

**MENTAL HEALTH
MENTAL RETARDATION
PROGRAM**

Administrator's Office

May 28, 2010

Mr. Michael Orr, Community Program Manager
Office of Mental Health and Substance Abuse Services
Northeast Field Office
Scranton State Office Building, Rm. 321
100 Lackawanna Avenue
Scranton, PA 18503

Dear Mike:

On behalf of the Lackawanna and Susquehanna Counties Mental Health/Mental Retardation Program, I am pleased to submit our Adult Mental Health Program Plan and Budget Update Request for Fiscal Years 2011-2012 for your review and endorsement.

This updated plan submission for fiscal years 2011-2012 represents the Lackawanna and Susquehanna MH/MR Program's planning document as developed in conjunction with persons receiving services, family members, advocates, and providers. We feel that this planning document truly focuses upon the local needs of adults with mental illness and transitional age youth as they evolve in their recovery process.

The need to develop ongoing strategies to transform Behavioral Health Care Services in partnership with consumers and families, county government, and the provider network is a critical issue within the Lackawanna and Susquehanna Counties Mental Health/Mental Retardation Program area. Designing recovery-oriented, sustainable programs that are accountable and relevant according to evaluation processes, and that foster the hope inherent within this model are our priorities. As consumer-directed, integrated community services replace the institutions of the past, our collective vision of the transformation process will be realized.

For the preparation of this Fiscal Year 2011-2012 Adult Mental Health Plan Update, the Lackawanna/Susquehanna Counties Mental Health/Mental Retardation Program engaged stakeholders in a focus group process to solicit their specific needs. This process was very successful in providing valuable input for Plan Development purposes.

Mr. Michael Orr
May 28, 2010
Page 2

The Lackawanna and Susquehanna Mental Health community shares a rich history of cooperation and support among all components of the system. Working together, we hope to assure that recovering persons have hope, receive the highest quality, and most individualized services when and where they are needed.

Sincerely,


Stephen Arnone
Administrator

SA:ds
Enclosure

cc: Mr. Benny Varghese, Bureau of Policy, Planning and Program Development
Mr. Thomas Comerford, Clarks Summit State Hospital

**Lackawanna
Susquehanna**

**Mental Health
Mental Retardation
Program**

ADULT MENTAL HEALTH

**ANNUAL
PROGRAM PLAN
AND
BUDGET REQUEST**

FISCAL YEARS 2009-2012

UPDATED for 2011-2012

**135 Jefferson Avenue
3rd Floor
Scranton, PA 18503
Submitted
May 28, 2010**

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Section 1

Executive Summary

Executive Summary

The goal of the Lackawanna-Susquehanna Counties Fiscal Years 2009-2012 Adult Mental Health Plan including this 2011-2012 Plan Update is to incorporate the **MISSION** of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program with a vision for the development of services that are planned and delivered in a manner that promotes recovery, facilitates the individuals' recovery process and transforms the existing system of care. This cultural shift has placed increased emphasis on 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 those persons receiving services.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation 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.

Initiated for the fiscal year 2008-2009 planning cycle and continuing through this planning cycle, our Program engaged persons involved in services in the planning for the future of our local mental health delivery system through a focus group process. Through this effort our Program reached out to persons with mental illness, persons in recovery and their family members within both Lackawanna and Susquehanna Counties in an effort to solicit their recommendations on promoting a recovery based system of care.

Our Program continues to promote the recruitment, training and ultimate hiring of a Certified Peer Specialists throughout our Joinder Program. **In collaboration with NBHCC (HealthChoices), the Lackawanna-Susquehanna County MH/MR Program was able to increase the reimbursement rate for agencies who employ Peer Specialists, which has allowed more agencies to participate in the Peer Specialist initiative and may dramatically increase the employment of Peer Specialists over the next year. In addition to increasing the reimbursement rates, the joinder is working with Northeast Behavioral Health Care Consortium (NBHCC) to expand local training opportunities for individuals who wish to become Peer Specialists. Currently, the Advocacy Alliance employs a full-time peer specialist, Northwestern Human Services (NHS) has two Peer Specialists trained, Scranton Counseling Center (SCC) has two Peer Specialists pending training.**

As our Program continues to grow into a recovery oriented system of care, we will continue to see growth in peer supported initiatives throughout both Lackawanna and Susquehanna Counties. Additionally, our service providers will be given the tools and support necessary to transform their services to more recovery oriented services. As leaders in the recovery transformation in Lackawanna-Susquehanna Counties, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program will continue to constantly reinforce the recovery vision and recovery system standards.

Section 2

Vision & Mission Statement

Vision, Mission and Values Statement – Locally CSP Groups were asked, during the fiscal year 2008-2009 Planning Process, to provide changes to the Program’s Vision, Mission and Values Statement and those changes were included below.

Vision

To utilize a holistic approach in partnering with individuals, families, and the community by promoting hope, empowerment, choice, and opportunities that encourage adults, older adults, transition-age youth, adolescents, and children who have serious mental illness, mental retardation, co-occurring substance use disorders or emotional disorders to achieve their personal recovery goals as individuals and community members, to promote resiliency in children and adolescents, and to promote Everyday Lives.

Mission

The Mission of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program is to connect consumer satisfaction, outcome evaluation and accountability with the planning, procurement, and efficient management of effective services and supports.

Values

The Program embraces the philosophies of Everyday Lives, Resiliency and Recovery in its drive to solicit collaboration among stakeholders to expand participation of all persons in their communities. The assurance of equal access to culturally competent supports and services is an integral component of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program.

Section 3

Process Used for Completing the Plan

**Attachment A – Signature of Local
Authorities**

Attachment B – Public Hearing Notice

**Attachment C – PATH Intended Use
and Budget**

**Attachment D – CSP Plan Development
Process Review Form**

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program believes the process to solicit input on the development and delivery of mental health services and supports to adults, older adults and transition-age youth with serious mental illness and co-occurring substance use disorders, and persons in recovery and their families within the Joinder Program is an on-going process. That being said, the Administrator's Office works closely to solicit feedback throughout the year with:

- Local Community Support Programs (CSPs) in both Lackawanna and Susquehanna Counties;
- Consumer and Family Satisfaction Teams (CFSTs) in both Lackawanna and Susquehanna Counties;
- Family groups through the NAMI Scranton Chapter;
- Lackawanna-Susquehanna Counties Quality Council;
- Lackawanna-Susquehanna Counties Housing Committee;
- Providers of Services;
- Northeast Behavioral Health Care Consortium (NBHCC); and
- Other community stakeholders.

For the development of Fiscal Years 2011-2012, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Adult Mental Health Plan, the Administrator's Office, in conjunction with the Advocacy Alliance, continued utilizing a focus group process implemented during Fiscal Year 2007-2008. The purpose of the focus group process is to reach out to persons with mental illness, persons in recovery and family members to directly solicit their comments and concerns related to the delivery of mental health services and supports within the Joinder Program. During 2008-2009, it was agreed by all participants that this focus group process be built into the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program's planning process on an annual basis as the Program develops its Annual Program Plan for submission to the Office of Mental Health and Substance Abuse Services (OMHSAS). The results of the focus groups for the 2011-2012 planning process are attached to this Plan as Attachment P.

In addition to the Focus Group Process, the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program works closely with the local CFST to solicit consumer and family feedback through the Community Hospital Integration Projects Program (CHIPP) survey process, the HealthChoices CFST survey findings and CFST recommendations, and specially requested CFST surveys usually resulting from discussions held by stakeholder groups, specifically the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council and the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Behavioral Healthcare Committee.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program works closely with local Community Support Program (CSP) Committees in both Lackawanna and Susquehanna Counties in the review and completion of the Recovery Oriented Systems Indicators (ROSI) Measure (Attachment D of this Plan). This effort is an opportunity to formalize the feedback and discussion solicited through the Focus Group Process, which involved many of the CSP Members in each county.

Additionally, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program conducts a series of public meetings which include a public input meeting prior to initiating the Plan development process and one public hearing to review the draft Program's Goals and Objectives as developed for inclusion with the final Plan submitted for consideration to the Office of Mental Health and Substance Abuse Services (OMHSAS). The County Administrator's Office also uses a Request for Proposal Process to solicit feedback from the Program's provider community related to gaps and unmet needs in the service delivery system.

The Administrator's Office staff works closely with all County categorical agencies in the development and delivery of services and supports to persons involved in mutual systems of care.

Finally, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program reviewed the OMHSAS feedback from the 2010-2011 Plan Review Process and has initiated a process to incorporate that feedback into the planning process. This includes sharing the county plan with the CFST and CSPs to illustrate how focus group feedback is used in the county planning process. Additionally, the OMHSAS feedback form suggested having a peer specialist as mentor in the Emergency Room; it is anticipated that the Warm Line is used as a peer support by consumers during their wait at the Emergency Room. **As the Certified Peer Specialist initiative expands, consideration will be given to having a Peer Specialist in the Emergency Room.** The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has also taken very seriously the recommendation of providers of services making consumers feel that they support recovery and, through efforts of the Lackawanna-Susquehanna Quality Council, will work with providers of services to embrace recovery by incorporating recovery oriented language in their mission statements, using recovery measures as overall outcomes for the system, to educate staff about recovery (e.g., Psychiatric Advance Directives, Warm Lines, and Natural Supports), and insure that staff understand the recovery vision and its implications within service categories. The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program continues to engage the local CSPs in an expanded role in the Joinder's planning process and, at the recommendation of the CSP, has continued the Focus Group process initiated during FY 2009-2010 for the Plan development process.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has found the Mental Health Planning process a tremendous opportunity to bring all stakeholders' contributions together in an effort to move the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program to a more recovery focused service system.

Lackawanna-Susquehanna Counties Program

SIGNATURES OF LOCAL AUTHORITIES

INTENT OF SECTION

The intent of this section is to provide the necessary signatures of the local authorities as required by Chapter 4215 of the Pennsylvania Code. “Local authorities” are defined as, “the county commissioners or county executives of a county, or the city councils and the mayors of first class cities, or two or more of these acting in concert.”

REQUIREMENT

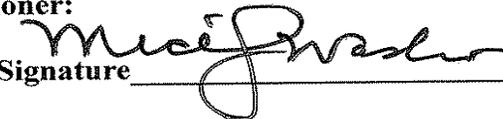
Please provide appropriate signatures on the attached form (Form I or Form II) that best corresponds with your county program structure. If the counties are not able to send the signature page(s) electronically they may indicate that here. The hard copy of the plan must contain the Attachment A with all the required signatures.

-LOCAL AUTHORITY SIGNATURES: COUNTIES

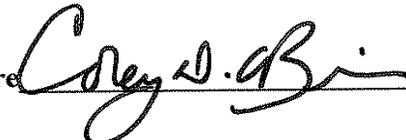
I/We assure that I /we have reviewed and approved the attached FY 2011-2012
County Mental Health Plan Update.

COUNTY 1: Lackawanna

Chairperson/County Commissioner:

Name: Michael J. Washo Signature  Date MAY 25 2010

County Commissioner:

Name: Corey D. O'Brien Signature  Date MAY 25 2010

County Commissioner:

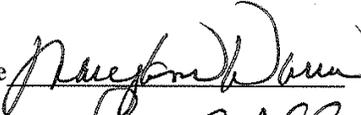
Name: A. J. Munchak Signature  Date MAY 25 2010

-LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I /we have reviewed and approved the attached FY2011-2012
County Mental Health Plan Update.

COUNTY 2: Susquehanna

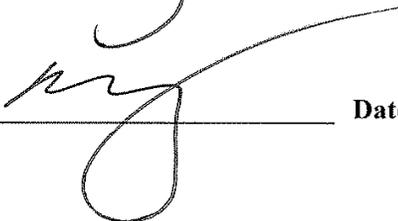
Chairperson/County Commissioner:

Name: MaryAnn Warren Signature  Date 4/14/10

County Commissioner:

Name: Leon C. Allen Signature  Date 4-14-10

County Commissioner:

Name: Michael J. Giangrieco Signature  Date 4/14/10

Lackawanna-Susquehanna Counties Program

FY 2011-2012 County Plan

ANNOUNCEMENT OF PUBLIC HEARINGS

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program is compiling a plan for services for mental health and mental retardation for the year July 1, 2011 through June 30, 2012. The Program is requesting input from all interested residents and/or from the agency representatives of the Lackawanna and Susquehanna County areas for this plan. A public hearing will be held as follows:

Wednesday, March 10, 2010, 12:00 noon to 1:00 P.M., in the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program's office, 135 Jefferson Avenue, Third Floor, Scranton, PA 18503

Wednesday, March 10, 2010, 6:30 P.M. to 7:30 P.M., in the Lackawanna County Center for Public Safety, 30 Valley View Business Park, Jessup, PA 18434

Wednesday, March 24, 2010, 12:00 noon to 1:00 P.M., in the Commissioner's Meeting Room of the Susquehanna County Court House, Montrose, PA 18801

All residents in the two (2) county area are encouraged to take this opportunity to participate in the development of the 2011-2012 Annual Program Plan and Budget Request.

If we can help you with any special needs you may have to enable you to attend, please contact:

Stephen Arnone, Administrator, Lackawanna-Susquehanna MH/MR Program, Phone: (570)346-5741, or TTY#: (570)963-6484 (for hearing impaired) by Friday, February 1, 2010.

If you are unable to attend but would like to submit comments, you may mail them to Lackawanna-Susquehanna County Mental Health/Mental Retardation Program, 135 Jefferson Avenue, Third Floor, Scranton, PA 18503; fax them to (570) 963-6435; or e-mail them to ls@lsmhmr.org.

FOR RELEASE/PRINT – SCRANTON TIMES
THURSDAY, MARCH 4, 2010 and
SUNDAY, MARCH 7, 2010

ANNOUNCEMENT OF PUBLIC HEARINGS

The Comprehensive Human Services Task Force, on behalf of the Lackawanna County Board of Commissioners, is developing a coordinated plan and budgets for human services for the Year **July 1, 2011 through June 30, 2012**. In order to assist the County in completing this task, the Lackawanna County Department of Human Services in cooperation with the Lackawanna-Susquehanna Mental Health/Mental Retardation Program, Lackawanna County Drug and Alcohol Commission, Lackawanna County Area Agency on Aging, Lackawanna County Children and Youth Services, Special Services, i.e., Human Service Development Fund and Office for the Physically Disabled and Lackawanna County Juvenile Court Services, are requesting input from all interested residents and/or from agency representatives of Lackawanna County for this plan. The public hearings will be held as follows: **Wednesday, March 10, 2010 at 12:00 P.M., in the Third Floor Conference Room, Lackawanna County Office Building, 135 Jefferson Avenue, Scranton, PA. and at 6:30 P.M. at the Lackawanna County Center for Public Safety, 30 Valley View Business Park, Jessup, PA.**

All residents of Lackawanna County are encouraged to participate in the development of the plan for services.

If we can help you with any special needs you may have, to enable you to attend, please contact:

Teresa Osborne, Executive Director
Lackawanna County Department of Human Services
Voice #963-6790 TTY# 963-6484

ANNOUNCEMENT OF PUBLIC HEARING

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program is compiling a plan for services for mental health and mental retardation for the year July 1, 2011 through June 30, 2012. The Program is requesting input from all interested residents and/or from the agency representatives of Susquehanna County for this plan. The public hearing will be held on Wednesday, March 24, 2010 from 12:00 noon to 1:00 P.M., in the Commissioners' Meeting Room, Susquehanna County Courthouse, Montrose. All residents of Susquehanna County are encouraged to take this opportunity to participate in the development of the plan for services.

