OLMSTEAD PLAN BRADFORD/SULLIVAN COUNTIES

Planning Process, Services To Be Developed, Housing in Integrated Settings, Special Populations

2017/2016Revised Edition

Index

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OLMSTEAD PLAN IMPLEMENTATION

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I. OLMSTEAD PLANNING PROCESS:

The Bradford & Sullivan County Offices of Mental Health (COMH) has an extensive history of working with individual county residents who are hospitalized at the Clarks Summit State Hospital (CSSH), Clarks Summit, Pennsylvania. The staff of the hospital; and provider agencies contracted by the COMH assist individuals who are residents of Bradford and Sullivan counties who have been hospitalized at CSSH return to the community.

The staff of CSSH and COMH utilizes the Community Service Plan (CSP) format to assist individuals in making a successful transition from the state institution back to the community. The CSP utilizes the wishes of the patient, the support of the patient's family, and the availability of formal and informal community supports in the discharge planning process.

Purpose of the CSP

A CSP is a person-centered, strengths based plan focused on the individual's recovery needs and services. The staff of CSSH and COMH utilizes the (CSP) format to assist individuals in making a successful transition from the state institution back to the community.

CSP Process

- Notification is received from the hospital by Bradford/Sullivan County Office of Mental Health (COMH) and the Community Hospital Integration Program Project (CHIPP) that a CSP has been scheduled for an individual. The first CSP is scheduled within the first year of admission.
- With any changes that occur, no matter how slight, another CSP will be scheduled.

- When discharge is anticipated a discharge CSP is scheduled.
- Every CSP is a planning process for the individual which involves identifying strengths of the individual; determining where the individual will reside; reviewing benefits, entitlements and insurances the individual had and/or will have when in the community; services the individual would benefit from (and willingly participate in); where they will receive treatment; what the treatment modality will be; currently prescribed medications and past issues with medications.
- A review of medical issues and the treatment to address any medical issues.

Participants in the CSP Process

- The individual
- A facilitator, usually from the home county of the individual
- Any family members or friends that the individual wishes to invite
- A CSSH Psychiatrist
- A CSSH Medical physician
- A CSSH Social Worker
- A CSSH Certified Registered Nurse Practitioner
- A CSSH Nurse
- A CSSH Certified Peer Specialist
- A CSP Coordinator
- A CSP Recorder
- A individuals advocate
- At least one County Representative
- A Case Manager from the Home County
- The CHIPP Coordinator
- A Spiritual Advisor, if the individual chooses to invite someone
- A Probation or Parole Officer, if applicable
- A representative of the Office of Mental Health and Substance Abuse (OMHSAS)
- Any involved community Providers

Not all participants in the CSP process are present for every meeting however, key components of the individual's treatment team while at the hospital are involved or are represented.

The (CHIPP) of the COMH has two dedicated casework staff that periodically visit county residents at CSSH and facilitate the discharge planning process. The Main Link, the locus of mental health consumer provided services for Bradford and Sullivan Counties, provides Peer Support Workers who visit county residents at the hospital on a routine basis and assist in preparing the individual with maintaining their recovery journey in the community. Residential Services staff of the Allied Services agency is available on an as needed basis to assist county residents transitioning from CSSH back into the community. Staff of the Northwestern Human Services agency is available to assist county residents leaving CSSH coordinate

their psychiatric care with their primary care physician once they return to the community. Mental health outpatient treatment services, access to psychiatric acute inpatient care, peer provided recovery services and psychiatric rehabilitation services are available to the individuals who have been hospitalized at CSSH upon their return to the community.

The County Office of Mental Health (COMH) conducts a monthly provider meeting which includes the Local Housing Options Team (LHOT) which continues to work with the Bradford and Sullivan County Housing Task Force in assessing the needs of the homeless and special needs populations in the two counties. The group discusses local housing needs, develops plans to inform the community about the residential needs of the homeless, and develops housing options for those in need. This group also collects data from various stakeholders regarding the number of people who are "couch surfing", who are at risk for homelessness and who are homeless.

Included in this meeting are various stakeholders e.g. outpatient providers, providers of children's mental health services, providers of services for the intellectually disabled and providers of services for those people who have drug and alcohol addictions. Also in attendance are providers of consumer driven/run services, Community Care Behavioral Health, (CCBHO) Behavioral Health Alliance of Rural Pennsylvania (BHARP). A great deal of information is exchanged during these meetings regarding existing services and services that are needed and could be available in the future.

