition CRS service providers will be given access to the DLA-20 functional assessment tool. This tool will assess for functional deficits to drive treatment and on reassessment improvement in daily living areas will be noted.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

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

Adult Services: Please provide the following:

Program Name: Fulton County Family Partnership

Description of Services: Transportation

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

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following: N/A

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following: N/A

Program Name:

Description of Services:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: Center for Community Action

Description of Services: **Literacy Services** - This is a specialized program proposed by the Center and

started last year for Community Action of Huntingdon, Bedford and Fulton counties and approved by the HSBG Planning Committee for Fulton County. This service was approved by DHS last year. The agency is requesting \$7,000. Center for Community Action has an office in McConnellsburg and a HiSET instructor who provides adult literacy and/or HiSET instruction at least one day per week. HiSET instruction is given to those individuals who test as HiSET Prep ready. Individuals receive grade-level training to prepare them to take and pass the HiSET test. The instructor also coordinates with the Fulton County Library to continue with the literacy council and to provide remediation when needed. Consumers are given the TABE test to show grade level and to identify a starting point to create lesson plans. Once the Literacy Council is fully active, individuals who are not HiSET Prep ready can receive Remediation to bring them up to HiSET Prep level. HiSET instruction is given to those individuals who test as HiSET Prep ready. Individuals receive grade level appropriate training to prepare them to take and pass the HiSET test. HiSET practice tests are given to all individuals prior to registering them for the actual test. This is an indicator of how ready for the test the individuals may be. When individuals are deemed ready, the HiSET instructor will assist them with registering to take the test. Funds will be budgeted to assist the low-income individuals with the cost of the HiSET exam. The cost of the exam is \$120 and can be a hardship to anyone wishing to take the test.

Interagency Coordination: (Limit of 1 page)

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

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

Fulton County traditionally uses interagency coordination funds to support Fulton County Family Partnership, Inc. which is a non-profit 501(c)(3) agency that coordinates human services planning for the county in close partnership with the county's Human Services Administration Department. The funds are used to set up meetings, secure venues and coordinate planning among agencies providing human services. Funds are also used for needs assessments, resource directories, consumer satisfaction surveys, etc. The Partnership is also the administrator of the Communities That Care grant which also assists with planning for county human services. Fulton County's resource directory can be found on their website at Helpline/Human Services - www.fcpinc.org.

Beginning on July 1, 2013, the Fulton County Partnership and the Fulton County Center for Families merged to become Fulton County Family Partnership Inc. (FCFP) As such, they, in conjunction with the County's Human Services Administration office will coordinate all human

services planning activities. This year funding will also be used for: a portion of the Family Partnership director’s salary as it pertains to planning and coordination and a portion of the Family Partnership’s Community Mobilizer salary as it pertains to planning and coordination of block grant or block grant-related activities. Block grant funds are used for 3% of the director’s salary and 40% of the community mobilizer salary. NOTE: Both positions are full-time, but are funded by other funding streams to cover their activities that are not block-grant related. Job descriptions are attached as Appendix G.

One of the unique collaboration opportunities for the FCFP has been the opportunity to collaborate with the Fulton County Medical Center on their Community Health Needs Assessment (CHNA). The Partnership was able, at no cost, to add human services questions to the CHNA. The end result will be that human services will have an updated Needs Assessment which will be used to drive our planning efforts for all of our human services agencies as well as for the Block Grant.

\$28,000 is requested by Fulton County Family Partnership and \$1,406 will support the county’s Human Services Administration office.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, 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 Appendix C-2, Planned Expenditures for reporting instructions.

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

Directions:	Using this template, please provide the proposed human services expenditures and number of individuals to be served in each program area.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal HSBG allocation for each program area (*MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
<p>■ Please use the FY 16-17 HSBG primary allocation for completion of Column 2 (HSBG allocation).</p> <p>* Mental Health:</p> <ul style="list-style-type: none"> ■ Please do not include MCAE, Fairweather Lodge, Network of Care, and Regulatory Reform funding. ■ If your county received FEP funding in FY 16-17, please do not include in the 17-18 allocation as funding amounts are subject to change. ■ If your county received supplemental CHIPP funding in FY 16-17, please annualize and include in the FY 17-18 budget. <p>■ The county should submit to the department for prior approval, a revised budget for any change in service expenditure level of 10% or more from the approved Plan.</p>	