If we can help you with any special needs you may have to enable you to attend, please contact:

Stephen Arnone, Administrator, Lackawanna-Susquehanna Counties MH/MR Program, Phone: 570-346-5741, or TTY#: 570-963-6484 (for hearing impaired) by Thursday, March 18, 2010.

If you are unable to attend but would like to submit comments, you may mail them to Lackawanna-Susquehanna Mental Health/Mental Retardation Program, 135 Jefferson Avenue, 3rd Floor, Scranton, PA 18503; fax them to (570) 963-6435; or e-mail them to ls@lsmhmr.org.

Lackawanna-Susquehanna Counties Program

FY 2011-2012 County Plan Update

PATH INTENDED USE PLAN AND BUDGET

(Only for those counties that receive the PATH grant. If the county does not receive the PATH grant, please indicate that here)

Lackawanna-Susquehanna Counties Program does not receive the PATH grant.

Lackawanna-Susquehanna Counties Program

FY 2011-2012 County Plan Update

CSP Plan Development Review Process Forms

COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS

Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate "Yes" or "No" column to indicate sources of information or completion of each task. Use the "Comments" section to qualify your answers.

YES NO

1. Representatives of what group (s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?

- Consumer Satisfaction Team
- County Office of Mental Health
- Consumer groups
- Family groups
- Provider organizations
- Mental Health Association
- Other (_____)

Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

-

Comments:

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

-

Comments:

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

-

Comments: *Not sure. Would like to create more streamlined process.*

YES NO

5. The CSP Committee endorses the County's Annual Mental Health Plan.

Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

Not Sure

Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

more streamlined process

Comments:

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.

Comments:

Name of CSP Committee Lackawanna County CSP

CSP Committee Chair: Sarah Dempsey

Address 75 Parkland Drive

City, State, Zip Clarks Green PA 18411

Phone 570-840-8978 Fax _____

E-Mail sardempsey@comcast.net Date 3-18-10

SIGNATURES:

Member(s) Representing Consumers: _____

Member(s) Representing Families: _____

Member(s) Representing Professionals: William Buck.

Sarah M. Dempsey.

Names of other participants:

1. Roberta Ann Knatt
2. Kate Harrington
3. _____
4. _____

Sussg.

FY 2011-2012 County Plan

COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS

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YES NO

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- Consumer groups
- Family groups
- Provider organizations
- Mental Health Association
- Other (_____)

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-

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-

Comments:

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-

Comments:

Not sure would like to create more streamlined process.

YES NO

5. The CSP Committee endorses the County's Annual Mental Health Plan.

Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

Not Sure

Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

more streamlined process

Comments:

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.

Comments:

Name of CSP Committee Susquehanna County

CSP Committee Chair: Arthur Reservoirs

Address 32 Public Ave

City, State, Zip Montrose PA 18801

Phone (570) 278-4242 Fax _____

E-Mail _____ Date _____

SIGNATURES:

Member(s) Representing Consumers: _____

Member(s) Representing Families: _____

Member(s) Representing Professionals: _____

Names of other participants:

1. [Signature]
2. [Signature]
3. Mary Richardson
4. _____

Section 4

Overview of the Existing County Mental Health Service System

Includes:

Attachment E

Existing County Mental Health Services

Attachment F

Evidenced Based Practices Survey

Attachment G

Recovery-Oriented/Promising Practices Chart

Achievement Highlights and Programmatic Improvements

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program has worked very hard over the past year with persons in recovery, the local advocacy community and the provider community to cultivate a spirit of recovery and resiliency throughout the mental health service system. The following are achievement highlights and programmatic improvements:

Peer Specialist Initiative

2010-2011 Update

In fiscal year 2008-2009 the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office interviewed two individuals for the position of Peer Specialist Consultant for the Office. At the time of the submission of this plan an individual has not been hired but the Administrator's Office expects to have an individual in that position during fiscal year 2009-2010.

The position of Peer Specialist Consultant was created in fiscal year 2006-2007 and was filled by a Certified Peer Specialist who had moved out of the area. The Peer Specialist Consultant Position was created in an effort to insure on-going communication with local and regional CSP's and the on-going development of Advanced Directives with persons with mental illness and those individuals in recovery within our Joinder Program.

2011-2012 Update

In collaboration with NBHCC (HealthChoices), the Lackawanna-Susquehanna County MH/MR Program was able to increase the reimbursement rate for agencies who employ Peer Specialists, which has allowed more agencies to participate in the Peer Specialist initiative and may dramatically increase the employment of Peer Specialists over the next year. In addition to increasing the reimbursement rates, the joinder is working with Northeast Behavioral Health Care Consortium (NBHCC) to expand local training opportunities for individuals who wish to become Peer Specialists. Currently, the Advocacy Alliance employs a full-time peer specialist, Northwestern Human Services (NHS) has two Peer Specialists trained, Scranton Counseling Center (SCC) has two Peer Specialists pending training.

Warm Line

2010-2011 Update

- In an effort to provide more support for families of children/adolescents with emotional disorders; during 2008-2009, a new service, Family Peer Support, was provided through the Warm Line. Family Peer Support Services are available every Wednesday during regular Warm Line operating hours.

- In an effort to continuously enhance and improve Warm Line services, Warm Line Mentors began collecting more statistics from Warm Line users, including information regarding what natural resources are available to them, what crisis services are available to them (including how well those crisis services worked for them), what other services would be helpful to them and their level of satisfaction with the Warm Line. This information will be used throughout the mental health service system to make improvements and enhancements.

2011-2012 Update

- **Warm Line Mentors collected statistics from Warm Line users, including information regarding what natural resources are available to them, what crisis services are available to them (including how well those crisis services worked for them), what other services would be helpful to them and their level of satisfaction with the Warm Line. This information continues to be used throughout the mental health service system to make improvements and enhancements. See Attachment Q.**

Lackawanna-Susquehanna Counties Housing Committee

2010-2011 Update

- The Housing Plan has been approved (with some edits) to receive reinvestment funds from Northeast Behavioral Health Care Consortium (NBHCC). The Housing Committee will meet to discuss moving forward with the implementation of the Housing Plan.
- Through the efforts of the Lackawanna / Susquehanna County Housing Subcommittee relationships were established with a local housing provider who was able to leverage HUD funds to further expand supported housing services to persons who are homeless and mentally ill. This initiative created the expansion of supported living services to eight (8) individuals within Lackawanna County.

2011-2012 Update

An existing structure that will accommodate four individual apartments was purchased using HealthChoices Reinvestment Funds and HUD Grant money secured by the Community Intervention Center (CIC). March 15, 2010 is the closing on the structure, with renovations beginning shortly thereafter. The apartments will be ready for occupancy by individuals who have a chronic mental illness and are homeless in September/October 2010. The CIC will oversee this program.

Mental Health Problem Solving Court

2010-2011 Update

- The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program, through the local Consumer/Family Satisfaction Team (C/FST), has implemented a survey process for Mental Health Problem Solving Court participants. The survey process is designed to gather information to help ensure the continued success of the Mental Health Problem Solving Court and its participants. The survey is designed to collect Mental Health Problem Solving Court participants' levels of satisfaction with the Mental Health Problem Solving Court, as well as to determine what support systems participants have in place and where improvements could be made in the Mental Health Problem Solving Court.
- The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program and the Mental Health Problem Solving Court are exploring the possibility of employing a Certified Peer Specialist to offer support to the Mental Health Problem Solving Court participants.
- The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program is working closely with the Lackawanna County Judicial System in the development and implementation of a new Co-Occurring (MH/DA) Problem Solving Court in Lackawanna County. The new Problem Solving court is scheduled for implementation on May 27, 2009. The development of this new Problem Solving Court has brought mental health and drug and alcohol providers together to develop a common intake, assessment and screening tool, common service plan and common participant status report for court reporting purposes. In addition a core training curriculum has been developed with the intent of having all participating therapists from all agencies trained with courses identified within the curriculum.

2011-2012 Update

The Co-Occurring (MH/DA) Problem Solving Court was implemented in May 2009 and is in operation within Lackawanna County. The primary position for the Co-Occurring (MH/DA) Problem Solving Court is a lead case manager position, which is funded through the HealthChoices initiative within the joinder. In February 2009, the Lackawanna County Mental Health Problem Solving Court asked the Advocacy Alliance to facilitate a face-to-face survey with current participants in the Court. The purpose of the survey project was to elicit the participants' opinions on their involvement with the Mental Health Problem Solving Court. A survey was developed and in March 2009 was administered to 19 participants over a three week period. The results of the survey were reviewed by a workgroup of individuals who have a mental illness and Alliance staff.

In review of the participant responses:

- **It is evident that the majority of participants felt they benefit by the process of the Mental Health Problem Solving Court.**
- **Participants felt very positive about being helped and the staff that helped them.**
- **The workgroup is concerned that some of the responses can be viewed as ‘traditional’ in that the participant’s responses are what they think they should say, and they do not reflect an ‘understanding’ of how to manage their mental illness.**
- **In the question of “What steps do you take to manage your mental illness?”, the responses were all services they attend (e.g., partial, meds, outpatient). The workgroup adds that if participants are only meeting with service providers who do not have the true understanding of Recovery, the participants will continue to take passive roles in their own healthcare.**
- **The workgroup acknowledges the recurring theme from some participants of wanting someone to talk to who went through Mental Health Problem Solving Court.**

The workgroup is making these recommendations:

- **Mental Health Problem Solving Court participants should be involved with other consumers of mental health services who understand Recovery and its 5 key concepts: Hope, Personal Responsibility, Education, Self-Advocacy, and Support. There are Recovery tools such as Wellness Action Recovery Plans (WRAPs) and Mental Health Advance Directives which they may benefit from. A Certified Peer Specialist can provide these tools or participants can attend workshops at the Recovery Center in Scranton.**
- **Mental Health Problem Solving Court participants would benefit by having a ‘mentor’ program where someone who has been in the court for at least 9 months to 1 year ‘mentor’ someone for their first 5 months in Mental Health Problem Solving Court. The Mental Health Problem Solving Court should also work with the Lackawanna - Susquehanna Counties WARM LINE for support during non-traditional hours.**
- **The survey should be administered individually in an area of privacy and with no time constraints.**
- **The survey should include definitions of terms such as ‘support system’ and that a question be added at the end of the survey that asks would you recommend to others to apply to the Mental Health Problem Solving Court.**

Lackawanna-Susquehanna Counties Quality Council

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has developed an aggressive Quality Management Initiative, engaging persons in recovery, family members, provider agencies, and community stakeholders in the development of a Program Quality Management Plan. The

Administrator's Office is currently using and will continue to use this Committee to drive system change initiatives within the Joinder.

State Hospital Lengths of Stay

Target Objective: Increase and/or improve Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

Target Completion Date: December 2008

State Hospital Diversions

Goal: Increase and/or improve Community Supports directed at diverting individuals who are at risk for State Hospital placement.

Target Objectives: Collect and analyze data on community hospitalization utilization and state hospital diversion rates.

Target Completion Date: December 2008

Housing

Goal: Increase the number of individuals who are living in environments of their choice.

Target Objectives: A workgroup, comprised of persons in recovery, advocacy, family, base service units, housing authority representatives and housing providers will be developed to work with the Administrator's Office in the development of a Housing and Recovery Oriented Services Plan.

Target Completion Date: December 2008

Recovery Oriented Systems

Goal 1: Increase consumer input to Provider services and supports.

Target Objective: Increase consumer membership on Provider Governing Boards to 10%

Target Completion Date: December 2008

Goal 2: Increase the use of recovery-oriented language in Provider agency mission statements.

Target Objective: Increase the percentage of Providers with recovery oriented language in Provider Mission Statement to 80%.

Target Completion date: December 2008

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program will continue working closely with provider agencies to gather information to continue to update baseline information provided by the agencies to measure performance in promoting Evidence Based Practices and/or Recovery Oriented/Promising Practices.

In addition, the Administrator's Office is looking to continue the growth of Recovery Oriented Services including supported housing, consumer training opportunities, specifically related to the development of Advanced Directives and Family Psychoeducational Training.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program with the commitment and support of the Counties' Managed Care Organization, Northeast Behavioral Health

Care Consortium (NBHCC), will be looking at the expansion of Peer Specialist opportunities for persons in recovery within the Joinder Program area. It is anticipated that at least three (3) provider agencies will be enrolled with the Program's Healthchoices provider network with the intent to hire certified peer specialists.

2010-2011 Update

- The Behavioral Health Inpatient Reduction Objective Report (attached) was presented to the Quality Council and the Service Area Planning Committee. The Quality Council will continue to move forward in meeting the objectives.

2011-2012 Update

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program continues to maintain an aggressive Quality Management Initiative, engaging persons in recovery, family members, provider agencies, and community stakeholders in the development of a Program Quality Management Plan. The Administrator's Office continues to use this Committee to drive system change initiatives within the Joinder (see Attachment T – Quality Management Plan). The Lackawanna-Susquehanna Counties Quality Council has outlined the following goals, outcomes, and target objectives for calendar year 2010:

Focus Area: Participant-centered planning and delivery or Provider Capacity and Capabilities Employment-Shared MR and BH goal

Goal: Persons who receive Mental Retardation and Behavioral Health services have access to employment options.

Outcome: Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.

Target Objective: The # of persons who will participate in community Employment will increase by 5% by December 31, 2010

Focus Area: Participant Access State Hospital -Lengths of Stay

Goal: 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 at risk for relapse.

Outcome: Persons who have been in a State Mental Hospital longer than two consecutive years and are discharged will experience a successful transition into the community.

Target Objective: The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 4% by December 31, 2010.

Focus Area: Participant Access State Hospital -Lengths of Stay

Goal: Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options.

Outcome: Persons will receive the Behavioral Health Support that they need in the community.

Target Objective: % of persons who are referred for State Hospital admission during Calendar Year 2010 who will be diverted to community supports and services will increase by 5%.

Focus Area: Participant Rights and Responsibilities ROSI- Recovery Oriented Systems Inventory

Goal: The Development of a leadership model in which recovery oriented values are permeated throughout the Behavioral Health Community.

Outcome: The input of persons receiving services, related to system services and supports will be increased.

Target Objectives:

- 1. At least 10% of all persons on governing boards will include persons in recovery or persons with mental illness in CY 2010.**
- 2. 65% of Providers will have an Affirmative Action Hiring Policy**
- 3. 60% of Providers will have a recovery oriented mission statement**

Focus Area: Participant-centered Service and Delivery Housing

Goal: Persons who receive Behavioral Health services and are homeless live in an environment of their choice.

Outcome: Persons are happy and supported in their recovery and in their living environments.

Target Objective: Develop a new housing option that provides independent and longer term living situations for persons that supports them in their recovery efforts.

Focus Area: Participant-Centered Service and Delivery Mental Health Problem-Solving Court Initiative

Goal: Persons who receive Behavioral Health services and who are charged with crimes will have access to services and supports that facilitate the recovery process.