The (CHIPP) Coordinator, Allied Services Residential Services programs (i.e., Community Residential Rehabilitation Services (CRR) and Supportive Living Services (SLS), the Northwestern Human Services Agency Community Health Liaison service (CHL), The Main Link Peer Support Program, the Community Care Behavioral Health Organization, COMH Targeted Case Management staff, and COMH administrative staff come together on a weekly basis to coordinate care for the individuals who receive our services. A clinical treatment provider may join that collaborative on an as needed basis. The activity assures continuity of care, eliminates service duplication, and promotes quality of care in the delivery of support services. Coordination of care takes place, too, in addition to the weekly meeting and those activities are based on the prevailing needs of service recipients. The interagency collaborative has been successful in wrapping services around individuals with special needs. The Intellectual Disability Department (ID) of the Human Service agency joined with the Allied Services staff and The Main Link Peer Support Service in assisting an ID/MH individual move into his own home. The ID staff assured the follow-up service of Supported Living to maintain the individual in his/her home.

The Children & Adolescent Service System Program (CASSP) Coordinator
continues to participate in Interagency Service Planning activities for the individuals served. The number of individuals who have been placed in a Residential Treatment Facility, (TFC) or Community Residential Rehabilitation Host Home (CRR/HH) has averaged from nine (9) to twelve (12) during the past fiscal year. The CASSP Coordinator continues to work with these providers, the CCBHO care manager, the eight school districts within the joinder and the BLAST Academy Intermediate Unit Seventeen (IU17) on diversionary measures with regard to out of home placement.

The CASSP Coordinator would continue to facilitate all mental health placement activities involving children and adolescents. The CASSP Coordinator along with Targeted Case Management would remain

an advocate for the target population and their families. The CASSP Coordinator would continue to monitor the status of individuals who have been placed in Residential Treatment Facility (RTF) placements and Community Residential Rehabilitation Host Homes and advise the Administrator of any placement complications and the transition of these individuals back to their communities. The CASSP Coordinator along with Targeted Case Management would continue to facilitate Respite Care arrangements for those families medically identified as being able to benefit from this brief intervention.

The COMH met with the following stakeholders in order to enhance the existing Olmstead Plan;

February 10, 2017, Allied Services, which provides Supported Living Services, a Housing Specialist, and is our provider of Community Residential Rehabilitation Services (CRR). The Main Link, which provides CSP, Peer Support Services (PSS), Certified Peer Specialists (CPS) drop in center for adults along with adolescents age fourteen to eighteen, community education, Question Persuade Refer (QPR) training, Forensic Peer Services, PSS for individuals in the CHIPP program and individuals in the CHIPP diversion program. The Main Link participates in Clarks Summit State Hospital visits along with the COMH case management team including the CHIPP Coordinator.

February 17, 2017, the planning meeting included the above mentioned agencies along with representatives of Northwestern Human Services which provides our Community Hospital Liaison (CHL) program for CHIPP consumers, a representative from Community Care Behavioral Health (CCBH), Northern Tier Counseling (NTC), Concern Counseling,

On February 14, 2017, the COMH met with parents of individuals and individuals during the weekly Community Support Program (CSP) (The Main Link) meeting. The CSP is the fundamental planning process for need identification, the development of new services, and the expansion of existing services. Referrals for mental health support services may come from other sources as well such as mental health clinics, psychiatric inpatient units, and other prescribers. This group meets every Tuesday at The Main Link on Pine Street in Towanda at 10:00 am.

On February 24, 2017 the COMH met with parents of individuals along with stakeholders in Sullivan County. "*See Addendum A. Signature Sheets"*

During all of these meetings the groups discussed the strengths and needs of the existing array of services that are available e.g.

Strengths:

- There is extensive collaboration between individuals and providers, providers of treatment and service providers.
- The Main Links' employment program "The Furniture Link" offers short term training along with collaboration and an employment peer specialist.
- The Main Link is now in collaboration with the Office of Vocational Rehabilitation (OVR) as there is an individual who works at the Main Link who is involved in the supported employment program through OVR.

