OLMSTEAD IMPLEMENTATION PLAN

LACKAWANNA-SUSQUEHANNA
BEHAVIORAL HEALTH/INTELLECTUAL DISABILITIES/
EARLY INTERVENTION
PROGRAM

November 2016

I. OLMSTEAD PLANNING PROCESS:

a. Program Overview

The goal of the Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program (Lackawanna-Susquehanna BH/ ID/ EI Program) is to apply the Program's mission and vision for the development of services that are planned and delivered in a manner that promotes recovery, facilitates the individuals' recovery process, is least restrictive/most appropriate and transforms the existing system of care. The Program has increasingly emphasized natural and community-based services, the improvement of consumer and advocacy initiatives, peer specialist initiatives, recovery education for providers of services and increased opportunities for engagement and decision making by individuals receiving services.

The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program Office provides residential assistance to individuals who are among our most vulnerable citizens. The Program connects consumer satisfaction, outcome evaluation and accountability with the planning, procurement, and efficient management of effective services and supports by partnering and working with provider agencies within the community. The individuals our Program Office serves are typically difficult to place due to their unique needs (ex. serious mental illness, homelessness, re-entry from state prison or county jail, returning to the community from a state psychiatric hospital setting).

The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program has been successful in engaging persons with serious mental illness, persons in recovery, family members, advocacy organizations, providers of behavioral health care services and other community stakeholders in successfully moving our Program forward and embracing the concept of "Recovery" for persons active within our system of care. To accomplish this, the Program has actively sought participation from individuals in recovery on both its Advisory Board and three (3) active committees. The program has expanded access to peer support services in the community and is continually developing forensic peer support services in both the Lackawanna and Susquehanna Correctional Facilities.

The Program has a well-established **Quality Management** process which includes many community stakeholders. The Program's Quality Council has been in operation for approximately twelve (12) years and focuses the work in the following areas:

- Determine the strategic direction and vision for Quality Management.
- Oversee and monitor all activities related to Quality Management within the Program.

- Establish organizational performance indicators, review trends and recommend actions as necessary.
- Evaluate the effectiveness of Program-wide quality improvement initiatives at least annually and review Program-wide trends and actions related to the evaluation of the quality of services.
- Recommend Program performance improvement activities.

The following table is a summary of the focus areas, goals, objectives, performance baseline and current performance. In addition to this information, the Program develops and manages specific action steps for each goal.

BH Table #1 – Mental Health Quality Management Goals and Objectives for 2015-2017

Focus Area	Goals	Objectives	Performance	Target objective/current performance
BH 1. Service Planning and Delivery: Employment	Persons have opportunities to explore their Employment Potential and experience job satisfaction and respect.	Training Needs/ Curriculum is identified	No Baseline/ Curriculum	- Training Needs/ Curriculum is identified - Coalition meeting held
BH 2. Participant Access: Diversion	Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Increase by 5%, the number of persons who are diverted from a State Hospital admission	During January 2006 –December 2014= 38.7%	44% of persons referred for State Hospital admission will be diverted - reached 44.4% (Jan-Mar 2016)
BH 3. Participant Access: State Hospital - Lengths of Stay	Persons who receive Behavioral Health services will have access to community supports that focus on reintegrating people who are being discharged from a state hospital and are	The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 5%	July 1, 2013 -June 30, 2014 - 64%	The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced to 59%. - 65.3% for FY 2014-15
BH 4. Participant-Centered Service and Delivery: Behavioral Health/ Substance Abuse-Community Re-entry	Persons who receive Behavioral Health services and Substance Abuse Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	The number of individuals who are linked to Behavioral Health and Drug and Alcohol Services prior to prison discharge will increase by 15%.	No baseline	Target Objective to be achieved by June 30, 2016 =Establish a baseline; By June 30 2017= 15% increase in community service linkage. (Re-entry Case Manager
BH 5. Participant Access BH 5. Garrett Lee Smith Initiative	Persons between the age of 12-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare	Increase of the # of screenings to 22 per week. Increase the number of sites to 3.	1002 screens in 52 weeks (January – December 2014) = 19.3 per week. Two sites	Target Objective to be achieved by June 30, 2017=22/week.

BH 6. Crisis Intervention Training	The CIT (Crisis Intervention Team) model is fully functional and incorporated into the community to safely assist individuals through a crisis.	The number of persons trained will increase by 20%.	Baseline: There have been 93 individuals trained to date.	Target Objective to be achieved by June 30, 2017= 112 individuals will be trained in CIT (116 trained YTD)
BH 7. System Performance: Customer Support	Individuals and Family Members are satisfied with their services	A structured process for the review of customer support calls is developed.	Process is currently not tracked	Fully functioning customer support process is in operation

b. Engagement Strategies

Information is collected and evaluated through a **Consumer and Family Satisfaction Team (CFST)** process conducted annually through the Northeast Behavioral Health Care Consortium (NBHCC), the County's oversight organization for managed behavioral health care services. Individual reports are generated in five (5) focus areas (levels of care) including, partial hospitalization, inpatient services, crisis, mobile crisis and telephone crisis. A complete copy of this report for Lackawanna and Susquehanna Counties is available upon request.