Outcome: Through the recovery process persons become more community oriented and productive.

Target Objectives:

1. # persons who will participate in the treatment court process will increase by 10%
2. % persons who graduate from the treatment court process will increase by 5%

Focus Area: Participant-centered Service and Delivery Co-Occurring Problem-Solving Court Initiative

Goal: Persons who receive Behavioral Health services and Drug and Alcohol Services and who are charged with crimes will have access to services and supports that facilitate the recovery process.

Outcome: Through the recovery process persons become more community oriented and productive.

Target Objective: Through the recovery process, persons become more community oriented and productive.

Focus Area: Participant Access Garrett Lee Smith Initiative

Goal: Persons between the ages of 14-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare.

Outcome: People between the ages of 14-24 years who are at risk for suicide will benefit from available services and supports and focus on recovery.

Target Objectives:

1. Develop a task force to oversee committee work involving; public awareness, Intervention, methodology and collaboration building.
2. Collect data regarding the # of screenings and the # of referrals.
3. Provide trainings on:
 - screening-(Scranton Primary Healthcare)
 - cognitive Behavioral training and Applied Behavioral family therapy (Behavioral Healthcare staff)
 - suicide prevention and early identification (Drug and Alcohol Program Staff)

**Transition Plus
See Attachment S**

New Mental Health Services

Psychiatric Rehabilitation Programs

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has worked closely with the two Base Service Units (BSUs) in the Joinder in implementing Psychiatric Rehabilitation Programs.

BSU I implemented a Psychiatric Rehabilitation Program called “Possibilities.” This program is designed so that consumers transitioning into the program from the Partial Hospitalization Program or the Outpatient Program must first establish their own goal(s) in any or all of the domains, which include employment, educational, living or social wellness. Any consumer transitioning into the program from the Partial Program must be at the point in the recovery where their symptoms are manageable. Because the Psychiatric Rehabilitation program is skills teaching and not clinical, it is important that the consumer feels a level of comfort in having any clinical needs addressed through the Outpatient Program. Currently, there are 38 consumers involved in the Psychiatric Rehabilitation Program at BSU I, 36 consumers transitioned into the Psychiatric Rehabilitation Program from the Partial Hospitalization Program and two transferred in from the Outpatient Program.

2011-2012 Update

There has been continuous growth in the Psychiatric Rehabilitation services both at Scranton Counseling Center and NHS of Northeastern PA, with the number of individuals served through Psychiatric Rehabilitation increasing as the number of individuals served through Partial Programs decreases. The NHS of Northeastern PA Program in Montrose will become entirely a Psychiatric Rehabilitation Program by next year and Scranton Counseling Center is moving toward this goal.

Lackawanna County Garret Lee Smith Grant

The Commonwealth of Pennsylvania recently received a SAMHSA funded Garrett Lee Smith Youth Suicide Prevention Grant to develop an effective youth suicide prevention program for primary care settings. The project will collaborate with providers to enhance their suicide assessment capacity and increase partnerships with behavioral health services. The project targets several goals, key to successful prevention efforts.

Goals of this project:

1. Provide training to primary care practitioners on suicide risk assessment and triage.
2. Enhance behavioral health screening in primary care practices by offering a free, web-based screening tool.
3. Provide training to mental health professionals on evidence-based treatments for suicidal youth.
4. Increase integration of medical and mental health services.

5. Create and support local suicide prevention task forces that support this and other prevention efforts.

Updates as of April 22, 2009

- On February 24th, the initial meeting was held with our partner Scranton Primary Health Care Center. The team from Children's Hospital of Philadelphia and Jefferson Memorial presented to the Primary Health Care doctors and nursing staff on this project as well as holding a dialogue as to what the present referral practices are and what barriers may exist for evaluation and intervention/referral for someone with a depressive disorder or who may be suicidal. Ed Heffron, Executive Director of Scranton Counseling Center (SCC) also attended this meeting as the behavioral health partner.
- Advocacy Alliance met with SCC Directors of child and adult services along with some crisis staff to update them on the GLS Grant.
- Jim Martin and IT personnel made visits to Scranton Primary Health Care to assess their IT needs. Since then furniture and computer needs have been addressed. We are now waiting for the survey to be finished.
- On March 10th, the Advocacy Alliance presented to an assembly of over 120 students at Lackawanna College "Nothing to Hide" college suicide prevention and an overview of GLS Grant as well as providing the school with resources for dorms and bulletin boards.
- 2 brochures were created (1) Mental Health Guide for Young Adults and Their Parents for Family Physicians' offices and (2) Your School and Youth Suicide: Recognition and Intervention Guide for Teachers and Other School Staff - see www.theadvocacyalliance.org.
- The Advocacy Alliance continues to make Lackawanna County services and supports aware of this project. Presented to WARM LINE staff, Catholic Social Services, Jewish Family Services of Lackawanna County, NHS of Lackawanna County, and continues to identify needs and support such as Hispanic Outreach of Catholic Social Services to explain GLS and ask for buy-in and assistance.
- Developed Resource lists of agencies that could provide mental health clinical and counseling assistance for Primary Health Care Physicians as well as providing helpful handouts for young adults and families when looking for help.
- Created posters and flyers for Primary Care Offices for resources to clients (we identified it was adapted from information from www.Kidshealth.org) - specifically geared towards teens to understand mental health therapy as this was an identified concern reported from Scranton Primary Health Care.
- A Physicians Gatekeeper training by Dr. Winterstein from Jefferson Memorial Hospital was held at the Advocacy Alliance on March 31, 2009. Scranton Primary Health attended along with staff from SCC and NHS.

- At an Autism Walk on April 18th the Advocacy Alliance handed out PA Youth Suicide Prevention in Primary Care brochures as well as letters to PCPs from Families asking for mental health screenings as part of every check-up.
- The first training in a three -part Cognitive Behavioral Health (CBT) training was held on Friday April 17, 2009 for community behavioral health agencies identified as a resource for the GLS Grant.

2011-2012 Update

Updates as of June 2009

- **2 brochures were created: (1) Mental Health Guide for Young Adults and Their Parents for Family Physicians' offices (2) Your School and Youth Suicide: Recognition and Intervention Guide for Teachers and Other School Staff - see www.theadvocacyalliance.org**
- **Developed Resource lists of agencies that could provide mental health clinical and counseling assistance for Primary Health Care Physicians as well as can be helpful handouts for young adults and families when looking for help.**
- **Developed a flyer for teens explaining what therapy is and held a focus group with teens to look for ideas on how to motivate teens to go for treatment.**
- **Created posters and flyers for Primary Care Offices for resources to clients (we identified it was adapted from information from Kidshealth.org)- specifically geared towards teens to understand mental health therapy as this was an identified concern reported from Scranton Primary Health Care.**
- **A Physicians Gatekeeper training by Dr. Winterstein from Jefferson Memorial Hospital was held at the Advocacy Alliance on March 31, 2009. Scranton Primary Health attended along with staff from SCC and NHS.**
- **At local community gatherings such as the Autism Walk on April 18th Advocacy Alliance handed out PA Youth Suicide Prevention in Primary Care brochures as well as letters to PCPs from Families asking for mental health screenings as part of every check-up.**
- **The 1st Lackawanna County Community Suicide Prevention Task Force was held and work groups have formed. They are: Public Awareness; Intervention with High Risk Groups; Methodology; and Collaboration Building.**
- **The first 2 parts in a 3-part Cognitive Behavioral Health (CBT) training was held.**
- **The 1st in a 3 part series of Attachment Family Based Therapy training is being presented at the end of June.**
- **Our partner Scranton Primary Health Care Center has had the computer, desk and new printer installed and is waiting for survey which should be ready in July.**
- **After the survey is ready, more trainings on the survey will be done at the Primary Health Centers.**

- A large mailing went out in June to over 150 family and pediatric physicians encouraging their participation in this Project.
- Weekly phone conference calls and face to face meetings continue to be held with OMHSAS, and all coordinators.

Updates as of September 2009

- The Mental Health Screening was approved by Children's Hospital for use.
- Matt Winterstein, Alana O'Malley and Guy Diamond presented a training on the screening instrument and procedure the Scranton Primary on September 21.
- Task Force Subcommittee meetings were held on September 9, 2009 and initial goals were discussed and will be presented on Oct 9th at the Task Force.
- A Co-occurring training for mental health and drug and alcohol agencies' staff, focused on adolescents, was held on September 30, 2009 at Luzerne Community College.
- The 3rd Cognitive Behavior Therapy(CBT) training will be on Oct 16 at the Quality Inn in Pittston and the 3rd Attachment Based Family Therapy training will be held on November 9th - Quality Inn.
- State Stakeholder Meeting to present GLS Grant Activities will be held in Harrisburg on October 16th. Lackawanna County will be part of the presentation.
- We have enlisted D&A into the process of the GLS.
- Access Plus has agreed to let Site Coordinators go to some additional Primary Physicians offices with them to discuss and try to engage them in the Grant.
- The Screening and Early Identification process will start as a pilot one day a week at Scranton Primary Care.

Updates as of December 2009

- Scranton Primary Health Care has started doing the screenings, but needs help with the process of how to get the screening to the doctor and how to get a 'positive screening', one that is positive for having thought for a suicide attempt anywhere in there history and having emotional problems serious enough for a referral to counseling, faxed to CHOP for entering into the Coordinator's calling system.
- We are setting up a meeting with Scranton Temple Residency Program doctors and Chief of Staff to discuss their 2 locations entering into the Grant.
- We completed the 3 Cognitive Behavioral Training and the 3 Attachment Family Based Trainings, and are discussing upcoming trainings needed for the 2nd year of the grant.

- We have made ‘tools’ for the front desk to help talking to individuals and families about the screenings, and continue to identify what needs exist for communication from Scranton Primary to SCC and back to the PCP and to site coordinators.
- The CHOP Team has shortened the time it takes to do the survey from 40 minutes to 12 minutes.
- The State Team continues with weekly phone conferences and monthly meetings to discuss identification of problems as we go forward and planning for the upcoming year.

Updates as of January 2010 on GLS

Scranton Primary Health Care continues to be our partner. We had a meeting on January 15th with the state team from CHOP and Scranton Primary to discuss how the screening process is going. We have had 29 screenings completed since it started screening in November and 4 screenings that came out positive (any 14-24 year old that reports a history of any suicidal thoughts or behaviors along with present mental health concerns). We discussed any barriers to doing the screenings and discussed the Spanish language and time barriers.

Scranton Counseling Center continues to be very engaged and responsive to any requests we have made.

We had a meeting with Dr. Linda Thomas’s Office who is our 2nd partner in this project. preliminary meetings with the 2 Scranton Temple Residency Programs to discuss their 2 locations entering into the Grant. The Jermyn medical practice, run by Dr. Linda Thomas is entering the Grant project and a meeting is set up for February 10 to start the training, etc. needed prior to their starting screenings.

We had a phone conference on January 25th between the CHOP team, the state team, and our behavioral health providers to discuss training opportunities/needs for our 2nd year in this grant. It was suggested that there be trainings on safety plans if someone is not hospitalized and case supervision/conference calls with the Star Center.

The CHOP Team has shortened the time it takes to do the survey from 40 minutes to around 15 minutes and we are still discussing the possibility of making the screen even shorter.

The State Team continues with weekly phone conferences and monthly meetings to discuss identification of problems as we go forward and planning for the upcoming year.

The Lackawanna County Suicide Prevention Task Force Subcommittees continues to meet and focus on improving the ‘crisis’ response to individuals who have suicidal thoughts and/or behaviors. On February 26, 2010 there is going to be a forum held with all 5 Emergency

Departments to discuss their needs in responding to this population. The Public Awareness Committee continues to plan for a county –wide awareness campaign for May 2010. The High Risk Intervention and the Collaboration Committees have decided to merge to work on this issue, taking a look at pre and post emergencies’ services and supports. We still haven’t received any data from the coroner’s office.

Updates as of February 2010 on GLS

Scranton Primary Health Care continues to be our partner. We had a meeting on January 15th with the state team from CHOP and Scranton Primary to discuss how the screening process is going. We have had 29 screenings completed since it started screening in November and 4 screenings that came out positive (any 14-24 year old that reports a history of any suicidal thoughts or behaviors along with present mental health concerns). We discussed any barriers to doing the screenings and discussed the Spanish language and time barriers.

Scranton Counseling Center continues to be very engaged and responsive to any requests we have made.

Dr. Linda Thomas’s Office in Jermyn is our 2nd partner in this project. A preliminary meeting was held February 10 to discuss and answer any questions on the Project. A gatekeeper training for the residents is the next step and we hope to start screening in April.

The State Team continues with weekly phone conferences and monthly meetings to discuss identification of problems as we go forward and planning for the upcoming year.

The Lackawanna County Suicide Prevention Task Force Subcommittees continue to meet and focus on improving the ‘crisis’ response to individuals who have suicidal thoughts and/or behaviors. On February 26, 2010 there was a forum held with all 5 Emergency Departments to discuss their needs in responding to evaluations for this population. The Public Awareness Committee continues to plan for a county –wide awareness campaign for May 2010. The High Risk Intervention and the Collaboration Committees have decided to merge to work on this issue, taking a look at pre and post evaluations’ supports and services.

Lackawanna-Susquehanna Counties Program
FY 2009-2012 County Plan**EXISTING COUNTY MENTAL HEALTH SERVICES**

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POPULATION
Treatment	Alleviating symptoms and distress	Symptom Relief	Yes	HC/County	All priority population groups
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	Yes	HC/County	All priority population groups
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Yes	HC/County	All priority population groups
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Yes	HC/County	All priority population groups
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development			
Rights Protection	Advocating to uphold one's rights	Equal Opportunity			
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Yes	County	All priority population groups
Self Help	Exercising a voice and a choice in one's life	Empowerment	Yes	County	All priority population groups
Wellness/Prevention	Promoting healthy life styles	Health Status Improved			
Other	Anything not addressed above				

 Lackawanna-Susquehanna Counties Program

FY 2011-2012 County Plan

EVIDENCE-BASED PRACTICES SURVEY

Provider Name and Provider Type 99 Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the EBP
Allied Services	Supported Employment	13					
	Supported Housing	151					
Goodwill	Supported Employment	16					
Step By Step	Supported Housing						
		62					
Northwestern Human Services	Supported Employment						
		12					
Lourdesmont	Multisystemic Therapy						

Evidence-Based Practices

1. Assertive Community Treatment
2. Supported Employment
3. Supported Housing
4. Family Psycho-Education
5. Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)
6. Illness Management/Recovery
7. Medication Management
8. Multisystemic Therapy
9. Therapeutic Foster Care
10. Functional Family Therapy

Note: Provide information pertaining to only the first seven Evidence-based Practices (EBP) listed above

Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan

COUNTY DEVELOPMENT OF RECOVERY-ORIENTED/PROMISING PRACTICES**

	<u>Services Exist</u> (Check all appropriate)	<u>Services Planned</u> (Check all appropriate)	<u>#'s Served</u>	<u>\$\$ Existing</u>	<u>\$\$ Planned</u>
Consumer Satisfaction Team	✓		NBHCC = 170	*	*
			NBHCC = 121	*	*
			NBHCC = 127	*	*
			CHIPP = 12	65,100	67,053
			CHIPP = 8	64,400	64,400
			CHIPP = 9	64,400	64,400
			CST = 14	25,000	25,750
			CST = 41	24,700	24,700
			CST = 25	24,700	24,700
Family Satisfaction Team	✓		NBHCC = 165	*	*
			NBHCC = 176	*	*
Compeer					
Self Help / Advocacy (Specify)	✓		394	75,800	78,074
			848	91,800	91,800
			982	91,800	91,800
Outreach for Older Adults	✓		62	\$10,000	\$11,000
			62	\$10,000	\$11,000
Warm Line	✓		183	24,300	25,029
			636	24,100	24,100
			588	24,100	24,100
Mobile Services/In Home Meds					
Fairweather Lodge					
Medicaid Funded Peer Specialist Program	**		2	**	**
			3		
			15		\$40,000
Dialectical Behavioral Therapy					
Other					

**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.

Reference: Please see the County Mental Health Plan Outline Section 4.