- Bradford and Sullivan counties have notable State Hospital diversion success, at this time there are two individuals from Bradford County who are at Clarks Summit State Hospital (CSSH) , the Bradford/Sullivan joinder have nine beds at CSSH.
- The COMH has a contract with "It Takes a Village" or better known as "Family Group Decision Making" in order to strengthen family involvement and broaden natural supports. This service is available to individuals who are under the age of eighteen and involved in behavioral health services, who are not involved with Children and Youth Services. This service is available to individuals who are adults and consumers of behavioral health services who have very limited resources.
- The Bradford/Tioga Housing Authority works well with community providers, in order to assist our homeless populations who have an income. When The Housing Authority is notified that a consumer has become homeless the consumer is moved to the top of the waiting list. Futures Community Support Services overseas the Homeless Assistance Program and assists with funding for individuals who are homeless. The Grace Connection, The Endless Mountains Mission and The Bridge are all charitable organizations that assist our individuals with funding and housing needs.
- Bridging the Gap funding is also available for individuals who have social security benefits and are waiting for Housing and Urban Development (HUD) vouchers.
- A "School Based Program", as endorsed by CCBH will begin in the Sullivan County School District in the fall of 2017.

Needs:

- Individuals who are certified as unable to work and are in the process of obtaining Social Security Benefits no longer receive cash assistance from the state of Pennsylvania. This factor leaves consumers ineligible for HUD, Bridging the GAP and entrance into Allied Services CRR program.
- Individuals do not have access to housing without minimal income. If they obtain employment out of survival, they are likely to have denial of benefits, often attorney's advice to individuals is not to work due to the stringent guidelines which determine eligibility for Social Security benefits.
- The waiting list for HUD housing in this area is two years long.
- Individuals need a consistent address in order that there is no lapse in medical or the "Supplemental Nutrition Assistance Program" (SNAP). We have about ten individuals who are "couch surfing", three individuals in our local homeless shelter along with one family in that shelter (Endless Mountains Mission).
- Individuals struggle to obtain basic identification needed for services when they do not have an address or are not aware of services that can help in obtaining benefits.
- Upon stabilization from acute psychiatric hospitalization, individuals who are homeless are sent to shelters out of the State of Pennsylvania or out of Bradford or Sullivan County; this scenario often leads them back to the same situation which led to hospitalization.

II. SERVICES TO BE DEVELOPED

a). the following services are or will be available to children and adults;

- The COMH currently contracts with Concern for 24/7 telephone, mobile and walk in crisis services. The COMH Targeted Case Management (TCM) group continues to provide 24/7 on-call services. This service is available to individuals who are children and individuals who are adults.
- The Main Link continues to provide the Warm-line from 6 pm to 10 pm daily. Peer Support Services as provided by the Main Link, TCM and Allied Supported Living Services continue to provide mobile services to our individuals who are consumers of behavioral health services. This service is available to individuals who are children and individuals who are adults.
- The Sullivan County School District, in cooperation with Community Care Behavioral Health (CCBH) and the COMH is beginning the process of Request for Qualifications (RFQ) for Community and School Based Behavioral Health (CSBBH) Team program for children, adolescents and their families. This program should be implemented by the 2017-2018 school years. This program is projected to be able to accommodate twelve to twenty four families in Sullivan County. This service is available to individuals who are children and their families.
- We currently have three Family Based Mental Health (FBMH) providers, four Behavioral Health Rehabilitation Service Providers (BHRS), two Children's Partial Hospitalization Programs (PHP). Four outpatient providers. Some Services are offered and utilized in contiguous counties. Diakon Family Life Services has been approved by CCBH, COMH and OMHSAS to offer services in Bradford and Sullivan Counties. This provider offers FBMH along with Specialized in Home Treatment Services (SPIN). Multi-Systemic Therapy (MST) is available to residents of Sullivan County through Sullivan County Children and Youth services via a provider in Williamsport. We do not have the population density to sustain additional services (e.g. Functional Family Therapy (FFT)) however; these services have been discussed with our existing service providers. These services could be developed however; other existing services may have to be eliminated due to the population density and the ability to viably sustain a service in this area and the needs of our consumers. Concern Counseling Services has been in the process of training two clinicians in "Trauma Informed Care" these clinicians will cover both Bradford and Sullivan Counties and will be available to individuals who are children and individuals who are adults.
- The Main Link has re-implemented the Teen Drop-In Center which offers education and support in the areas of resiliency, mindfulness and building positive support networks for individuals aged fourteen through eighteen. This group offers group cooking and a meal at dinner time along with homework assistance and supervised internet access. Adolescent Peer Support offers support services to transition aged individuals ages fourteen through twenty-one along with the implementation of a group that meets with individuals who are

hospitalized at the Robert Packer Hospital (RPH) Behavioral Science Unit (BSU). This is an educational supportive group that discusses resiliency and available services in the community.