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

County:	1.	2.	3.	4.	5.	6.
FULTON	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	40		\$ 52,736		\$ 1,308	
Administrator's Office			\$ 58,714		\$ 1,473	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	1		\$ 3,902		\$ 98	
Community Residential Services	1		\$ 44,581		\$ 1,119	
Community Services	214		\$ 184,867		\$ 4,428	
Consumer-Driven Services						
Emergency Services	8		\$ 1,193		\$ 30	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services						
Housing Support Services						
Mental Health Crisis Intervention	128		\$ 30,090		\$ 755	
Other						
Outpatient	4		\$ 1,229		\$ 31	
Partial Hospitalization						
Peer Support Services	2		\$ 9,330		\$ 234	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	14		\$ 29,598		\$ 743	
Targeted Case Management	11		\$ 12,375		\$ 311	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	423	\$ 436,632	\$ 428,615	\$ -	\$ 10,530	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 55,150		\$ 285	\$ -
Case Management	1		\$ 612		\$ 15	\$ -
Community-Based Services	15		\$ 39,945		\$ 830	\$ -
Community Residential Services	-		\$ -		\$ -	\$ -
Other	-		\$ -		\$ -	\$ 225
TOTAL INTELLECTUAL DISABILITIES SERVICES	16	\$ 95,707	\$ 95,707	\$ -	\$ 1,130	\$ 225

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

County:	1.	2.	3.	4.	5.	6.
FULTON	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	30		\$ 5,000			
Rental Assistance			\$ 23,611			
Emergency Shelter						
Other Housing Supports						
Administration			\$ 389			
TOTAL HOMELESS ASSISTANCE SERVICES	30	\$ 14,389	\$ 29,000		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	6		\$ 12,897			
Medication Assisted Therapy						
Other Intervention	7,320		\$ 4,000			
Outpatient/Intensive Outpatient	15		\$ 11,616			
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	7,341	\$ 28,513	\$ 28,513		\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	10		\$ 2,000			
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	15		\$ 7,000			
Interagency Coordination			\$ 29,406			
Administration			\$ 5,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	25	\$ 50,000	\$ 43,406		\$ -	\$ -
GRAND TOTAL	7,835	\$ 625,241	\$ 625,241		\$ 11,660	\$ 225

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

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

Specialized Services

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

**PUBLIC HEARING
NOTICE**

The Fulton County Commissioners will hold two public hearings on the planned use of 2017-18 Human Services Block Grant Funds in Fulton County. The first hearing will be held Tuesday, May 16, 2017, at 1:15 p.m., in the conference room at Bucharian State Forest, Resource Management Center Conference Room, 25185 Great Cove Road, McConnellsburg, Pa. It will be held at the conclusion of the Fulton County Family Partnership meeting to be held there earlier.

The second hearing will be held Thursday, June 1, 2017, at 10 a.m., in the conference rooms of the Fulton County Services For Children offices at 219 North Second Street, McConnellsburg, Pa.

The block grant consists of five funding streams and allows counties the flexibility to decide where the money is needed most. Those funding streams are: Mental Health Community Programs; Intellectual Disabilities Community Base; Homeless Assistance Program; Act of 2010 (Drug & Alcohol Behavioral Health Services Initiative); and Human Services Development Fund.

Questions and comments, both written and/or oral, are invited and welcomed. Also, if you are unable to attend either hearing or wish to make oral comments or questions, you may make special arrangements by calling 717-485-3553.

County Of Fulton
Board Of Commissioners
Stuart L. Ulsch, Chair
Rodney L. McCray
Larry R. Lynch
5-11-17

PROOF OF PUBLICATION
STATE OF PENNSYLVANIA, COUNTY OF FULTON, SS:

Jamie Greathead, being duly sworn, deposes and says: that The Fulton County News was established in 1899, that it is a weekly newspaper of general circulation, published weekly, as defined by the Act of Assembly approved May 16, 1929, P.L. 1929, page 784, and that its place of business is McConnellsburg Borough, Fulton County, Pennsylvania, and that the attached printed notice is a copy of the legal advertisement, exactly as printed in the said publication in its issue of 5-11-17.
That the affiant is not interested in the subject matter of the advertisement or advertising and that I, Jamie Greathead, am the publisher of The Fulton County News and that all allegations of the statement as to the time, place and character of publication are true.

Sworn to and subscribed before me this 11th day of May, A.D., 2017
Jamie S Greathead
Gregory J. Borner, Deputy
My commission expires 1-1-2018

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

Summary of Public Hearing Comments:

FIRST PUBLIC HEARING

Tuesday, May 16, 2017 @1:15 p.m. in the Buchanan State Forest Management Center Conference Room

35 in attendance (Attendance sheet attached)

This public hearing was held at the end of a Fulton County Family Partnership, Inc. (FCFP) regular monthly meeting and was attended by 35 members of the FCFP.