*CFST is funded through NBHCC

** Peer Specialists are presently employed by two agencies within the Lackawanna-Susquehanna County joinder, however, the agencies are not currently enrolled in the Medicaid Funded Program. It is anticipated that three agencies will be enrolled to provide Peer Specialist services within both Lackawanna and Susquehanna Counties within fiscal year 2009-2010.

Section 5
Identification and Analysis of Service
System Needs

Includes:

Attachment H
Service Area Plan Chart

Analysis Unmet Needs and Service Gaps for Adults, Older Adults and Transition-age Youth

Based upon input primarily from the local CSP groups, CFSTs, Lackawanna-Susquehanna Counties Quality Council, Lackawanna-Susquehanna Counties Housing Committee, and providers of services through focus groups, surveys (i.e., Housing/Living Environment Survey, CFST Surveys and Natural Supports Survey), providers and provider reports (i.e., Provider Request for Proposal process), public input meetings and meetings with local CSP groups, the following unmet needs and service gaps were identified:

- Continued need to educate provider staff on the use of Recovery tools (i.e., Wellness Recovery Action Plans, Psychiatric Advance Directives, Warm Lines, and Natural Supports). Although, with the implementation of the Warm Line and Psychiatric Rehabilitation Services, staff awareness and understanding of Recovery oriented services are increasing;
- Continued need for safe, appropriate and affordable housing;
- Continued need of transportation services/options;
- Continued need to expand crisis services to include crisis residential and mobile crisis services; and
- Continued need for more peer involvement in mental health services (i.e., use of Peer Specialists as support during the treatment and recovery process, use of Peer Specialists as educators).

The regional/county treatment services and supports/needs identified for individuals assessed in the Service Area Plan are similar to those identified above, particularly in housing. Work on the Service Area Plan will continue through Clarks Summit State Hospital's Continuity of Care Committee as well as the regional Service Area Plan Stakeholders meetings. Additionally, the Lackawanna-Susquehanna Counties Quality Council has continued to incorporate the following goals of the service area plan into the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Plan for Calendar Year 2009, with some of the following target outcomes outlined:

- Individuals who have been in a State Mental Hospital longer than two consecutive years will experience a successful transition into the community.
- The number of individuals who are diverted from admission to a State Hospital will be increased.

Through the following system changes proposed in this plan, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program plans to address the identified unmet needs and service gap through:

- Expansion of supported housing initiatives (including transitional age youth).
- Continuation of a consumer directed drop-in center/clubhouse;
- Peer Specialist Initiative (Human Resource Development Initiative);

- Recovery Initiative (provider education; behavioral change) – this will include the use of Peer Specialists as Provider Educators; and
- Mobile Psychiatric Rehabilitation for Older Adults.

In addition to the system changes listed above, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program also plans to address unmet needs and service gaps through building upon and/or using the resources and strengths in the current system, including but not limited to:

- The Mental Health Problem Solving Court is a tremendous strength and resource in the current service system, which will continue to reduce the number of individuals in the target populations incarcerated in the county jail population;
- The Lackawanna / Susquehanna Counties Mental Health Housing Committee, a group comprised of numerous stakeholders who have an interest in the housing needs of persons target populations;
- The continuation of the Warm Line, which will continue to aid in reducing the number of persons readmitted to the community hospital in-patient units;
- The continuation of the Lackawanna-Susquehanna Counties Quality Council, which incorporates all quality management activities outlined in the County Plan and includes representation from all stakeholder groups;
- The continued collaboration with the contracted Behavioral Health Managed Care Organization, Northeast Behavioral Health Care Consortium (NBHCC) to provide continuity in services and share data to identify needs and service gaps. NBHCC presently has in place a Quality Management Committee which is chaired by a Board Member from NBHCC and has community representatives who are voting members on the committee. The Chairperson of the NBHCC Quality Management Committee is the Deputy Administrator from the Lackawanna-Susquehanna County MH/MR Program providing for consistent and on-going communication on Quality Management Initiatives in the HealthChoices Program between NBHCC staff and County Program staff;
- In fiscal year 2008-2009 the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program in cooperation with NBHCC and CCBHO initiated a Quality Management Initiative with the intent of building the bridges between quality management activities at the county level including both mental health and drug and alcohol services and at the HealthChoices level including the Managed Care Organization (NBHCC) and Care Management Vendor (CCBHO). The workgroup has meet several times focusing on the following;
 - (1) Review of Quality Management Plans
 - (2) Review of data collection efforts
 - (3) Review of data reporting efforts
- The continued active participation on the Service Area Plan Committee. Currently, the Deputy Administrator from the Lackawanna-Susquehanna County MH/MR Program represents the

Administrator's Office on this committee, providing for opportunities to share regional resources and information to move forward in achieving the goals of the Service Area Plan; and

- The continued collaboration with provider agencies to gather information to continue to update baseline information provided by the agencies to measure performance in promoting Evidence Based Practices and/or Recovery Oriented/Promising Practices.

The Target Groups That Are Underserved

The Lackawanna / Susquehanna Counties Mental Health Housing Committee, though on-going collaboration with cross-systems providers, has identified the following target groups as underserved regarding housing options and has identified these groups as the target groups for the Housing Initiative:

- Clarks Summit State Hospital Patient Population
- Transition Aged Youth who have a Mental Illness
- Mental Health Problem Solving Court and Prison Populations who have a Mental Illness
- Homeless Individuals who have a Mental Illness

Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan
Updated Chart for Current Plan

SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information																								
<p>Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.</p>	<p>Please review attached data regarding length of stay prior to answering the following questions. How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? <input type="checkbox"/> How many of those individuals have a targeted discharged date during FY09-10? <input type="checkbox"/> FY10-11? <input type="checkbox"/>.</p> <p>* If applicable – 30 peer assessments completed and 17 family assessments completed</p>																								
<p>Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.</p>	<p>Number of individuals as of December 31, 2007 who have been admitted more than twice to a community hospital? If the data are not available please check no data.</p> <table border="1" data-bbox="407 825 1490 1360"> <thead> <tr> <th colspan="2" data-bbox="407 825 1490 858">Public Funded</th> </tr> <tr> <th data-bbox="407 858 878 892">Calendar Year 2007</th> <th data-bbox="878 858 1490 892">Calendar Year 2008</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 892 878 926">Involuntary Admissions- 23*</td> <td data-bbox="878 892 1490 926">Involuntary Admissions - 27</td> </tr> <tr> <td data-bbox="407 926 878 959">Voluntary Admissions- 28</td> <td data-bbox="878 926 1490 959">Voluntary Admissions - 34</td> </tr> <tr> <td data-bbox="407 959 878 993">All Admissions- 51</td> <td data-bbox="878 959 1490 993">All Admissions - 61</td> </tr> <tr> <td colspan="2" data-bbox="407 993 1490 1150"> <p>*Some individuals had both voluntary and involuntary admissions during the time period. Individuals who had multiple admissions both voluntary and involuntary are shown in the Involuntary Admission data.</p> </td> </tr> <tr> <th colspan="2" data-bbox="407 1150 1490 1184">Private Funded</th> </tr> <tr> <th data-bbox="407 1184 878 1218">7/1/05-6/30/06(FY05-06)</th> <th data-bbox="878 1184 1490 1218">7/1/06-6/30/07 (FY06-07)</th> </tr> <tr> <td data-bbox="407 1218 878 1251">Involuntary Admissions-</td> <td data-bbox="878 1218 1490 1251">Involuntary Admissions-</td> </tr> <tr> <td data-bbox="407 1251 878 1285">Voluntary Admissions-</td> <td data-bbox="878 1251 1490 1285">Voluntary Admissions-</td> </tr> <tr> <td data-bbox="407 1285 878 1318">All Admissions-</td> <td data-bbox="878 1285 1490 1318">All Admissions-</td> </tr> <tr> <td data-bbox="407 1318 878 1352" style="text-align: center;">No Data Available ✓</td> <td data-bbox="878 1318 1490 1352" style="text-align: center;">No Data Available ✓</td> </tr> </tbody> </table>	Public Funded		Calendar Year 2007	Calendar Year 2008	Involuntary Admissions- 23*	Involuntary Admissions - 27	Voluntary Admissions- 28	Voluntary Admissions - 34	All Admissions- 51	All Admissions - 61	<p>*Some individuals had both voluntary and involuntary admissions during the time period. Individuals who had multiple admissions both voluntary and involuntary are shown in the Involuntary Admission data.</p>		Private Funded		7/1/05-6/30/06(FY05-06)	7/1/06-6/30/07 (FY06-07)	Involuntary Admissions-	Involuntary Admissions-	Voluntary Admissions-	Voluntary Admissions-	All Admissions-	All Admissions-	No Data Available ✓	No Data Available ✓
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Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan
Chart from Previous Plan

SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information																								
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Lackawanna-Susquehanna Counties Program

FY 2010-2011 County Plan Update

OLDER ADULTS PROGRAM DIRECTIVE

The Memorandum of Understanding (MOU) / Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging.

Is a current, dated and signed MOU in place affirming this collaborative relationship between the county office of MH / MR and the county Office of Aging?

YES

NO

Section 6

Identification of the Recovery-Oriented Systems Transformation Priorities

 Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan

TOP FIVE TRANSFORMATION PRIORITIES

PRIORITY	SYSTEMS CHANGES
1	Expansion of supported housing initiatives (including transitional age youth).
2	Consumer directed drop-in center/clubhouse
3	Peer Specialist Initiative (Human Resource Development Initiative)
4	Recovery Initiative (provider education; behavioral change)
5	Mobile Psychiatric Rehabilitation for Older Adults

These transformation priorities and related activities will address the service system needs identified in Section 5 by:

1. Expansion of supported housing initiatives (including transitional age youth)

This transformation priority and related activities will address the service system needs identified in Section 5 by providing more options for safe and affordable housing to all targeted populations. The expansion of these services will afford the Lackawanna-Susquehanna County MH/MR Program the opportunity to offer more housing options to the target populations while empowering the individuals in the target populations through having more choice in their housing options.

2010-2011 Update

A meeting was held with representatives from OMHSAS to review the Mental Health Housing Plan. The Housing Subcommittee received a response from OMHSAS on the approval of the plan. However financial assistance requested directly from OMHSAS to continue to expand supported housing initiatives was not allocated to the Program. . HealthChoices reinvestment funds and HUD Funds secured will support the program that will provide a supported housing initiative in Lackawanna County in fiscal year 2009-2010.

2. Consumer directed drop-in center/clubhouse

This transformation priority and related activities will address the need to offer peer support to those who want it and/or education for consumers in reaching their individual recovery goals. Also, as consumers become more involved in directing the daily activities of the drop-in center/clubhouse, they will develop the tools necessary and feel empowered to take leadership roles and employment in the

service system. Additionally, useful information and support, along with tools for consumers of mental health services, providers, caregivers, employers, families and friends are provided in an atmosphere of inspiration and acceptance. Finally, the consumer directed drop-in center/clubhouse is a resource for consumers through which they can connect with resources after discharge from inpatient care.

2010-2011 Update

The transformation priority and related activities will continue as outlined above.

3. Peer Specialist Initiative (Human Resource Development Initiative)

This transformation priority and related activities will address the need for more peer involvement in mental health services (i.e., use of Peer Specialists as support during the treatment and recovery process, use of Peer Specialists as educators). The Peer Specialist initiative will also ensure that consumers are integrally involved in system design and evaluation. As mentioned earlier in this Plan, the Administrator's Office is seeking to fill the position of Peer Specialist Consultant during fiscal year 2009-2010.

2010-2011 Update

- **The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program and the Mental Health Problem Solving Court are exploring the possibility of employing a Certified Peer Specialist to offer support to the Mental Health Problem Solving Court participants.**

4. Recovery Initiative (provider education; behavioral change)

This transformation priority and related activities will address the service system needs identified in Section 5 through working with providers of services to embrace recovery by incorporating recovery oriented language in their mission statements, using recovery measures as overall outcomes for the system, to educate staff about recovery (e.g., Psychiatric Advance Directives, Warm Lines, and Natural Supports), and insure that staff understand the recovery vision and its implications within service categories. **Great efforts have been made in this area due to the development and implementation of the Psychiatric Rehabilitation Program initiative within Lackawanna / Susquehanna County Mental Health / Mental Retardation Program. The implementation of Psychiatric Rehabilitation services was completed through the transition of portions of the existing Partial Hospitalization programs within the Joinder Program.**

5. Mobile Psychiatric Rehabilitation for Older Adults

This transformation priority and related activities will address the service system needs identified in Section 5 by availing appropriate treatment options to older adults who may not have access to appropriate transportation options/services or who may not be able to receive psychiatric rehabilitation services outside their home.

2010-2011 Update

The transformation priority and related activities will continue as outlined above.

2011-2012 Update

The transformation priority and related activities will continue as outlined above.

Timeline to Accomplish the Transformation Priorities and Related Activities

All transformation priorities and related activities are on-going. Specific timelines to meet goals and outcomes for each priority are established and re-evaluated annually through each appropriate committee. The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council sets target completion dates for each goal established.

Fiscal and Other Resources Needed to Address the Goals and Source of Funding

See Attachment K – Top Five New State Funding Requests for Recovery-Oriented System Transformation Priorities.

Quality Management Plan for Tracking Implementation/Outcomes

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council outlines annual plans for tracking implementation/outcomes and includes benchmarks for each outcome. This process includes the Plan-Do-Check-Act method, resulting in adjustments to the plan made as necessary.

 Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan

**TOP FIVE NEW FUNDING REQUESTS FOR RECOVERY-ORIENTED SYSTEM
TRANSFORMATION PRIORITIES**

	Target Group Population 1 or as noted*	Brief Description of Infrastructure Support or Enhancement of Service Capability That Requires New State Funds	Cost Center**	6 Month Cost	Annualized Cost
1	1	Community Services (Recovery Initiative: Drop-in Center Expansion)	Community Services	15,305	30,609
2	1	Housing Support Services (including transitional age youth and persons who are dually-diagnosed-MH/MR)	HSG Support Services	266,000	432,000
3	1	Human Resource Development/Peer Specialist Initiative (including RFP)	Community Services	374,920	779,840
4	1 (older adults)	Mobile and Site-Based Psychiatric Rehabilitation	Psychiatric Rehabilitation	27,395	54,799
5	1 (transition aged youth)	Community Employment Services	Community Employment	30,000	60,000

Reference: Please see the County Mental Health Plan Outline Section 6.