The Northeast Behavioral Health Care Consortium (NBHCC) annually conducts **focus groups within both Lackawanna and Susquehanna Counties** soliciting input from persons with mental illness and persons in recovery. A complete copy of this report is available upon request. In addition, the Lackawanna-Susquehanna BH / ID / EI Program participates in public hearings in Lackawanna County conducted by the Lackawanna County Department of Human Services for the purpose of soliciting input on service delivery efforts in Lackawanna County. The Lackawanna-Susquehanna BH / ID / EI Program conducts a **public hearing** annually soliciting input from the public at large related to the delivery of services within Susquehanna County.

The Program continues its collaboration with the Office of Mental Health and Substance Abuse Services (OMSHAS) with the implementation of mental health screening for children in the school setting. The **Garrett Lee Smith Grant (GLS)** will focus on screening for suicide and depression with the aim of early recognition and treatment. The Program is implementing a three (3) tiered strategic training initiative that (1) promotes wide public awareness, (2) increases consistency within crisis response efforts and (3) increases clinical competency of Joinder clinicians. Training efforts focus on Suicide Risk Assessment and Collecting Valid Data, Safety Planning and Family Engagement.

The Program is working with various stakeholders including the Lackawanna County Criminal Justice Advisory Board to develop a position in the community to

support the **Crisis Intervention Training (CIT)** initiative. The CIT program helps train law enforcement and first responders on productive ways to approach citizens experiencing a mental health emergency. The CIT coordinator position is critical to sustaining this important training program.

For children and adolescents under the age of eighteen (18), access to ***Student Assistance Programs(SAP)*** is available through the various school district buildings within Lackawanna County and Susquehanna County. Student Assistance Program referrals are reviewed by the SAP Team and should a need be identified to warrant an evaluation for mental health services an appointment is scheduled with a mental health professional.

The Program has an active Community Hospital Integration Project Program (**CHIPP) planning process** which focuses on the discharge planning process for individuals targeted for discharge from Clarks Summit State Hospital (CSSH). This process has been successful in providing services and supports to individuals who are discharged from CSSH that have been identified on the individual's Consumer Support Plan (CSP). Individual population numbers are consistently monitored at CSSH.

The Lackawanna / Susquehanna BH / ID / EI Program employs CSSH liaison staff through the Scranton Counseling Center (SCC) and NHS of Northeastern Pennsylvania who work closely with CSSH staff to ensure a successful transition of individuals from the Hospital to community-based settings. The County Office also staffs a CHIPP Committee which meets quarterly and involves county office staff, provider agencies, advocacy organizations, including the Advocacy Alliance and National Alliance on Mental Illness (NAMI) Scranton Office and CSSH staff. The purpose of this meeting is to identify any barriers that would prohibit the movement of individuals from CSSH to community based alternatives as well as service options to divert individuals from admission to CSSH.

The Joinder Program implemented a highly successful CHIPP Initiative for fiscal year 2013-2014, which annualized in fiscal year 2014-2015. The Program initially supported eight (8) patients at CSSH to maintain stability community based options and continue on their path of recovery. The cornerstone of this plan was the expansion of housing options in both Lackawanna and Susquehanna Counties; safe affordable housing has consistently been identified as need within the local mental health system. Since the implementation, the program could expand intensive housing and supported housing options which have assisted fifteen (15) individuals from CSSH to return to the community with supports and services.

The Program works with SCC and NHS of NEPA as the two primary case management units in the Joinder to participate and facilitate individual Community Support Planning meetings at Clarks Summit State Hospital. In the community, both agencies facilitate peer facilitated Community Support Programs. The County

Program is developing a plan to include CSP meeting members in the Mental Health Committee of the Program's Advisory Board.

II. SERVICES TO BE DEVELOPED:

a. Prevention and early intervention services and supports

Jumpstart! - A Behavioral Health Outreach Program for Young Adults
The Program coordinated with Allied Services to implement a project that served one-hundred twenty-five (125) young people, 16–26 years of age, who have experienced mental health challenges as evidenced by episodes of school truancy, emotional/psychological crises, drug or alcohol use, family or peer conflict, or criminal activity. The agency worked with schools, mental health agencies, community based organizations and others to identify young adults with mental health/behavioral health concerns. Timeline for implementation was the 2015-2016 school year. In small group settings, Jumpstart! introduced youth to available programs to help them develop and pursue positive life/health/career goals, including (but not limited to) psychiatric rehabilitation services. The project is intended to interrupt destructive behavior patterns and address underlying mental health challenges. For those who eventually participate in Psych Rehab services, the long-term goal is to prevent mental health crises and to reduce risk of chronic mental illness, disability and dependence. No additional resources needed.