- The COMH along with The Main Link are in the process of exploring "Adult Respite" for our individuals, we believe this program could ameliorate conflict within families and housemates simply by offering a "break from each other", and offer an opportunity for consumers to work on a Wellness Recovery Action Plan (WRAP) or revise an existing plan. This service could offer an opportunity for a consumers support service providers to resolve threats of eviction that may result in homelessness, along with a myriad of other problems that may arise for our consumers who live in the community. We surmise that the program will be able to house up to three individuals at a time for up to thirty days at a time, we may be able to serve thirty six to forty consumers per year dependent upon the consumer needs.

b). The "Housing First" value, coordination of mental health support services, mental health individual choice, needs identification, program development, etc. have served us well in bringing individuals back to their communities from placements such as the state mental hospital system, corrections settings, and nursing homes. Community mental health workers (including Peer Support Workers) visit individuals at Clarks Summit State Hospital on a regular basis to learn where individuals want to live, where individuals want to receive treatment, identify supportive services instrumental in our individuals recovery journey, and the direction individuals wish their recovery to take. The coordination of discharge activities with the individual, family members of the individual, and hospital staff by the community resource team is instrumental in assisting individuals in the recovery process. The Bradford & Sullivan County Offices of Mental Health (COMH) promotes independent living for individuals who are consumers of behavioral health services. The Bridging the Gap residential service subsidizes rentals pending approval by the local Housing and Urban Development (HUD) program for its housing subsidy. The Supportive Living Service provides skills training in the individuals domicile, assists individuals in accessing their communities, and provides the residential support necessary to keep the person in their own home whenever possible. Case management services assist individuals in accessing housing assistance, skills training related to independent living, and other residential supports. Site based Psychiatric Rehabilitation is available to individuals in order to provide skills training towards independent living. The six bed Community Residential Rehabilitation (CRR) program is available to assist individuals in transitioning from the Clarks Summit State Hospital to independent living. Individually provided services assist peers in maintaining their independence of living through a variety of programs. The COMH has no Fair Weather Lodge, no Long Term Structured Residences, no Specialized Community Residence, however has contracted with Community Services Group in Coal Township for two beds at their Enhanced Personal Care Home.

Bradford County has a homeless shelter (Endless Mountains Mission) with three beds and a trailer for families, currently there are four individuals residing at that shelter. When our individuals encounter difficulties with income and housing benefits they tend to "couch surf" and find shelter with family and friends. Some of our individuals have been known to utilize homeless shelters in New York State and

Williamsport Pennsylvania. The majority of our individuals live in apartments independently or with a roommate.

c). The County Joinder has four outpatient providers available, Northern Tier Counseling, The Center for Integrated Mental Health, Mental Health Associates and Concern. These providers have access to psychiatric services both face to face on site and via tele-psychiatry. Our individuals also have access to outpatient and psychiatric services in the following adjoining counties; Tioga (Concern) Lycoming, (Community Services Group) Wyoming, (NHS) and Susquehanna, (PATH). At this time there has been little discussion regarding mobile outpatient therapy. This is a very large geographic area with a low population density; mobile outpatient therapy would not be a financially viable option for NTC or Concern. Northern Tier Counseling has a Wellness Center (formerly psychiatric rehabilitation) with approximately twenty individuals who attend regularly. Allied Services offers a psychiatric rehabilitation program with approximately five individuals enrolled in that program. The COMH program administrator wrote a letter of approval for "Diakon" to come into this area, there has been little activity with this particular provider.

Bradford and Sullivan Counties has three Family Based Mental Health (FBMH) providers who are available 24/7 for families who need those services, Northern Tier Counseling, Concern and Abington Counseling Services. We also have four Behavioral Health Rehabilitation Services providers who are mobile, Northwestern Human Services, Youth Advocate Programs, Concern and Northern Tier Counseling.

d). the local mental health Recovery Movement continues to be very active and The Main Link is the locus for that movement. The Main Link membership has been providing mental health Peer Support since calendar year 2000 and Forensic Peer Support since February of 2004. The Main Link provides drop-in services to individuals through its centers in Sayre, Pennsylvania and Towanda, Pennsylvania and through its Mobile Drop-in service in Dushore, Pennsylvania (Sullivan County). The Main Link provides a Drop-in Service to individuals who are adolescents at its Sayre and Towanda sites after individuals who are adults have finished using the sites. The Bradford County Probation Office regularly refers individuals who are juveniles to The Main Link Adolescent Program.