* The funding requests must be prioritized for Adult Priority Target Population 1. However, counties are permitted and strongly encouraged to target one of the top five requests to older adults for identification/intervention services or transition-age youth. This request can include any target population group.

** This column should indicate the cost centers for the new services (as defined in OMHSAS bulletin OMH-94-10).

**Section 7
Fiscal Information**

Includes:

Attachment L

Expenditures and Charts

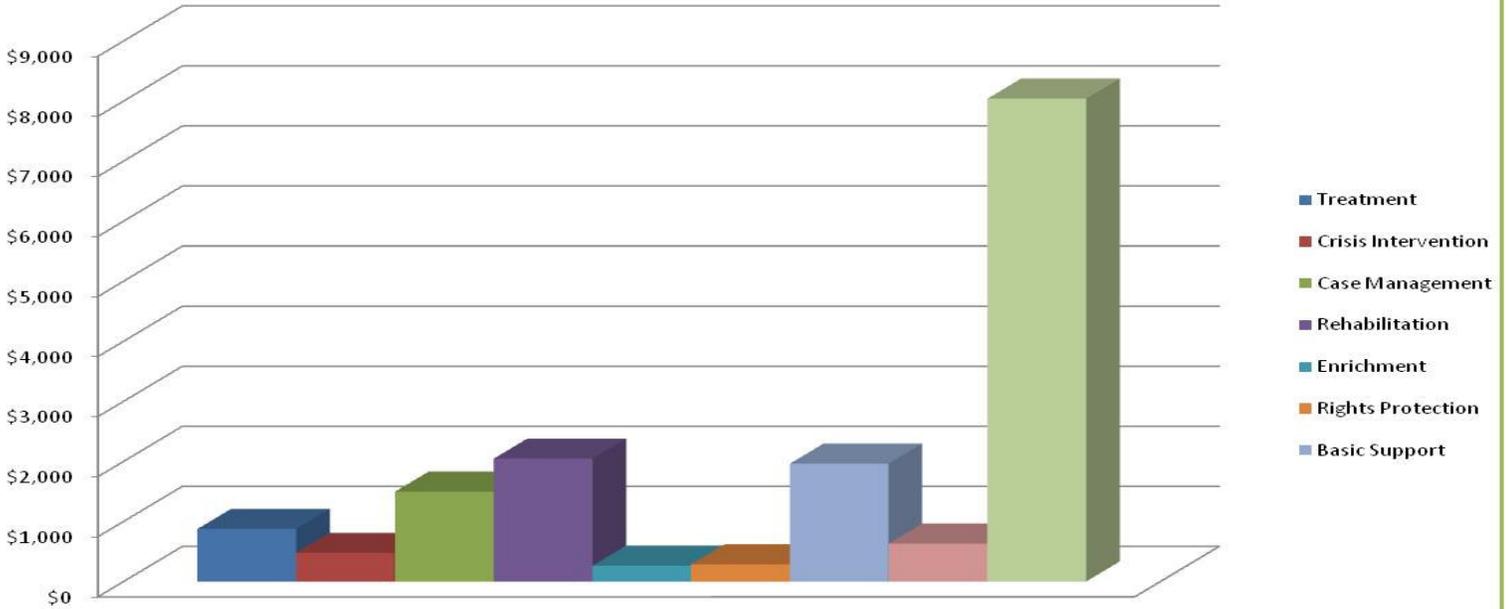
As shown in the following tables and graphs, current funding needs to be increased so that more opportunities for peer support services can be offered to consumers. Additionally, funding will be shifted into more psychiatric rehabilitation programs and the housing initiative during this plan period.

**Attachment L
Lackawanna-Susquehanna County Program**

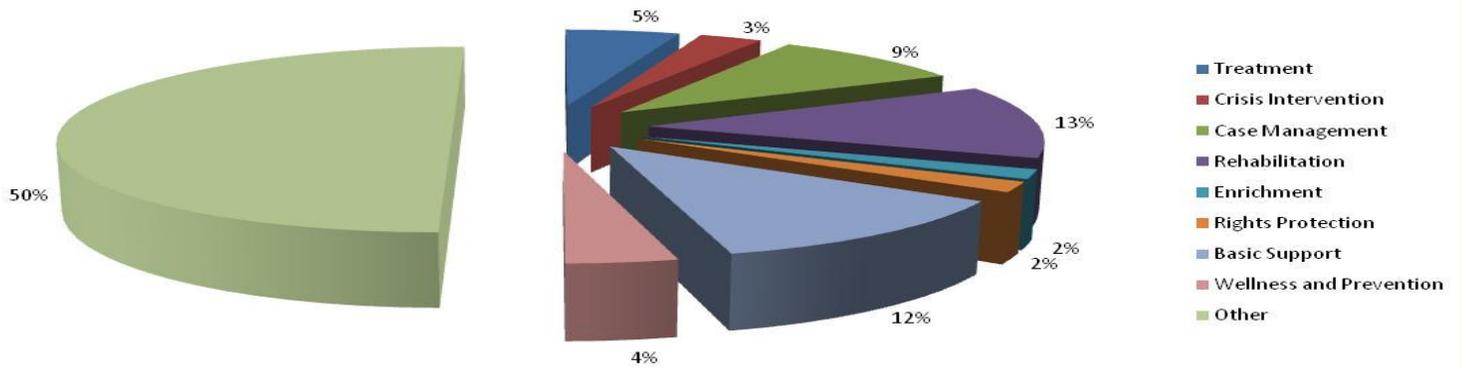
**Fiscal Year 2009-2010, Fiscal Year 2010-2011 and Fiscal Year 2011-2012
Service Category/Service Description Table for County Funds**

Service Category	Service Description/HealthChoices Rate Code Service Grouping	Expenditure		
		2009-2010	2010-2011	2011-2012
		(in 1000s of \$)		
Treatment	6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)			
	7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)	857	874	891
	8. RTF – Accredited (provider type 01 – specialties 013, 027)			
	9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)			
	10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	20	20	21
Crisis Intervention	2. Crisis Intervention (provider type 11 – specialty 118) Emergency	478	487	497
Case Management	5. Targeted CM, ICM (provider Type 21 – specialties 222)	213	213	221
	6. Targeted CM, blended (provider type 21 – specialty 222)	45	46	47
	7. Targeted CM, RC (provider type 21 – specialty 221)	67	68	69
	8. Administrative CM	1172	1195	1219
Rehabilitation	3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)			
	4. Rehabilitative Services (provider type 11, specialty 123, CE and CRR)	2047	2088	2130
Enrichment	Facility Based VR and Soc. Rehabilitation	263	268	273
Rights Protection	Administrator’s Office	286	291	297
Basic Support	3. Housing Support Services (provider type 11 – specialty 110)	1880	1918	1956
	4. Family Support Services (provider type 11 – specialty 110)	84	86	87
Self Help	2. Peer Support Services (provider types 08, 11, 21 – specialty 076)			
Wellness/Prevention	2. Mental Health General (provider type 11 – specialty 111) – Community Services	632	644	657
Other	Psychiatric Rehabilitation	8041	8202	8366

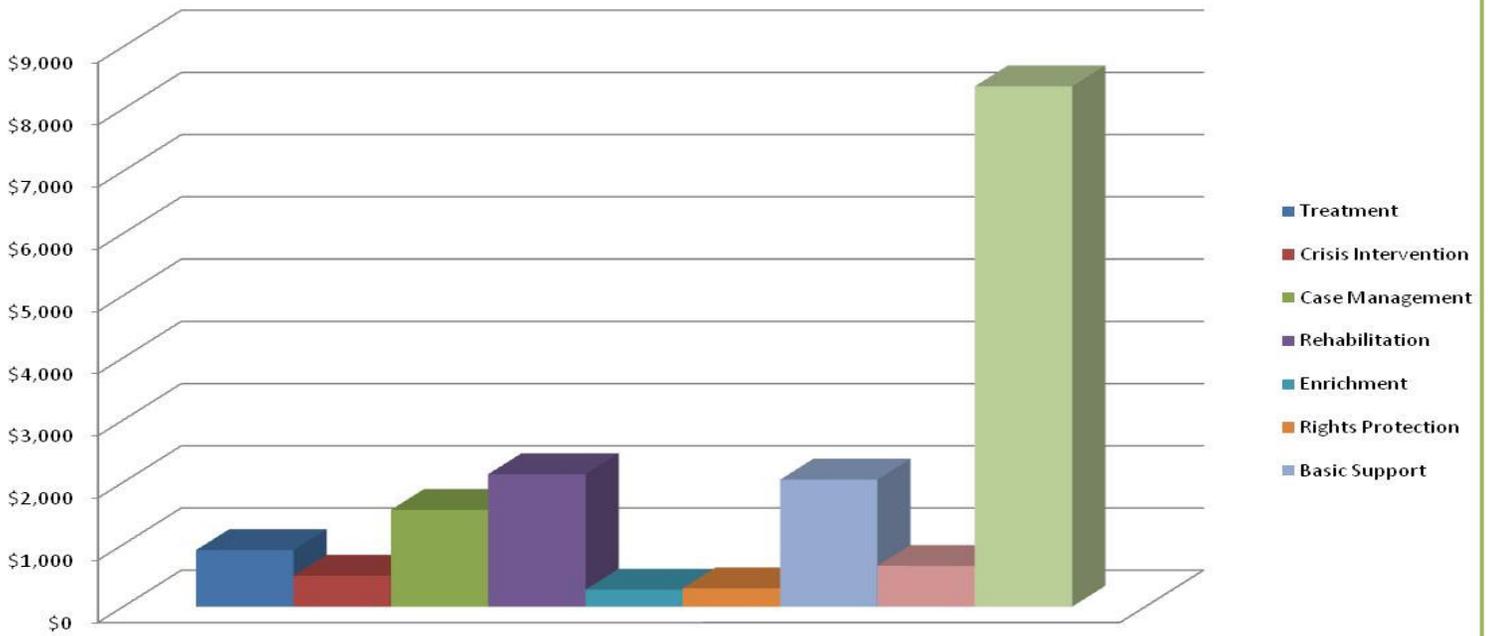
EXPENDITURE CHART 1
Lackawanna-Susquehanna County Program Data
2009-2010



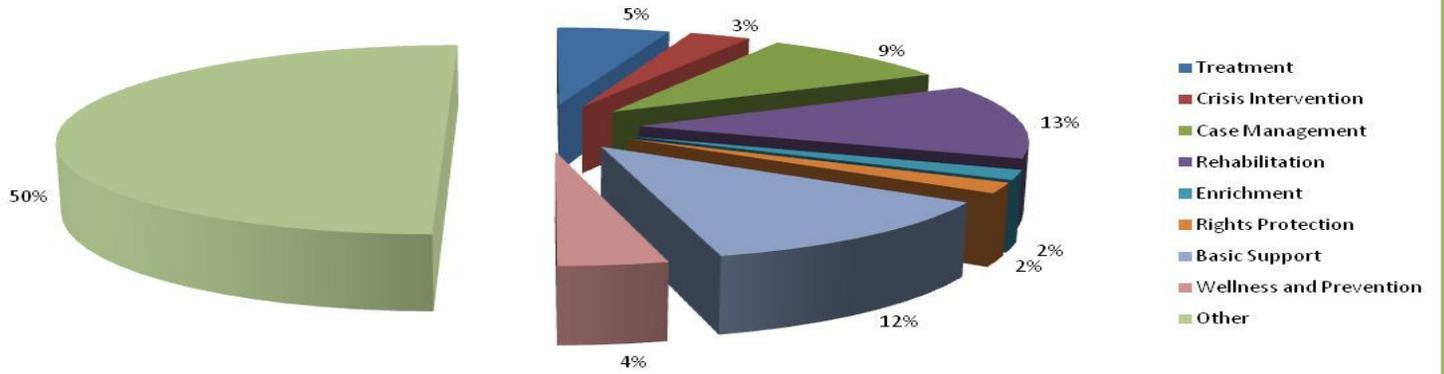
Percentage Chart 1
Lackawanna-Susquehanna County Program Data
2009-2010