Mobile Mental Health Crisis
In May 2015, the Program implemented *mobile crisis services* as a complement to other mental health crisis services including; *telephone* and *walk-in* at five (5) locations including; SCC, Barnes-Kasson Hospital, Endless Mountain Emergency Department, Moses Taylor and Geisinger Community Medical Center in Scranton. Mobile crisis has been an effective service in helping to link individuals with services and aftercare while diverting from inpatient stays. The Program projects to serve approximately 150 individuals and their families with mobile MH Crisis services. SCC has added additional staffing resources to meet the need in the rural setting.

Pre-Trial Services
The Lackawanna County Criminal Justice Advisory Board continues to be an active community planning forum for the assessment and future development of services, supports and policies that enhance the quality of lives for individuals living with mental illness and substance use disorders. For example, the Program has been working with community partners to develop a plan aimed at reducing incarceration rates and increasing mental health and drug and alcohol treatment. A **Pre-Trial Services Initiative** has been implemented in Lackawanna County, which is a result of cross systems collaboration including other county departments: Judiciary, Probation, Youth and Families, Drug and Alcohol, District Attorney's Office, Public Defenders and Court Administration. This Initiative will

help reduce costs at the jail and provide opportunities for treatment and increased focus on support services such as housing and employment.

As part of the Pre-Trial Services Initiative, NBHCC has developed a program entitled**, Intercept Model: Early Diversion (IMED)**. This program will target Medical Assistance eligible adults 18 years of age and older residing in Lackawanna County. Building on the Sequential Intercept Model that currently exists within the adult county judicial systems, a goal of this team-delivered service will be to build upon the existing resources (for example, Crisis Intervention Teams, specialty treatment courts, etc.), cultivating a criminal justice system that is more responsive to the needs of individuals with mental health and substance use disorders. Utilizing the evidence-based practice of Critical Time Intervention (CTI), team members will increase their involvement during critical time intervals such as the transition of care between the discharge from inpatient/non-hospital rehabilitation/jail/diversionary settings and return to the community and recommended aftercare treatment services such as Drug & Alcohol case management, outpatient, Intensive Outpatient Program or PHP services. NBHCC will be tracking outcomes to include the following areas:

- outreach and engagement for individuals at the magisterial level;
- increase in individuals in the target population being diverted from jail and treatment courts, and entering appropriate treatment;
- increase in follow-up with treatment and support services.

b. Non-institutional housing options

Supported Living Program(SLP)
The Program has an active SLP that serves approximately 300 individuals annually. This important program uses a Housing First model. Individuals receive various levels of housing and community supports with this program in their own apartments and homes.

This evidence based program delivers specialized supports which help individuals with mental illness attain and maintain desired living arrangements while working toward recovery and integration into their community of choice. These services are designed to meet the individualized recovery goals of each service user, and to collaborate with other consumer driven, treatment and recovery support providers in the service continuum.

Housing Specialists function as program managers within the program design which help consumers live and grow as individuals, and access and make use of community resources. This is a key to the success of the program because they oversee the day to day operations, supervises program staff, and provides specialized housing assistance to all consumers in the program. The Housing Specialist is the primary liaison to regional and local housing authorities in

monitoring the availability of various public housing options and facilitating the process of eligibility assessment and applications processing and routinely develops and maintains working relationships with various independent landlords, and coordinates consumer visits to prospective apartments/locations of interest. Quarterly Office of Mental Health and Substance Abuse Services (OMHSAS) Housing meetings are also attended. State and regional issues, various alternative funding sources, and housing support practices are reviewed.

In addition, the Housing Specialist and SLP Caseworker include:

- Community Orientation – Assisting the consumer to become familiar with his/her immediate neighborhood, community and resources.
- Emotional/Behavioral Support – Responding to various emergencies including housing issues, psychiatric and safety issues that may threaten the stability of a consumers housing situation.
- Accessing various sources of rent subsidies and housing funds.
- Relocation – Coordination and assistance with moving resources and assistance setting up home, utilities, address change or other related moving requirements.
- Assistance with establishing community linkages to natural social supports and meaningful activities.
- Support in monitoring of medications, recognizing health challenges and accessing healthcare.
- Maintaining a safe and clean home.
- Monitoring the progress of individuals to determine and address changing support requirements.
- Provision of skill training in the areas of grocery shopping, meal preparation, budgeting, nutrition and personal health and hygiene.
- Assistance with or provision of transportation to appointments and other support related activities.