A PowerPoint presentation on the Block Grant was given by Jean Snyder and those in attendance were given the opportunity to ask questions and/or give comments.

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

- How the Block Grant began and Fulton County as a pilot joinder county;
- Funding streams included in the Block Grant;
- Flexibility of the Block Grant;
- Block Grants in joinder counties;
- Members of the Block Grant Planning Team;
- Reasons to become a Block Grant county;
- Block grant allocations for Fulton County by funding stream;
- Summary of how funds have been spent in past years;
- # of consumers served;
- Which programs benefit most by the Block Grant;
- How funding decisions are made;
- What's new for block grant in FY17-18; and
- Review of the FY 17-18 proposed Block Grant Plan and allocations.

FIRST PUBLIC HEARING ON 17-18 BLOCK GRANT
TUESDAY, MAY 16, 2017

1:15 P.M. AT

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

ATTENDANCE

1. JEN SMYKEV	FULTON CO. HUMAN SERVICES
2. Jennifer Wenzel	Franklin/Fulton MHIDEI
3. Kristy ROBERTSON	NHS Treatment FOSTER CARE
4. MATT LITZINGER	PA COUNSELING SERVICES
5. Steve Nevada	FRMHIDEI
6. Pete Lynch	F.C. Commissioner
7. Beth Bryant	Fulton County Probation
8. Shay Ekins	FCFP
9. Dixie Paend	Central Fulton School District
10. Danelle Flood	Dept. of Human Services - Fulton Co.
11. Rene Chamberlain	Bedford/Fulton Head Start
12. Dana Sample	Family Behavioral Resources
13. April Brown	Franklin/Fulton Drug & Alcohol
14. POWNEY McCRAE	FULTON COUNTY COMMISSIONER
15. Teresa DeLeese	Pa Dept of Health
16. Lori DeShong	Fulton County Family Partnership
17. Erin Glenn	TrueNorth Wellness Services

18. Joyce Lynch	Emply. Training
19. Tammy Bair	TSCHC
20. Crystal Glenn	TSCHC
21. April Leese	Fulton County Library
22. Marty Dombrowski	Spec. Kids Network
23. Carrie A. Clippinger	Mental Health Assoc. of Franklin/DeKalb
24. Jen McMullen	Ameri Health Caritas
25. Susan Speicher	Center for Community Action

26. Tiffany Jones Center for Community Action

27. Janina Kloster Performance

28. Brian Gannon Performance

29. Barry Munch MHA

30. Michelle Wadsworth TMCA

31. W. Fin / B. Bessinger TMCA

32. Trina D. Clever FCFP

33. Elen Otto FCFP

34. Cody Wict FCFP

35. Julie Dovey FCFP

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

Summary of Public Hearing Comments:

SECOND PUBLIC HEARING

Thursday, June 1, 2017 @10:00 a.m. in the Fulton County Services for Children conference room

Eight (8) in attendance (Attendance sheet attached)

This public hearing was held just prior to a Fulton County Human Services Block Grant Planning Committee meeting and was attended by eight (8) members of the Planning Committee, a County Commissioner and the Human Services Administrator.

An overview presentation on the Block Grant was given by Jean Snyder and those in attendance were given the opportunity to ask questions and/or give comments. A copy of the draft 2017-18 HSBG plan was distributed to planning team members several days prior to the hearing and a draft copy was also available at the public hearing.

A discussion was held on the presentation which included:

- Funding streams included in the Block Grant;
- Flexibility of the Block Grant;
- Members of the Block Grant Planning Team;
- Block grant allocations for Fulton County by funding stream;
- Summary of requests for Block Grant funding for 2016-17
- Which programs benefit most by the Block Grant;
- How funding decisions are made;
- What is new for FY 17-18; and
- Review of the FY 17-18 Block Grant Plan and allocations.

Although there was no public comment during the public hearing, Commissioner McCray asked how HSBG funds interface with the Probation Dept. and that question was answered by Probation Chief Dan Miller who said that although Probation is not a funding stream, his agency can benefit from various D&A programs funded. Commissioner McCray also asked about what impact the federal budget could have on the block grant. Jean Snyder responded that the bulk of the block grant is state dollars, but it was impossible to tell at this time what a federal budget might look like and how that might trickle down to the states and counties.