EXPENDITURE CHART 2
Lackawanna-Susquehanna County Program Data
2011-2012

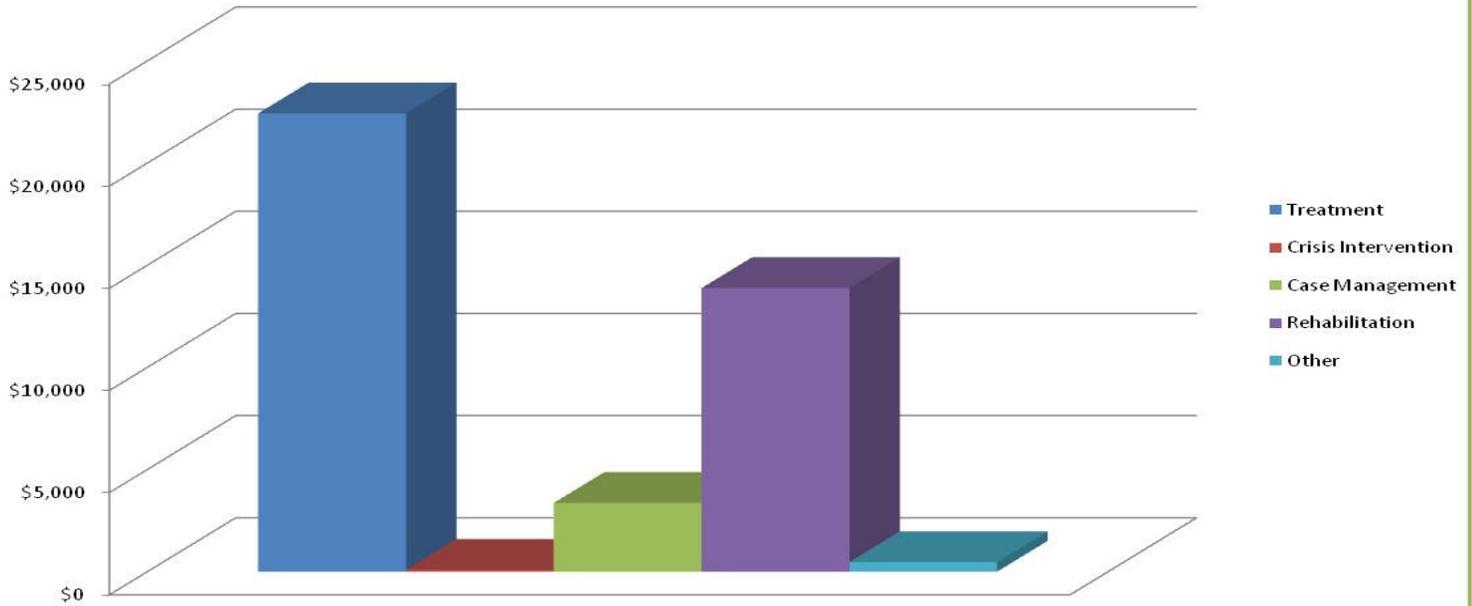


PERCENTAGE CHART 2
Lackawanna-Susquehanna County Program Data
2011-2012

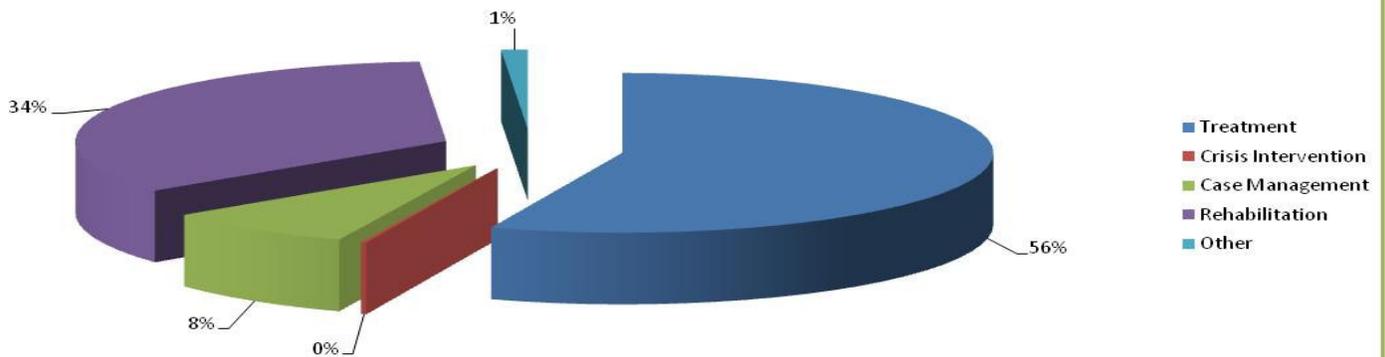


Attachment L				
Lackawanna-Susquehanna County Program				
Fiscal Year 2009-2010, Fiscal Year 2010-2011 and Fiscal Year 2011-2012				
Service Category/Service Description Table for HealthChoices Funds				
Service Category	Service Description/HealthChoices Rate Code Service Grouping	Expenditure		
		2009-2010	2010-2011	2011-2012
		(in 1000s of \$)		
Treatment	6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)	5,056	5,182	5,312
	7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)	9,477	9,714	9,957
	8. RTF – Accredited (provider type 01 – specialties 013, 027)	6,202	6,357	6,516
	9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)	442	453	464
	10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	1,256	1,287	1,319
Crisis Intervention	2. Crisis Intervention (provider type 11 – specialty 118)	95	97	99
Case Management	5. Targeted CM, ICM (provider Type 21 – specialties 222)	1,999	2,049	2,100
	6. Targeted CM, blended (provider type 21 – specialty 222)	636	652	668
	7. Targeted CM, RC (provider type 21 – specialty 221)	731	749	767
	8. Targeted CM, ICM-CTT (provider type 21 – specialty 222)			
Rehabilitation	3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)	13,882	14,229	14,585
	4. Rehabilitative Services (provider type 11, specialty 123)			
Enrichment	Specify if used			
Rights Protection	Specify if used			
Basic Support	3. Residential and Housing Support Services (provider type 11 – specialty 110)			
	4. Family Support Services (provider type 11 – specialty 110)			
Self Help	2. Peer Support Services (provider types 08, 11, 21 – specialty 076)			
Wellness/ Prevention	2. Mental Health General (provider type 11 – specialty 111)			
Other	Any services not identified above	464	476	487

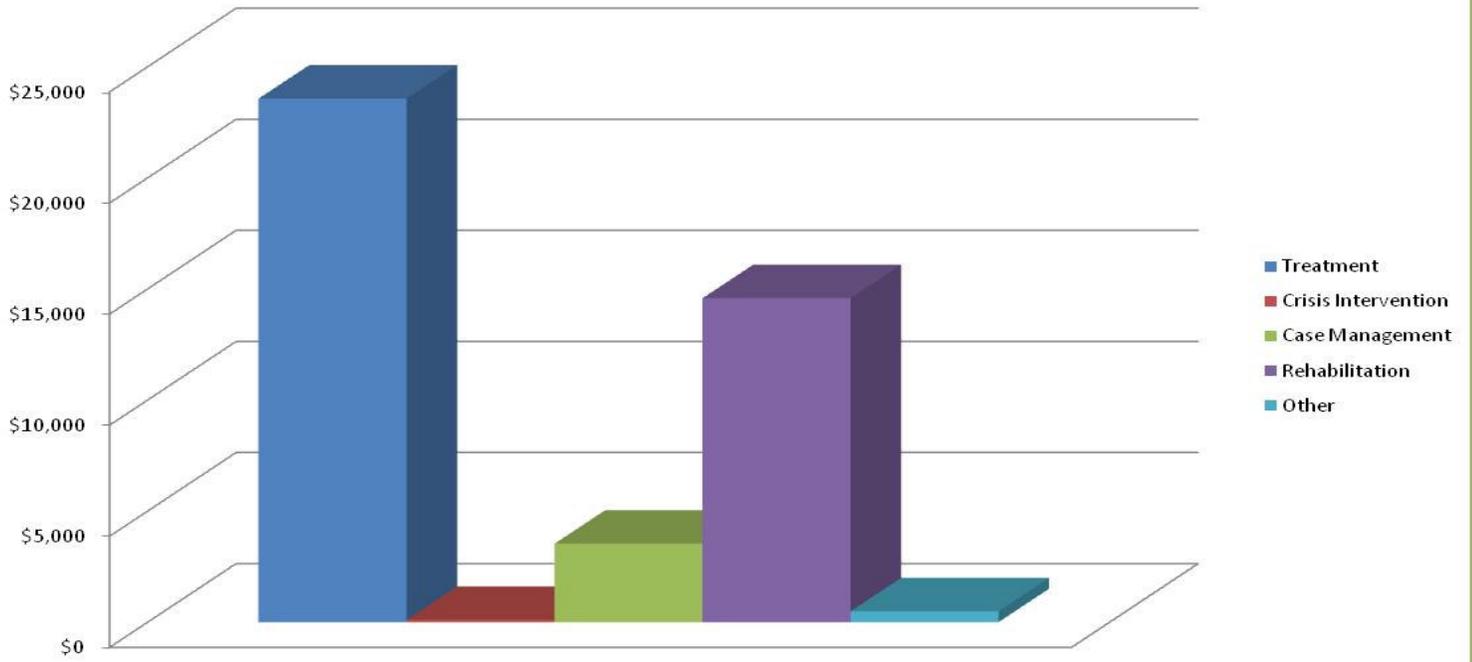
EXPENDITURE CHART 3
HealthChoices Data
2009-2010



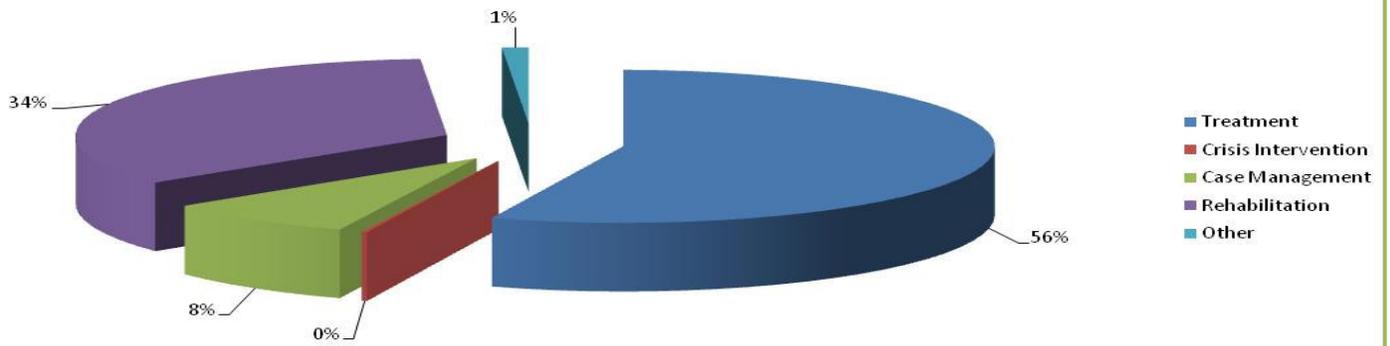
PERCENTAGE CHART 3
HealthChoices Data
2009-2010



EXPENDITURE CHART 4
HealthChoices Data
2011-2012



PERCENTAGE CHART 4
HealthChoices Data
2011-2012



Attachment M
Lackawanna-Susquehanna Counties Mental Health / Mental Retardation
Program
Competitive Employment Plan
THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT

GUIDELINES

Background

In the Spring of 2009, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) formed a representative Workgroup to develop state strategies to expand the availability of evidence-based practices, particularly supported employment, that assist people with psychiatric disabilities to engage in competitive employment in community settings.

The creation of the Workgroup reflected the goals of OMHSAS' March 2008 Call for Change: Employment-A Key to Recovery (http://www.parecovery.org/services_employment.shtml) and its goal of "significantly increasing the number of persons served by the behavioral health system who are competitively employed," itself a response to the continuing high rate of unemployment among those with psychiatric disabilities and the slow development of evidence-based practices to address the employment aspirations of consumers. The Workgroup recommended that OMHSAS require each of the County Mental Health Programs to file, as part of each year's Mental Health Plan or Update, an annual Supplemental Plan to Promote Competitive Employment.

The County Supplemental Employment Plan should: a) reflect an inclusive planning process at the county level; b) provide an overview of the current status of employment services in the county; and c) address the county's strategies to increase competitive employment through: orientation of the county mental health system toward employment outcomes; staff training; new data collection protocols; and shifting current dollars and/or accessing new funding for supported employment.

In developing the County Supplemental Employment Plan, counties should utilize the SAMSHA toolkit definition and principles of Supported Employment for persons in recovery (<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment>) and their evidence-based focus on employment. Supported Employment programs:

- attach primary importance to consumer preferences;
- identify competitive employment as the goal;
- work toward mainstream jobs in community settings;
- seek jobs that pay at least minimum wage;
- find work settings that include people who are not disabled;
- focus on persons with the most severe disabilities;
- provide follow-along supports that are continuous;
- base eligibility on consumer choice;
- integrate employment services with clinical treatment; and
- begin job search activity as soon as a consumer expresses interest in employment.

Lackawanna / Susquehanna County MH/MR Program

1. Inclusiveness of the Planning Process.

a. Please briefly describe the planning process for this Supplemental Plan: including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

For the purpose of completing this initial Lackawanna / Susquehanna County Employment Plan Supplement, the Program chose to utilize the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Behavioral Health Care Committee. The Behavioral Health Care Committee has met six (6) times to date during fiscal year 2009-2010. The various Committee dates are listed as follows:

- < Tuesday, July 7, 2009
- < Tuesday, August 4, 2009
- < Tuesday, October 13, 2009
- < Tuesday, December 1, 2009
- < Wednesday, January 20, 2010
- < Tuesday, March 16, 2010

On Tuesday, March 16, 2010 the Committee received a presentation on the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program's Community Employment Program Utilization Review Report for Fiscal Year 2007-2008. A Committee report is presented by the Chairperson of the Behavioral Health Care Committee at each Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Advisory Board Meeting. The Program's Behavioral Health Care Committee is the vehicle at this point to discuss and review employment programs, services and strategies.

b. Please indicate the number of individuals or group representatives who were involved in this planning process in each category below:

(#)	
<u>1</u> Consumers	<u>0</u> The District Office of Vocational Rehabilitation
<u>2</u> Family members	<u>0</u> Local Workforce Investment Boards
<u>2</u> Provider agencies	<u>1</u> Educational Organizations
<u>0</u> Managed care organizations	<u>0</u> Local business groups
<u>1</u> CSP representatives	<u>0</u> Individual employers
<u>0</u> Criminal justice organizations	<u>3</u> Advocacy organizations
<u>0</u> Drug & alcohol / mental illness dual diagnosis groups	<u>3</u> Others (please describe; Advisory Board Members)

2. Current Service Delivery Data.

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2007 – 2008, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below. (Definitions of these two vocational cost centers are provided with the Expenditure Reports.)

a) Confirm the accuracy of the data. Please adjust any data and explain any corrections made.

Check here if the data is accurate.

Check here if the data should be adjusted, as follows:

- Community Employment and Employment Related Services
40 Number of individuals served
No Changes Funds expended
- Facility Based Vocational Rehabilitation Services
8 Number of individuals served
No changes Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear N/A
- Total additional Expenditures for employment services N/A
- Numbers of additional individuals served N/A

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

\$7,933,616 Overall county funding

\$434,400 County funding for employment services

5.48% percentage of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility based versus community services.

\$ 434,400 Total employment funding

14.23% percentage of total employment funding for facility based services

85.77% percentage of total funding expended on community services

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility vs. community based services. Also, please report on other funds (e.g., Health Choices, etc) spent on employment.
As the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program moves forward into fiscal year 2010-2011 no significant changes are anticipated in funding for either Supported Employment or Facility Based Employment services. Small changes in allocations for Facility Based Employment services verses Supported Employment services may occur with more dollars being spent on Supported Employment services.

3.Funding for Supported Employment.

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (Background).

Total dollars to be expended on SE services \$ 434,400

a) % of those dollars within the cost centers of:

- Community Employment and Employment Related Services 4.7%
- Facility Based Vocational Rehabilitation Services .78%

b) % of new dollars to be expended on SE services N/A (No new dollars are anticipated for fiscal year 2010-2011).

4. Prior County Activities to Promote Supported Employment. Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming.

Early-Stage Development Activities. The County has:

- Developed consensus around both the importance of employment and the use of evidence-based employment interventions
- Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices
- Established a funding framework for the development of new evidence-based employment services
- Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices
- Familiarized county and local program staff with the elements of supported employment fidelity measures
- X Other activities: please describe

The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program utilizes various committees of the Advisory Board to promote employment services within the Joinder Program. Specifically, the Administrator’s Office utilizes the Program’s Quality Management (QM) Committee, Individual Developmental Disability (IDD) Committee and the Behavioral Health Care (BHC) Committee to provide information related to employment services. The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program presented the Program’s community Employment Activities Report for Fiscal Year 2008-2009 to the three Committee’s mentioned above on the following dates:

Quality Management Committee – March 9, 2010
Individual Development Disability –March 15, 2010

–

Middle-Stage Development Activities. The County has:

- Established new evidence-based employment services in one or more service sites in the county
 - X Provided information to consumers/families and providers on work incentives – **This process of education is on-going within the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program.**
 - Developed evidence-based employment practices to focus on the types of employment in the local job market
-

- Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services
 - Developed evaluation mechanisms to insure a focus on appropriate consumer outcomes in competitive employment
 - Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches
 - Other activities: please describe
-

Later-Stage Development Activities. The County has:

- Further expanded the availability of evidence- based practices to all consumers in the County
 - Developed resources to provide benefits counseling to consumers who are returning to work
 - Supported providers who can serve as a ‘model’ of evidence-based employment practices in other sections of the Commonwealth
 - Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs
 - Integrated supported education opportunities into the delivery of evidence-based employment practices
 - Used the supported employment fidelity measures to assess and improve program delivery
 - Other strategies: please describe
-

5. Proposed County Activities to Expand Evidence-Based Employment Services.

In the Excel chart attached, please list each of the strategies the county plans to use to promote and expand the use of evidence-based employment practices over the next year, using the following seven categories (‘A’ through ‘H’ below). The examples provided in each section are offered only as a starting point for your consideration of those approaches best suited to your county. For each strategy, indicate the anticipated outcome or outcomes over the next Plan year.