Housing Initiative for the Homeless Population

The Program, in partnership with its HealthChoices partners at NBHCC, developed and rehabilitated four (4) apartments located within Lackawanna County in 2010. The four units (2 one-bedroom and 2 two-bedroom) support lower income persons/families with behavioral health needs who are MA-eligible and are homeless or are at risk of becoming homeless; specifically, the income for those served do not exceed 30% of the Area Median Income. This initiative addresses the following health outcomes: individuals will have safe and affordable long-term housing and individuals will be provided with supportive services to assist them in maintaining their housing. There are currently no plans to expand this program at this time.

Residential Supports for Adults with Autism Spectrum Disorder

Housing and access to sufficient housing support services is a significant need for individuals living with autism spectrum disorder (ASD). Currently in Lackawanna and Susquehanna Counties, people with ASD have limited housing options, as

there are few residential/apartment facilities which include by design the appropriate, routinely present levels of supports needed to assist them in maintaining successful tenure in their communities. In 2016, the Program developed a support service to address the abovementioned needs by broadening the supported housing continuum for individuals with ASD.

The ASD residential supports program includes both an enhanced supported living model and a more traditional supported living program. The Program manages a homelike apartment setting for approximately three adults with ASD. Currently, 6 Individuals are being served. The Program will scale by serving additional adults on the spectrum with more traditional supported housing needs (ex. Support with symptom management, housing maintenance, employment, activities of daily living.)

It is anticipated that in fiscal year 2017-2018, the Office of Developmental Programs will include “autism only” eligibility criteria within the Consolidated and Person/Family Directed Waiver, which may open additional resources for individuals in need of housing supports.

c. Non-residential treatment services and community supports

The Program has a full breadth of non-residential treatment services and community supports including; Mobile psychiatric rehabilitation services, crisis intervention services mobile outreach, a Modified Assertive Community Treatment Teams (ACT), psychiatric capacity to address community medication management needs, employment and case management services. These services are critical to supporting individuals with Serious Mental Illness (SMI) to find stability and recovery within the community. The Program works with many stakeholders and providers to create additional choices for individuals in need of treatment and community supports. These services are currently available to individuals within the Joinder and there are currently no plans to expand this program at this time.

d. Peer support and peer-run services

Decision Support Center (DSC)
The Program implemented a DSC at SCC in 2011; which has worked to empower countless numbers of individuals with mental illness and their families. The DSC utilized the CommonGround software program designed by Pat Deegan to support shared decision making in the context of a psychiatric medication clinic. Its use is predicated on the establishment of a peer-run Decision Support Center (DSC) in the waiting area of the medication clinic. This initiative supports member’s self-determination, increases access to resources and peer support, empowers individuals in their use of medication as a tool in the recovery process, and develops truly collaborative relationships between practitioners and members. There are currently four (4) CPSs that support the ongoing operation.

Certified Peer Specialists (CPS)

The Program continues to promote the recruitment, training and hiring of **CPS** throughout our Joinder Program. In collaboration with various stakeholders including the provider network, advocacy organizations and HealthChoices; the Lackawanna-Susquehanna BH / ID / EI Program was able to support an increase in the reimbursement rate for agencies that employ CPS, which has allowed more agencies to participate in the Peer Specialist initiative and may increase the employment of Peer Specialists. In addition to increasing the reimbursement rates, the Joinder has worked with the NBHCC to expand local training opportunities for individuals who wish to become Peer Specialists. Currently, SCC employees seven (7) certified peer specialists; four (4) certified peer specialists assigned to staff the Decision Support Center and three (3) certified peer specialists are working with individuals in recovery in community based settings. NHS of NEPA currently has two (2) CPSs working in the community. Peerstar has specifically been addressing the needs of the local forensic population by participating with coordinating care via the **Re-entry Program** that has been implemented at the Lackawanna County Correctional Facility. More specifically, provided specialized forensic peer support services in the prison and in the community to individuals involved with the criminal justice system who are experiencing mental illnesses and/or substance abuse disorders. The work focuses on working closely with the community and breaking the cycle of re-incarceration; in addition to working closely with law enforcement, corrections, probation and parole and the judiciary.

Warmline

The Lackawanna/Susquehanna Counties' WARM LINE is a confidential, non-crisis, one-on-one telephone service that offers support to adults living with a mental illness or who may be at risk of an emotional disorder. In 2015-2016, the WARM LINE served 631 individuals. The WARM LINE is facilitated by the Advocacy Alliance and funded by Lackawanna-Susquehanna Counties Lackawanna / Susquehanna BH/ ID/ EI Program. The WARM LINE operates seven days a week, 365 days a year with hours of operation from 6:00 pm to 10:00 pm. Individuals who are experiencing sadness or loneliness or just want to share good news are encouraged to call for support, especially if they are experiencing trouble coping, have a problem, need to talk, or just need to hear a "friendly voice." Seven evenings a week the WARM LINE is staffed by trained adults who are in Recovery from a mental illness.