The Main Link employs the services of a qualified Question-Persuade-Refer (QPR) trainer, Ms. Suzanne Urban, MSN, to provide training to community groups as part of its suicide prevention activities. Ms. Urban has trained over one hundred community members including a senior nursing student class, corrections staff of the Bradford County Correctional Facility, and Peer Support Workers. Our suicide prevention/anti-bullying activities include a number of public service radio announcements devoted to those activities.

e). The Main Link continues to provide Employment Assistance Services including placement in competitive employment via a strength-based approach, employment training, continuing education assistance, and assistance in obtaining a driver's license. Employment services are provided to their peers.

III. **HOUSING IN INTEGRATED SETTINGS**

a). There are six Personal Care Homes in Bradford County having a capacity of two hundred eighty-four (284) beds and no Personal Care Homes in Sullivan County. All Personal Care Homes located in Bradford County exceed the sixteen (16) beds capacity. We have approximately twelve individuals from Bradford and or Sullivan County who live at Personal Care Homes along with at least three individuals from other counties residing in Bradford County Personal Care Homes. Bradford COMH has a contract with Community Services Group for two beds at their Enhanced personal Care Home in Northumberland County, only one of which is occupied at this time as one of these individuals has been hospitalized since February 2, 2017 at Western Psychiatric Institute in Pittsburgh. There is 1 low income housing apartment complex in Sullivan County which contains 78 subsidized apartments for rent in Sullivan County, Pennsylvania. Many of these rental apartments are income based housing with about 78 apartments that set rent based on income. Often referred to as "HUD apartments", there are 0 Project-Based Section 8 subsidized apartments in Sullivan County. There are 0 other low income apartments that don't have rental assistance but are still considered to be affordable housing for low income families. There are 22 low income housing apartment complexes in Bradford County which contain 1,361 subsidized apartments for rent in Bradford County, Pennsylvania. Many of these rental apartments are income based housing with about 1,089 apartments that set rent based on income. Often referred to as "HUD apartments", there are 563 Project-Based Section 8 subsidized apartments in Bradford County. There are 517 other low income apartments that don't have rental assistance but are still considered to be affordable housing for low income families. “Accessibility Requirements for Multifamily Housing, both privately owned and publicly assisted housing, regardless of whether they are rental or for sale units, must meet the accessibility requirements of the Fair Housing Act when they are located in a building of four or more units, built for first occupancy after March 13, 1991. Therefore approximately five percent of publicly funded housing must meet the accessibility requirements in order to be accessible for individuals who have challenges with mobility”. *Quote HUD Housing Handbook February 17, 2017.*

b). The Bradford & Sullivan County Offices of Mental Health (COMH) promotes independent living for individuals. The Bridging the Gap residential service subsidizes rentals pending approval by the local Housing and Urban Development (HUD) program for its housing subsidy. The Supportive Living Service provides skills training in the individuals domicile, assists individuals in accessing their communities, and provides the residential support necessary to keep the person in their own home whenever possible. Case management services assist individuals in accessing housing assistance, skills training related to independent living, and other residential supports. Site based Psychiatric Rehabilitation is available to individuals to provide skills training towards independent living.

c). the six bed Community Residential Rehabilitation (CRR) program is available to assist individuals in transitioning from the Clarks Summit State Hospital to independent living. Individually provided services assist peers in maintaining their independence of living through a variety of programs. The COMH has no Fair Weather Lodge, no Long Term Structured Residences, no Specialized Community Residence, and no enhanced Personal Care Home. However the COMH has purchased two beds at the EPCH in Coal Township (Community Services Group) one consumer was transferred to that EPCH and is doing fairly

well; the other consumer that was transferred has been psychiatrically hospitalized since February 2, 2017. There are six licensed Personal Care Homes in the two counties.