A. System Orientation To Employment Outcomes

Indicate the county’s strategies to ensure that employment is recognized throughout the county’s mental health delivery system – in both treatment and rehabilitation settings – as a core aspect of the recovery process. *Examples:* In the past, some counties have: sponsored system-wide training on supported employment approaches and the value of work to recovery; targeted county-sponsored training on employment for therapists/doctors, provider board members, consumers and family members, and/or residential program staff; and established county policies/procedures regarding the involvement of all provider agencies in supporting consumer employment outcomes.

B. Staff Training and Technical Assistance

Indicate the county’s strategies to provide training and technical assistance to provider staff directly implementing evidence-based employment practices. *Examples:* In the past, some

counties have: funded provider staff participation in both on-site and web-based supported employment training; required providers to meet SE Fidelity standards and conducted SE Fidelity Scale Reviews with providers; monitored SE providers in the county with regard to their consistent use of the six principles of supported employment; and implemented regular Employment Network Meetings for local employment service providers.

C. **Funding for Employment Services**

Indicate the county's strategies for increasing funding for evidence-based employment practices for people with psychiatric disabilities. *Examples:* In the past, some counties have: slowly shifted funds from sheltered workshops and day programs to more evidence-based employment practices; used reinvestment funds, and/or Medicaid Infrastructure Grant dollars to initiate training; helped agencies to explore use of the SSA Ticket-to-Work and Work Incentives programs for service delivery dollars; worked with OVR to shift contract dollars to evidence-based practices; and collaborated with providers in seeking national, state, and local foundation funding for start-ups.

D. **Responding to Local Workforce Needs**

Indicate the county's strategies for helping providers access and respond to information about local workforce needs and employer requirements for new workers. *Examples:* In the past, some counties have worked collaboratively with the Pennsylvania Business Leadership Network (PA-BLN) and both local Workforce Investment Boards (WIBs) and CareerLink offices; established working relationships with local Chambers of Commerce; encouraged providers to establish their own business advisory groups; and developed county-wide Business Advisory Councils to help providers better understand the workforce needs of local employers.

E. **Educational Opportunities**

Indicate the county's strategies to involve local educational organizations in the preparation, training, and certification of consumers with psychiatric disabilities seeking self-sustaining careers in the competitive labor market. *Examples:* In the past, some counties have: worked with local schools to ensure access to ABE/GED programs for consumers; established more formal 'Supported Education' programs; developed collaborative relationships with community colleges offering a variety of career training programs; and developed a 'resource guide' to existing academic training programs in both non-profit and for-profit career training settings.

F. **Utilizing Peer Specialists**

Indicate the county's strategies to utilize the experience of both certified peer specialists and other consumers in providing evidence-based employment practices. *Examples:* In the past, some counties have: funded 'employment peer specialist positions' with employment provider agencies, to work with individual consumers returning to the competitive labor market; relied upon peers to develop and operate employment support groups for working consumers; funded Consumer-Directed Services to develop evidence-based employment practices within their

operations; and asked providers to develop employment-focused WRAP plans for interested consumers.

G. Data Collection

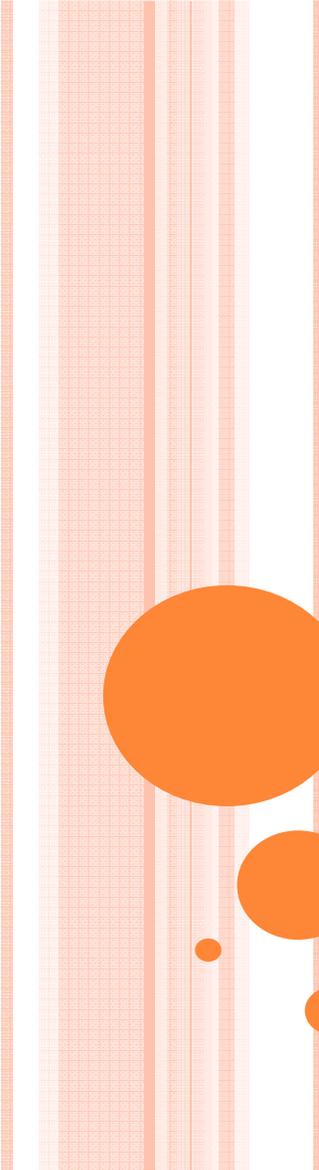
Indicate the county's strategies for improving the collection of data with regard to the employment status, progress, and success of consumers in evidence-based employment practices. *Examples:* In the past, counties have requested that local Consumer/Family Satisfaction Teams specifically survey Supported Employment participants; asked employment providers to report on program outcomes using the Employment Reporting Grid in the Evidence-Based Practices Toolkit (from SAMSHA); and sought information on the differential use of treatment and rehabilitation services for those who are involved in evidence-based practices and those who are not.

H. Work Incentive Counseling

Indicate the county's strategies for grappling with consumers' fears of losing financial and/or medical benefits as a result of the income earned from competitive employment. *Examples:* In the past, the Social Security Administration (SSA) has sponsored 'Work Incentive Planning Assistance' delivered through Community Work Incentive Coordinators who have been trained and certified by SSA; some county agencies and provider groups have made good use of these resources to maximize resources for beneficiaries who are working or are planning to work in the future; and some counties are planning to devote their own funding to an expansion of these types of work incentive counseling programs.

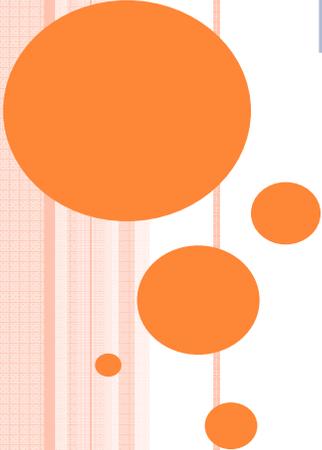
The Lackawanna-Susquehanna MH/MR Program Supplemental Plan To Promote Competitive Employment

<u>Systems Orientation to Employment Outcomes</u>	<u>Staff Training and Technical Assistance</u>	<u>Funding and Employment Services</u>	<u>Responding to Local Workforce Needs</u>	<u>Educational Opportunities</u>	<u>Utilizing Peer Supports</u>	<u>Data Collection</u>	<u>Work Incentive Counseling</u>
<p>The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program will be working closely with CCBHO and NBHCC to develop training to promote employment opportunities within the Joinder Program area. The Joinder will look to develop one training focused on persons in recovery, families and providers focused on the benefits of employment during the fiscal year.</p>	<p>The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program as part of the joinders Quality Management Initiative will be scheduling a meeting of vocational provider agencies, including supported employment and center based providers to discuss opportunities for collaboration and the possible development of an employment council.</p>		<p>The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program in conjunction with local vocational providers will be looking to formalize working relationships with Career Link Offices and local chambers. This activity may lead to the development of a business council or advisory board.</p>		<p>The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program in conjunction with NBHCC and CCBHO will be exploring opportunities to utilize Certified Peer Specialist in promoting consumer run businesses and the value of employment in recovery.</p>	<p>The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program will continue to utilize the Program's Quality Council and Quality Management Department to collect and report data related to the Joinders employment initiatives.</p>	



COMMUNITY EMPLOYMENT ACTIVITIES

Fiscal Year 2008-2009



COMMUNITY EMPLOYMENT

○ Refers to:

- Paid employment in the public or private sector whereby an individual receives at least minimum wage and generally the prevailing wage for individuals performing a job with comparable experience or expertise.
- The individual is also entitled to the benefits, training and personnel related experiences as co-workers within the company performing comparable work.

COMMUNITY EMPLOYMENT

- **Is Directed Towards:**

- Supporting individuals in maintaining integrated competitive jobs of their choice.

- **Consists of:**

- Training individuals in job assignments
- Periodic follow-up
- Ongoing support
- Assistance in learning new work assignments, maintaining job skills, achieving employer expectations

COMMUNITY EMPLOYMENT

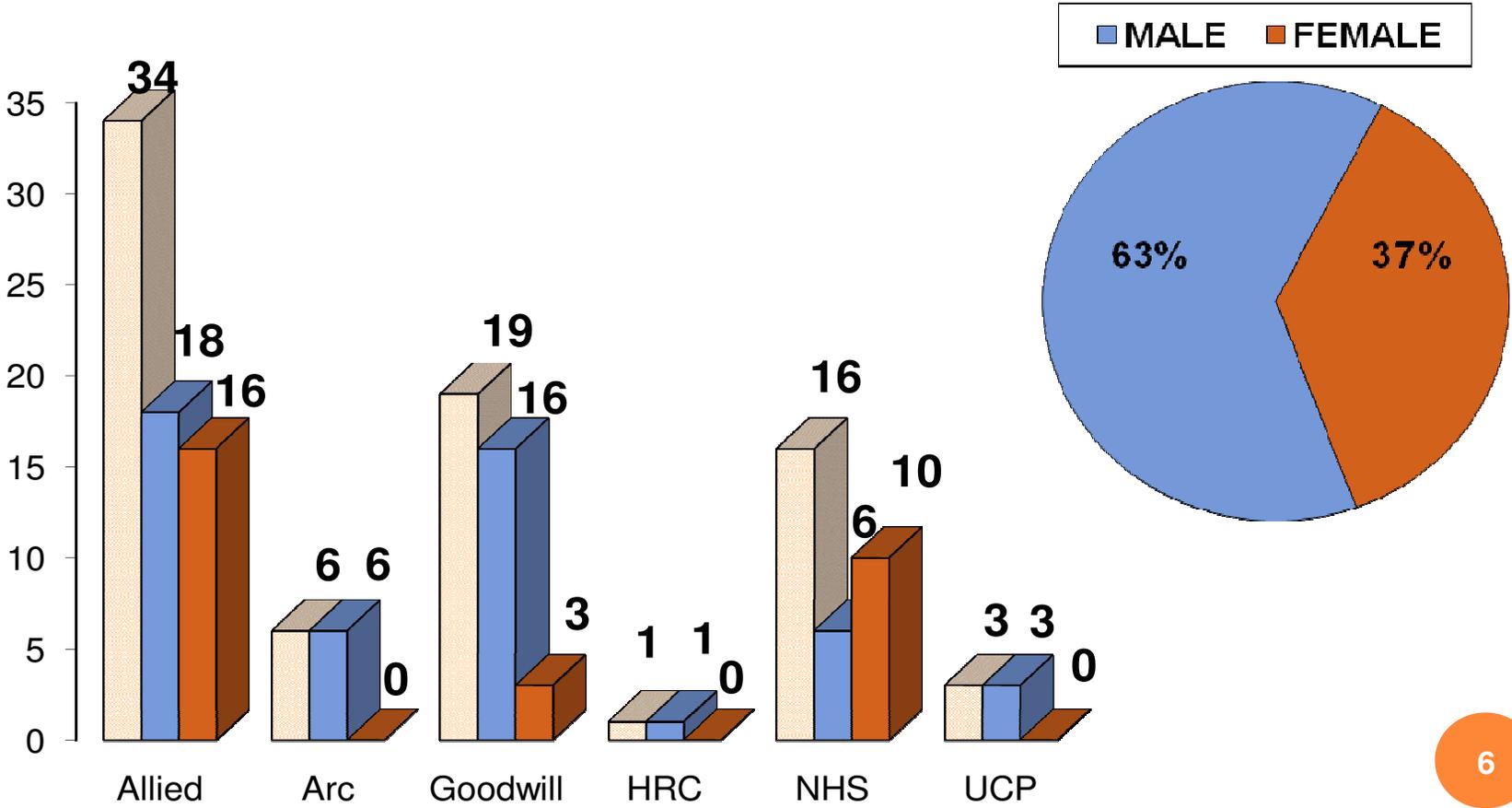
- Six providers in the L-S Joinder had 79 men and women in Community Employment jobs.
 - Allied
 - Arc
 - Goodwill
 - Human Resources Center
 - NHS
 - United Cerebral Palsy