Sometimes it can be overwhelming to place the call to the WARM LINE, therefore the WARM LINE offers outreach calls to persons living with a mental illness, especially if they are to be discharged from an inpatient psychiatric unit (including CSSH) or are experiencing a difficult time in their Recovery. Individuals who wish to receive phone calls from the WARM LINE choose the date(s) and time(s) at which they would like to receive the call(s). The WARM LINE'S outreach program

is a way for individuals to stay connected to their community and provides individuals the opportunity to tell someone about their day.

The staff who operate the WARM LINE receive an intensive initial training and participate in quarterly staff meetings/trainings as well as having the availability of an on-call staff every evening for crisis calls or support. Wallet size WARM LINE cards as well as flyers with number tear-offs are routinely supplied to various mental health agencies as well as other community organizations such as Women's Resource Center and older adult housing. Letters are distributed to mental health case managers and in-services are scheduled to speak to inpatient psychiatric units to encourage the use of outreach calls as part of individuals' discharge or Recovery Service Plans.

The following report offers an overview of the amount and category of calls as well as recent caller crisis service use. Please be advised that although staff attempt to gather caller information, their primary task is caller support. Not all categories may add up to reported number of calls due to callers not answering some questions.

Number of calls per month by county	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**[illegible]**	**March**	**April**	**May**	**June**	**Total**
Lackawanna	66	65	65	69	56	52	54	42	43	34	34	38	618
Susquehanna	0	2	0	1	1	2	1	1	2	1	1	1	13
Total	**66**	**67**	**65**	**70**	**57**	**54**	**55**	**43**	**45**	**35**	**35**	**39**	**631**

Recovery Oriented Systems of Care

The Lackawanna-Susquehanna BH /ID / EI Program is collaborating The Office of Youth and Families Services, Office of Drug and Alcohol Programs, NBHCC and Community Care Behavioral Health (CCBH) and other stakeholders to design and implement a recovery oriented system for individuals and families recovering from a substance abuse disorder. This exciting project has the providence to enhance the local delivery system and expand options for people in recovery.

An element of this initiative has been the local implementation of Certified Recovery Specialists (CRS). The activities have included provider engagement, request for proposals, training and expanded capacity; which has given new life to the local recovery movement. As an example, the Pennsylvania Peer Support Coalition has scheduled an event in November 2016; which provided an opportunity for the peer workforce to network, receive training, and feedback to improve our system of care. This PA-wide coalition is peer led and provides a forum for CPS to interface with CRS.

e. Supported Employment Services

The Program contracts with two (2) provider agencies that work with individuals with SMI to establish and maintain employment. In addition, the Program's mACT team has an identified Employment Specialist to work with individuals and link to employment.

Additionally, the Program facilitates an employment coalition; which consists of a cross systems group of stakeholders including: school districts, service providers, Office of Vocational Rehabilitation, other county human service offices, the local Chamber of Commerce, self-advocates and individuals with lived experience.

III. HOUSING IN INTEGRATED SETTINGS:

a) Housing Inventory

The Program contracts with five (5) primary housing providers that serve individuals with mental illness within Lackawanna and Susquehanna Counties, including: Allied Services, Catholic Social Services, SCC, Step by Step and United Neighborhood Centers. Each Program addresses a housing need within the community.

Allied Services – See attachment #1.

Catholic Social Services currently manages several apartments via a community residential rehabilitation services (CRRS) program at St. James Manor, with the capacity for eight (8) individuals. Additionally, the agency is working with the Program to develop a separate program that focuses on the "re-entry" population within the county. This program aims to increase social determination, skill building, employment, recovery and residential stability.

Scranton Counseling Center manages Harrison House, a 54-bed personal care home, developed to serve individuals with serious mental illness. During the CSP process the Program will work with Harrison House to establish practices to reduce bed utilization.

Step by Step manages a location in Carbondale specifically designed to support individuals with co-occurring needs. Additionally, manage a supported housing program in Susquehanna County with the capacity to serve approximately 50 individuals in supported housing, with two, 2-person transitional apartments in the town of Susquehanna.

United Neighborhood Centers manages five (5) apartments for individuals and families with SMI. The Program was part of a collaborative effort with HealthChoices and is included in the agencies "Cedar Avenue" initiative. The agency also works with local mental health and physical health providers to

locate housing options for individuals and families experiencing mental illness within the Joinder. This is accomplished with housing specialists and case management services.