d). The Behavioral Health Alliance of Rural Pennsylvania is our Lead Local Agency (LLA). The Housing Development Coordinator (Kristi Schuster) performs duties involving housing opportunities available within Bradford and Sullivan Counties for individuals who have been diagnosed with a chronic mental illness; and is responsible for providing information to assist in the planning, development, financing, or administration of housing or housing programs in Bradford and Sullivan Counties. The COMH conducts a monthly provider meeting which includes the Local Housing Options TEAM (LHOT) which continues to work with the Bradford and Sullivan County Housing Assistance Group in assessing the needs of the homeless and special needs populations in the two counties. The group includes representatives from CCBH, BHARP, Northern Tier Counseling, Bradford County Drug and Alcohol, Northwestern Human Services, Bradford County Intellectual Disabilities Program, Concern, the Main Link, Mental Health Associates, A Better Today, Bradford Center for Integrative Mental Health, The Robert Packer Hospital Behavioral Science Unit, Youth Advocate Programs, Bradford/Tioga Housing, a representative from Senator Gene Yaws office, consumers, family members and a representative from Veterans Affairs. The group discusses local housing needs, develops plans to inform the community about the residential needs of the homeless, and develops housing options for those in need. This group also collects data from various stakeholders regarding the number of people who are "couch surfing", who are at risk for homelessness and who are homeless. In mid-January of 2017 a "Point-in-Time" survey was conducted in Bradford and Sullivan County by volunteers, there were no findings.

IV. <u>SPECIAL POPULATIONS:</u>

a). The Bradford County Mental Health and Intellectual Developmental Disability Departments continue to join services to meet the needs of developmentally disabled individuals who are also challenged with a mental illness. The two departments have partnered with the Allied Services agency in using the mental health Community Residential Rehabilitation program in Towanda, Pennsylvania to prepare this target population for independent living. The program began in the spring of 2014 and its maximum capacity is six beds. The program may also accommodate the needs of individual who are not developmentally disabled. The dual-diagnoses program has received the support of both the Office of Development Programs and the Office of Mental Health and Substance Abuse Services. All residents of the program receive Intensive Case Management services and are further eligible to receive other mental health services such as Peer Support, Supportive Living, and Community Health Liaison services. Allied Services and the two Human Service Agency departments would review the progress of the dual-diagnoses population every six weeks. Moreover, interagency planning among the mental health provider system and the intellectual disability system is held on a weekly basis. The Health Choices managed care entity (currently Community Care Behavioral Health) regularly attends that meeting along with The Main Link, Allied Services, the CHIPP Coordinator, Targeted Case Managers and Peer Support Specialists.

b). The Bradford County Mental Health and Drug and Alcohol Departments continue to work together in meeting the needs of those individuals who have been diagnosed with co-occurring disorders.

Coordination and monitoring of both mental health and drug and alcohol services is carried out by both TCM and Peer Support Services. The Bradford Recovery Center has established a thirty bed residential treatment facility for people with opioid use disorder, they plan on expanding to seventy seven beds and have requested licensing for a Residential Treatment Facility for people who have co-occurring disorders.

c). The COMH contracts with Northwestern Human Services (NHS) for a Community Health Liaison. The Community Health Liaison (CHL) program began in 2010. The CHL program serve's individuals with serious and persistent mental illness who are medically complicated having debilitating medical conditions, the Community Health Liaison's act as a link between the mental health and health-care systems. The Liaisons' serve as an advocate who seeks to close the gap between individuals receiving services, health care providers, health agencies and other community based resources by providing health care assistance, information, and education. In doing so there focus includes increasing an individual's ability to function within their home community, reducing the need for more intensive services, developing and maintaining independence, strengthening social support and overall enhancement of the person's quality of life. Some goals of the program are to: promote self-determination and hopefulness about the future; advocacy, linkage and referral to services and supports that enhance the individual's quality of life; expand the individuals community network; and ensuring medical services are accessible, receiving and coordinated.

d). Individuals who have been diagnosed with a Traumatic Brain Injury (TBI) are followed closely by TCM and/or PS. Referrals are generated for neurological testing and/or neurology. Recommendations are followed and if needed CHL services are implemented.

e). The community mental health treatment and support needs of forensic consumers may begin in the Bradford County Correctional Facility (BCCF) and through the activities of the two master's level psychological services associates who provide mental health screening and educational services to the inmate population. The psychological services associates may refer individuals who are involved in the forensic system to the Forensic Peer Support Workers of The Main Link who would begin working with their peers in the corrections setting. The psychologist may refer to community mental health treatment providers as well. The BCCF psychological services associate may refer inmates to the Bradford County Assistance Office for enrollment in the Medicaid insurance program. The BCCF Probation Officer may refer the inmate for addictions treatment in the community. The Forensic Peer Support Workers would follow the individuals who are involved in the forensic system into the community. The individual who is involved in the forensic system may want only select community services following release and the assessments of the psychologist and Forensic Peer Support workers would be the beginning of linking the individual who is involved in the forensic system to community supports. Other individuals who are involved in the forensic system seek mental health treatment and supportive services on their own initiative following their release from the BCCF even though they had refused assistance in accessing community services while they were incarcerated.