Fulton County Human Services Block Grant

SECOND PUBLIC HEARING
THURSDAY, JUNE 1, 2017
10:00 AM

FULTON COUNTY SERVICES FOR CHILDREN
CONFERENCE ROOM
ATTENDANCE

NAME	REPRESENTING
1. <i>Jean Lynch</i>	<i>Fulton Co. HSA</i>
2. <i>Jon Young</i>	<i>Franklin/Fulton MH/ID/EI</i>
3. <i>Si m ayo m m m m m</i>	<i>FULTON Co Catholic MISSION</i>
4. <i>Deb Holland</i>	<i>Fulton Co AAA</i>
5. <i>Dan Miller</i>	<i>Fulton Co. Probation</i>
6. <i>Rodney Murray</i>	<i>FULTON Co. COMMISSIONER</i>
7. <i>CHRISTY Briggs</i>	<i>Franklin/Fulton DEIA (By Phone)</i>
8. <i>Elm Ott</i>	<i>FCFP</i>
9.	
10.	
11.	
12.	

Fulton County Partnership, Inc

Job Description

Job Title: Community Mobilizer/Prevention Coordinator

Classification: Permanent Full Time Salaried – Non-exempt

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

Reports to: Executive Director and Family Partnership Board

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

Specific responsibilities:

1. Oversee the development and implementation of Human Service Collaborative (Partners) in Fulton County
2. Assist Key Leaders to achieve the outcomes as designated by the Human Service Collaborative (Partners)
3. Coordinate data collection including PAYS
4. Participate in professional development activities related to Human Service Collaborative (Partners) and prevention practices
5. Participate in and actively contribute to community groups to advocate and champion the Collaborative process
6. Research, develop and/or write grant applications to assist with securing sustainable funding sources for collaborative goals and prevention programs.
7. Provide direct prevention programming including outcomes data collection
8. Assist with needs assessment and outcome tracking for the Human Services Block Grant
9. Assist with Community Health Needs Assessment (CHNA). Maintain and monitor goals and objectives related to county human services as established by the CHNA plan.
10. Other duties as directed by Executive Director

Required Knowledge, Skills and Abilities:

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

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

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

Fulton County Partnership, Inc

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

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

Fulton County Family Partnership

TITLE: Executive Development Director

SUPERVISION: BOARD OF DIRECTORS

Position Classification: Full-Time - Exempt Employee - Salary

JOB SUMMARY:

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

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

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

Duties performed include but are not limited to the following:

1. Planning and Setting Objectives

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

2. Organizing, Evaluating and Monitoring

- Provide monthly comparisons of actual results of operations to the budget and recommend any changes as required.
- Monitor budget expenditures and prepare as needed budget revisions.
- Prepare and assist in annual audit. Work to resolve audit exceptions and implement management recommendations.
- Maintain inventory and property records.
- Serve as the primary liaison with funding agency regarding fiscal issues. Ensure that all required fiscal reporting requirements are met in full.

Fulton County Family Partnership

- Establish administrative policies and procedures that assure efficient program operations and compliance with all contractual terms, conditions and obligations.

3. Motivating and Communicating

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

4. Personnel Management

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

Qualifications/Specific Requirements:

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

- Bachelor's degree in related field and/or at least 10 years of senior management experience
- Track record of effectively leading an outcomes-based organization and staff
- Unwavering commitment to quality programs and data-driven program evaluation
- Excellence in organizational management with the ability to coach staff, manage, and develop high-performance teams, set and achieve strategic objectives, and manage a budget.
- Past success working with a board of directors with the ability to cultivate board member relationships
- Strong marketing, public relations, and fundraising experience with the ability to engage a wide range of stakeholders and cultures
- Strong written and verbal communication skills
- Action-oriented, entrepreneurial, adaptable, and innovative approach to business planning.
- Passion, idealism, integrity, positive attitude, mission-driven, and self-directed
- Able to read, write and speak English in an understandable manner.
- Must possess management, supervisory and leadership ability to work with professional and nonprofessional staff.
- Ability to plan, organize, develop and interpret component goals, objectives, policies and procedures necessary to provide quality services.
- Must function independently and with flexibility, personal integrity, and the ability to work effectively with families, personnel and support agencies.
- Must be able to relate to and work with a variety of people with differing abilities and perspectives.
- Employment contingent on clear Child Abuse and Criminal Record Clearances (PA and FBI) reports.
- Must have an initial physical exam and TB test and repeat physical bi-annually.
- Must have a valid driver's license and personal vehicle available for use.
- Must maintain current CPR and First Aid.

Fulton County Family Partnership

Working Conditions

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

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