Co-Occurring Housing
With our drug and alcohol partners, have the capacity to provide emergency shelter and housing assistance to homeless or near homeless individuals who agree to participate in drug and alcohol treatment, self-help groups, or other recovery support services.

In partnership with the local SCA, the Program refers individuals in need of recovery house services. Recovery Houses are a safe and supportive environment where residents in recovery live together as a community. Several assurances are made by the SCA including, protocols regarding appropriate use and security of medication, residency requirements and lease agreements upon admission, a policy in place which promotes recovery by requiring resident participation in treatment, self-help groups, or other recovery supports and have procedures to handle relapse.

b) Title II, ADA

To date, the Program has not received notification of any complaints related to Title II of the Americans with Disabilities Act. The Program works with Disability Rights Pennsylvania and the Advocacy Alliance to provide ongoing access to mental health advocacy.

In addition, the local chapter of the National Alliance on Mental Illness plays an important role in informing individuals of their rights regarding discrimination and advocating for individuals and families coping with the effects of mental illness.

The Program contracts with supported housing providers that locate apartment and other residential setting in the community that are accessible to shopping areas, public transportation and other important community resources. With ongoing supported housing services, individuals can access community resources at opportunities, frequencies and timing of their choosing.

The Program continues to work with its community partners including the HealthChoices program to gather information about an individual's choices about daily activities, service providers and other opportunity to interact with others who do not have disabilities through the CFST process and other consumer input forums including HCs Member meetings. The Program offers housing and other treatment options (ex. Outpatient Services) that are barrier free and accessible within the community.

c) Community Residential Rehabilitation (CRR) conversion

The Program currently has no plans to convert any CRR slots.

d) Maximizing Housing Resources

The Program has a strong working relationship with the four (4) local housing authorities within the Joinder including: The Lackawanna Housing Authority, the Scranton Housing Authority, the Carbondale Housing Authority and the Susquehanna Housing Authority. Additionally, the Program participates with the Lackawanna Human Services Housing Coalition; which is represented by service providers, housing authorities, county human services offices (ie. Children and Youth, Drug and Alcohol, Aging, Behavioral Health).The Program has also identified United Neighborhood Centers of NE PA as the Local Lead Agency (LLA).

The Program plans to continue to work with our HealthChoices Partner, the Northeast Behavioral Health Care Consortium (NBHCC), and other community partners, to identify a Local Lead Agency in Susquehanna County.

Program Development

As part of the Program's **FY2015-2016 Block Grant Retained Earnings Plan**, a proposal has been developed to create the Re-entering Citizens Program, creating capacity for county inmates returning to the community. The program is designed to provide residential services in an 8-unit program. The Program is located at St James Manor on Wyoming Avenue in Scranton (Lackawanna County); which is located a few blocks from many supportive services including behavioral health services. The Initiative presents an opportunity to repurpose a HUD-funded transition housing program that was recently unfunded. St James Manor is a five-story elevator apartment building; the building consists of 16 one-bedroom units, units are fully accessible, and is equipped for the audio-visually impaired.

This Program will help meet an urgent need for Lackawanna County; supporting incarcerated people with behavioral health needs to re-enter into the community by developing this housing option. The release to a behavioral health supported program will allow individuals to secure employment, permanent housing, and reunification with family.

The referral sources are comprised of several agencies including: The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program, Drug and Alcohol Program, the Lackawanna Courts, Lackawanna County Prison, the Lackawanna Department of Children and Youth,

Lackawanna Probation and Parole. All Agencies are located approximately within an I mile radius of St James Manor (walking distance for all referred residents).

In addition to housing, the program will provide case management, support with daily activities and provide a safe and secure environment. Additionally, this plan will assist to rehabilitate the 8 apartments units to include new flooring, painting and any other general repairs. In addition, the common areas will receive some upgrades to the flooring and painting. The program will serve an anticipated 16-24 re-entry clients per year.

The following three (3) goals are commonly focused on throughout an individual's participation with the program: Residential Stability of Participants, Increased Skill Level and/or Income and Greater Self-Determination.

Additionally, all clients receiving services in the program are encouraged to participate in community treatment options such as psychiatric rehabilitation, outpatient, medication management and peers supports, to name a few.

IV. SPECIAL POPULATIONS:

a) Individuals with a dual diagnosis (mental health/intellectual disability)

The Program has many resources to support individuals of all ages that have a dual diagnosis including a housing continuum, dual diagnosis treatment team (DDTT), behavioral support staff trained in applied behavioral analysis. Additionally, the program has been meeting for approximately 5 years with its HealthChoices partners to address this topic and develop additional resources and coordination with the community.

b) Individuals with co-occurring disorders (mental health/substance use disorders)

A strength within Lackawanna and Susquehanna County for adults with a co-occurring (MH / DA) disorder who are involved within the criminal justice system in Lackawanna County may have access to a Co-Occurring Problem Solving Court. This Problem Solving Court provides support, guidance and assistance to individuals seeking treatment, housing and employment opportunities. A participant in this program receives MH case management services to assist them in participating in the program and supporting them in their recovery.