The forensic psychological services associate refers forensic inmates for community mental health services at the time of their release from the BCCF. Forensic Peer Support Workers provided services to approximately one hundred individuals who are involved in the forensic system during the course of the fiscal year. Forensic Peer Support was provided both in the BCCF and in the community. Some

individuals who are involved in the forensic system who were released from the BCCF used the services of The Main Link Employment Specialist to secure gainful employment. It is estimated that there are from ten-to-twelve (10-12) inmates at any one time who are serving a maximum sentence due to the lack of a community residential plan. However, the observations of the psychological services associate are disputed by the BCCF administration with the latter believing there is no such need.

The mental health department continues to assist those individuals who are involved in the forensic system whose probation may be revoked for a brief period of time, and those individuals who are involved in the forensic system who would know they are to be sentenced to a brief term of imprisonment, to maintain their domiciles pending their return to the community.

f). When an individual who has been diagnosed as deaf or hard of hearing is encountered by the CHIPP program or TCM the services of an interpreter are requested. The TCM will refer the individual to community activities, monitor the individual's satisfaction with services that are provided ensuring that the individual is included and that their needs are being met, issues addressed and the communication is meaningful.

g). The Futures Community Services agency administers the Bradford County Housing Assistance Program. The program is available to residents of the county who are in need of housing assistance and who typically have exhausted other community resources. The program makes maximum use of its limited funding by helping applicants catch up on their utility bills, secure home heating fuel, or fund a three-day stay in a local motel.

h). the population of individuals who are senior citizens has a history of under-utilizing mental health services. A lifetime of self-sufficiency and self-direction, and the stigma of mental illness, may combine to account for this phenomenon. The Main Link workers provide an outreach service to Senior Citizen Centers where they provide information on topics such as depression and recovery. Those individuals who are senior citizens who subscribe to symptoms of depression are encouraged to contact their primary care physicians to seek symptom relief. We believe this form of outreach may go far in normalizing the treatment of mental illness in this target population. There are no specialized older adult inpatient units in the geographic area however, if the needs should arise appropriate referrals would ensue. We have made referrals for individuals who are older to providers outside of the county joinder e.g. Western Psychiatric Institute and The Geisinger Health Network.

i). See section c).

j). When an individual with limited English proficiency is encountered the COMH and community providers recruit the services of an interpreter.

k). Staff at The Main Link offer Community Education – to increase awareness, reduce isolation, break down perceived stigma attached to treatment and mitigate barriers to receiving help via a "Teen Drop In Center" located in Towanda and Sayre, Pennsylvania. The COMH will work with the Main Link and their Peer Support Specialists in creating an outreach program for individuals who are transition age, who are hospitalized at the behavioral science unit at the Robert Packer Memorial Hospital. The rationale behind

this approach is that some of these individuals are less likely to be aware of the supports that are available in the community. The purpose behind the implementation of such a program is to reduce recidivism and increase diversionary measures. There is no specialized housing for transition age youth or young adults in this geographic area, this group is offered the same services as our adult population. We have had individuals who are transition age transition to a group home in the Wilkes Barre area from Residential Treatment Facilities. We prefer to keep our individuals who are transition age in this area because they are more likely to maintain relationships with their natural support system thereby ensuring greater success with resiliency. Allied Services has a housing specialist who works with all of our consumers along with Peer Support Specialists and Targeted Case Management on finding safe affordable housing for this demographic. Post discharges from Residential Treatment Facilities, two of our individuals who are transition age, have utilized our local CRR in order to learn the skills necessary to live independently.

In conclusion, Bradford and Sullivan Counties have a wide array of services given the current population density. Our mental health community works together in order to promote resiliency and the recovery model. We continue to improve communication, focus on person centered planning and are proud of the success we have had with reducing the number of individuals who are hospitalized at Clarks Summit State Hospital.