In addition, the Program collaborates with The Lackawanna-Susquehanna Office of Drug and Alcohol Programs to identify systems improvement opportunities to enhance service coordination for individuals coping with co-occurring issues. Planning efforts have included cross systems training, provider engagement, resource analysis and systems mapping.

The two primary needs for the co-occurring population is housing support services and the coordination of treatment between mental health and drug and alcohol services. The community continues to work towards increased coordination of services using a Recovery Oriented Systems of Care model; which has been successful in bringing various stakeholder to the planning table to explore solutions to identified needs for this population.

Veterans continue to need access to co-occurring services in both Lackawanna and Susquehanna Counties; which have a full range of services and supports offered through the Joinder Program. In addition, in Lackawanna County, veterans with mental illness and substance use disorder have access to a Veterans Problem Solving Court which provides the individual participant with structure and assistance in accessing services.

c) Individuals with both behavioral health and physical health needs

The Program has seen positive outcomes related to the **integrated health and wellness teams** implemented to improve health outcomes for adults with serious mental illness (SMI) and a co-existing chronic physical health disorder by combining the technological infrastructure, data management, and clinical expertise of a behavioral health managed care organization and a behavioral health provider-based care coordination model. Behavioral health providers serve as the health home for individuals with SMI and coordinate physical health needs to improve overall health.

In accord with Lackawanna County community partners including SCC, the Wright Center and the University of Scranton, a study was conducted to determine the "Process and Outcome Evaluation of the **Integrated Primary Care Clinic into a Behavioral Care Setting**." A cost analysis was conducted for three-hundred and sixty-two (362) members for a six month period and projected an average cost savings of approximately $816,662. Savings were attributed to lower emergency care costs and coordinated care (eg. diabetes management).

Individuals who reside in Susquehanna County can receive physical health and mental health outpatient services from NEPA Community Health Care. . Additionally, NEPA Community Healthcare is a Federally Qualified Health Center (FQHC) with three locations in Susquehanna County and are equipped with licensed clinicians, physicians, nurse practitioners and physician's assistance.

d) Individuals with a traumatic brain injury (TBI)

There are currently very limited housing support options for adults with TBI. The Program has worked on a "case by case" basis with individuals, families, case management, service providers and other stakeholders to link individuals with the support that they need. Over the past two years, three (3) individuals from

Lackawanna County with a TBI received specialized supports (ie. In-home care) to address their needs. Additional services which were provided are COMMCARE Waiver, Consolidated Waiver, HealthChoices Care Management, Geisinger Danville Neurology Program, and Protection and Advocacy for Individuals with Traumatic Brain Injury program.

e) Individuals with criminal justice/juvenile justice history

Individuals with mental illness who are involved with the criminal justice system in Lackawanna County have access to one of the best problem solving court systems in the Commonwealth of Pennsylvania. The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program, in cooperation with the Lackawanna County Judicial System developed a Mental Health Problem Solving Court and a Co-Occurring (MH / DA) Problem Solving Court. Annually, more than forty (40) unduplicated adults participate in each Problem Solving Court Program. Mental Health supports for both Problem Solving Courts are provided through case management staff who are members of the Court Team. In addition to the case management staff, clinical staff participates in Court Team meetings which are used to staff each individual involved within the Program.

Individuals with mental illness who are in the County jail system have access to mental health staff within the prison. In addition to access to mental health support services, psychiatric services are provided in both county prisons. Mental Health staff located within the County prison system support the connection of inmates released from the County prison who need mental health services to the appropriate community based service.

(Needs) Individuals involved with the justice system continue to have ongoing needs in the areas of housing and employment. Despite efforts to bring stakeholders together, planning and progress remain slow. Through the Lackawanna County Prison Re-Entry Task Force, sanctioned by the Criminal Justice Advisory Board, housing and employment are addressed through a multidisciplinary team approach. Several housing and employment initiatives are in progress.

f) Individuals who are deaf or hearing impaired

Through person centered planning and the Community Support Plan (CSP) process, individuals of all ages who are deaf or have hearing impairment receive supports via case management and peer support services. These services have access to ASL interpreters and TTY services.

g) Individuals who are experiencing homelessness

As discussed in other sections of this plan, there are several primary agencies that address the needs of individuals experiencing homelessness. In addition to those resources, the Community Intervention Center provides services and supports for adults that are experiencing chronic homelessness and near homeless populations.

h) Older adults

The Lackawanna-Susquehanna BH / ID / EI Program has a close working relationship with both the Lackawanna and the Bradford, Susquehanna, Sullivan and Tioga (BSST) County Area Agency on Aging program offices. The Lackawanna-Susquehanna BH / ID / EI Program maintains a written agreement which includes services provided by both the mental health program as well as the aging program. In addition, the agreement identifies agency liaison staff and protocols for conflict resolution.

In addition to maintaining a working agreement between the parties, cross systems meetings (ie. Aging, Mental Health, Drug and Alcohol) are convened six (6) times a year to discuss opportunities for policy development and case coordination. The Program continues to work collaboratively with the local Area Agenc(ies) on Aging to coordinate the **Mental Health Procedures Act** and **Adult Protective Services Act**.

Mental Health services for adults within the Joinder Program include, but are not limited to the following: Case Management, Inpatient, Outpatient including evaluation and medication management, Partial Hospitalization, Psychiatric Rehabilitation, Crisis including telephone, walk-in, mobile and residential, housing support, community residential and Peer Support.

Service needs for older adults have been identified to include mobile outpatient services, housing support services, specialized long-term housing services and social rehabilitation / recreation services. Finally, older adults will be referred to the Area Agency on Aging to determine eligibility for the Aging Waiver, if appropriate.

i) Individuals who are medically fragile

Through person centered planning and the CSP Process, individuals of all ages who have complex medical needs receive supports via case management services to broker services, supports, and review eligibility for Independence Waiver, COMMCARE Waiver, and Aging Waivers . The Wright Center is a community physical health partner that has a co-located mental health clinic at SCC which can support and coordinate individuals with complex medical needs. Additionally, NEPA Community Healthcare FQHC is also available in three locations in Susquehanna County.

j) Individuals with limited English proficiency

The Joinder Program continues to promote access to mental health services and supports to diverse populations of all ages. Strengths exist within various local ethnic and cultural groups including Nepalese, Bhutanese and Spanish speaking community members. Efforts continue to link local mental health advocacy organizations to develop outreach strategies. The Program has had preliminary discussions with community stakeholders about expanding access to Spanish speaking clinicians, including network management via HealthChoices.

The Program has participated in two (2) community events hosted by Senator John Blake's Office, including a Cultural and Ethnic Diversity Roundtable discussion and an Inclusion Initiative Summit. Both events addressed the need for additional engagement of community members in which language and cultural barriers may exist. The Program will continue efforts to develop resources and evaluate service needs.

A primary barrier that is linked to an identified need within racial, ethnic and linguistic minorities is the availability of clinicians and other mental health professionals that speak the language fluently as well as understand the nuance of a given culture. The Program continues to work with its HealthChoices Partners and community mental health agencies to develop solutions to address gaps for this target population. Additionally, Program encourages providers to utilize appropriate interpretive services, including the Language Line. The Program also encourages providers to have written material available in other languages appropriate to our local demographic.

The Program will continue to assess the needs of individuals who have Limited English Proficiency and explore methods to address their needs. This will include examining the use of on-line resources.

k) Transition age youth including young adults

Targeted case management services are used to connect transition aged youth with adult services including but not limited to: housing supports, treatment services, employment services and social and recreational services. Housing and employment services for this population continue to be an area of need for this population group. Typically, housing services for this population are provided through supported housing initiatives which provide assistance in seeking and securing safe and affordable housing options as well as financial assistance in the form of furniture acquisition, rental and utility cost assistance. Employment services are limited for transition aged youth. Typically, supported employment providers serve an older population but do provide employment services for

transitional aged youth once a referral for service is initiated. The Lackawanna-Susquehanna BH/ID/EI Program will be working closely with contracted employment providers to identify specific training needs for staff who will be identified to work with transition aged youth referred for employment services.

A *need* exists within the Joinder Program related to the availability of non-treatment options including but not limited to psychiatric rehabilitation services for transition aged youth. The program will work closely with contracted providers within the joinder Program to develop non-treatment alternatives for this population in fiscal year 2016-2017. Finally, social and recreational services for transitional aged youth are very limited and will need to be developed in fiscal year 2016-2017. The Program will work closely with the targeted case management service provider within Lackawanna County to specifically identify the transition age youth in the County and develop an individualized service plan to meet their needs.

The Program will continue to work with OMHSAS, SCC and The Wright Center to focus on and complete suicide and depression screening in the Scranton School District, Lackawanna County thru the Garrett Lee Smith Grant.

V. ATTACHMENTS

1. Allied Housing PowerPoint
2. Consumer/Family Satisfaction Team - CHIPP FY14-15 Annual Report