COMMUNITY EMPLOYMENT /AGE

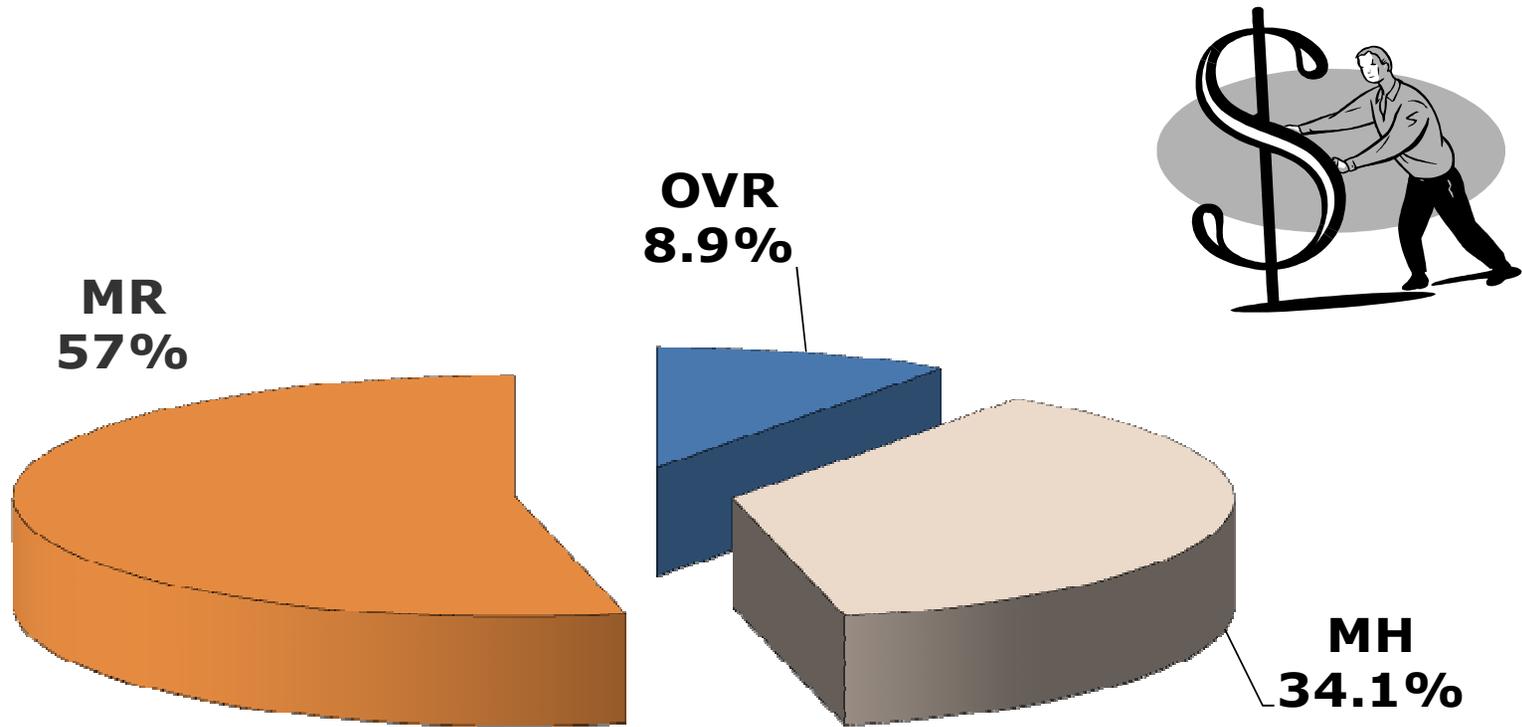


COMMUNITY EMPLOYMENT/ GENDER

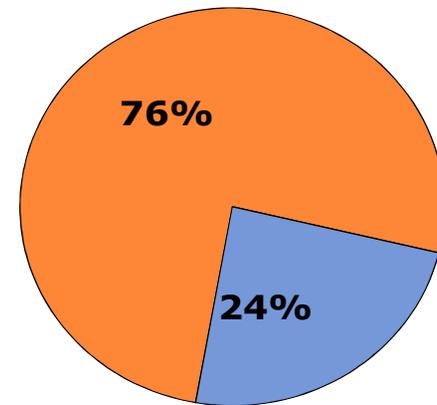
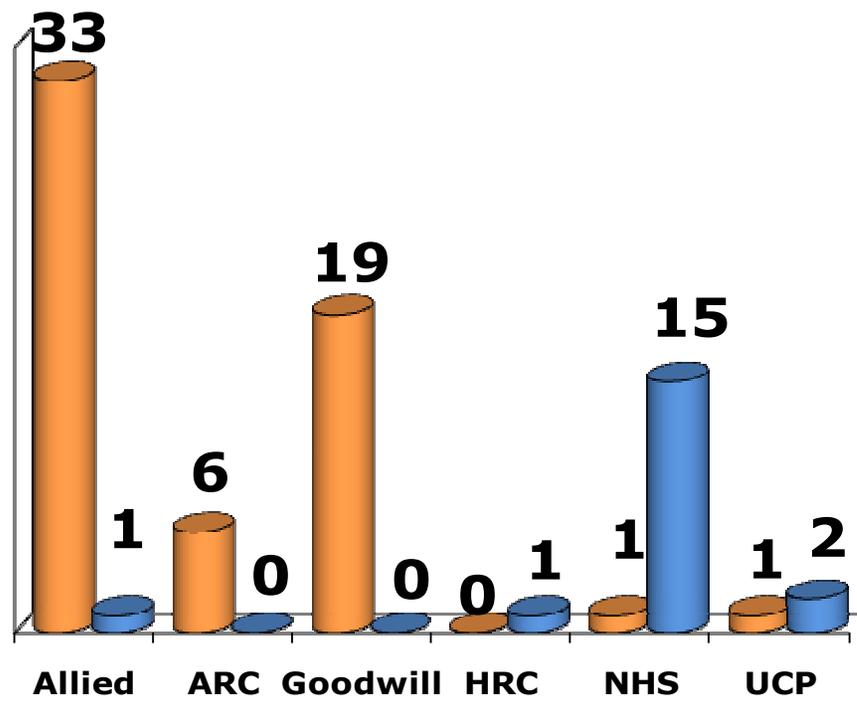


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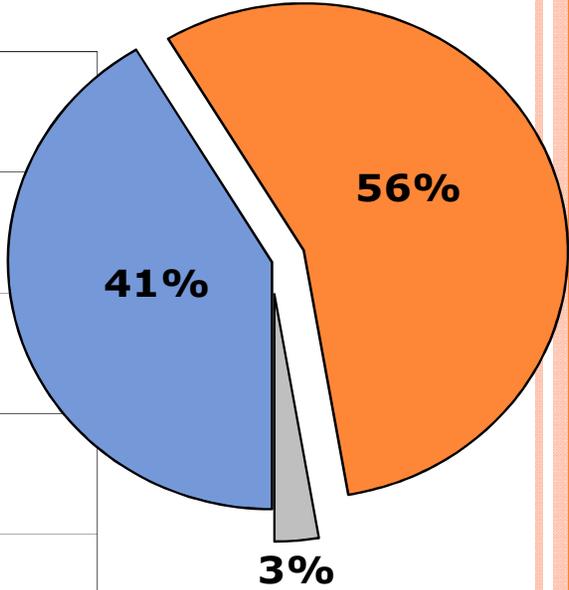
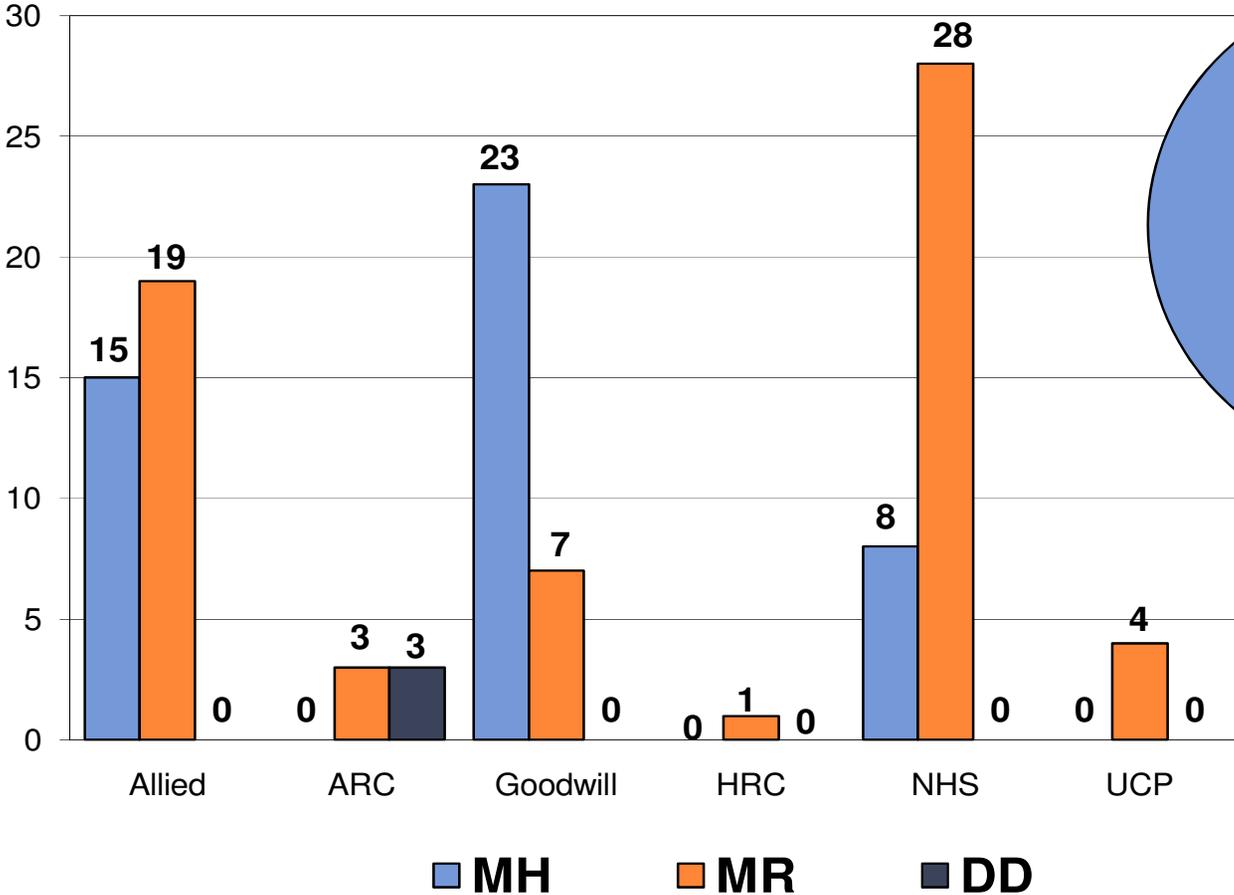
FUNDING SOURCE



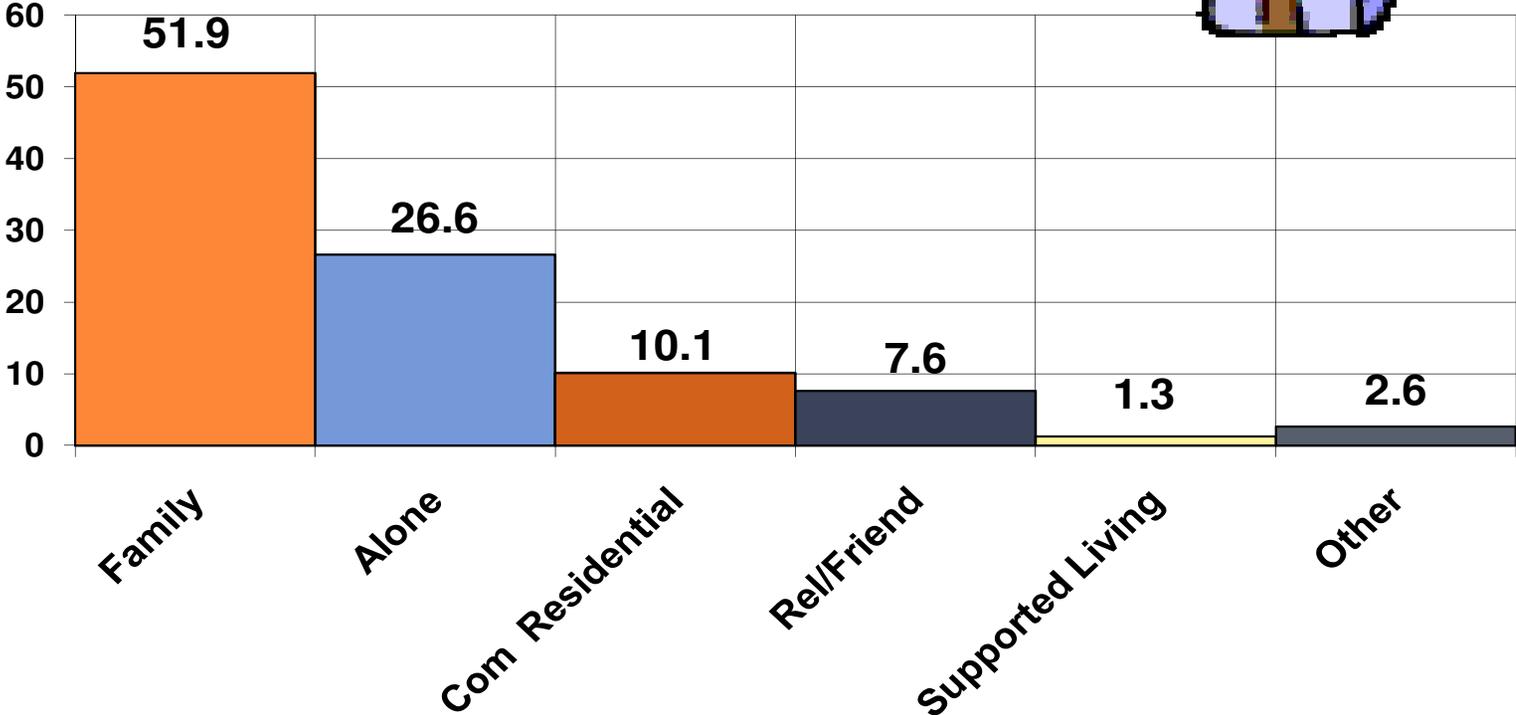
BSU OF RESIDENCE



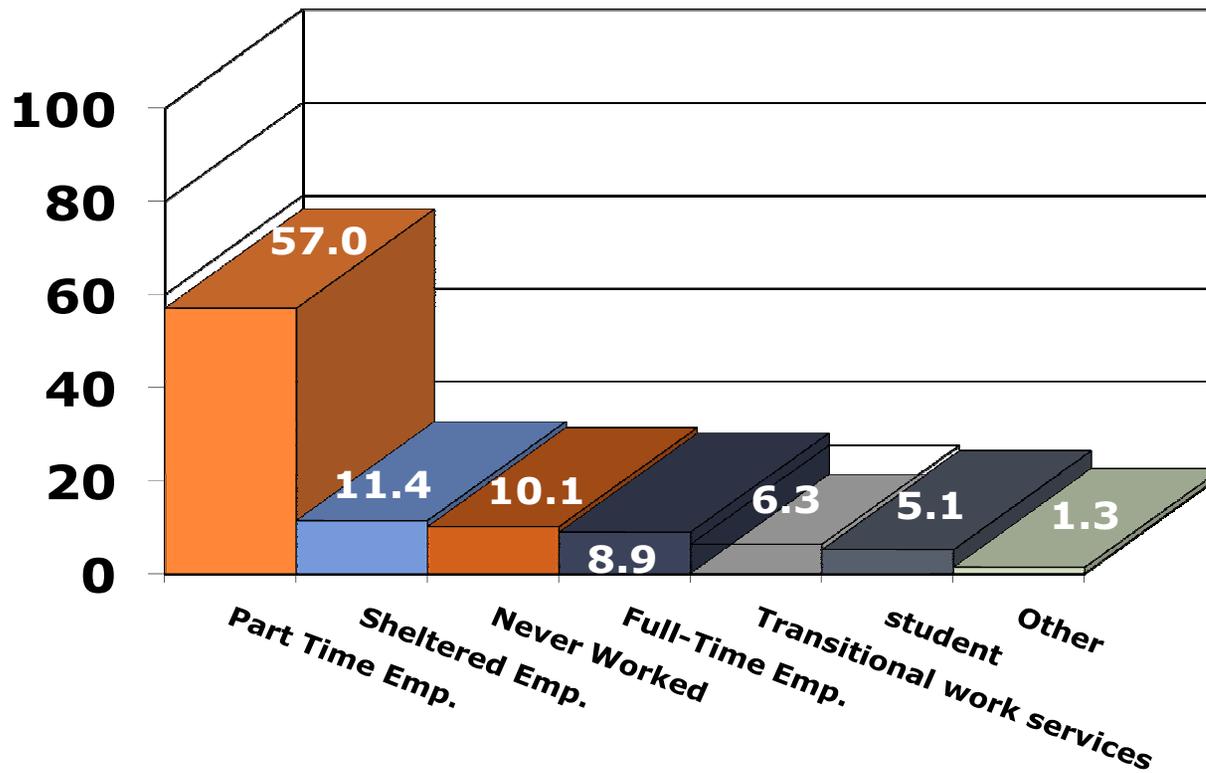
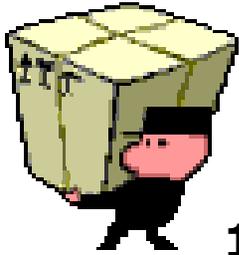
DIAGNOSIS



LIVING ARRANGEMENTS

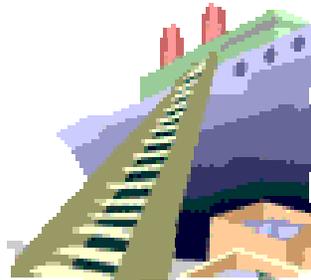


TYPE OF JOB PRIOR TO CURRENT JOB PLACEMENT

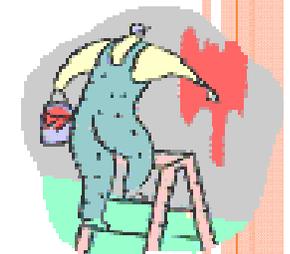


JOB TITLES

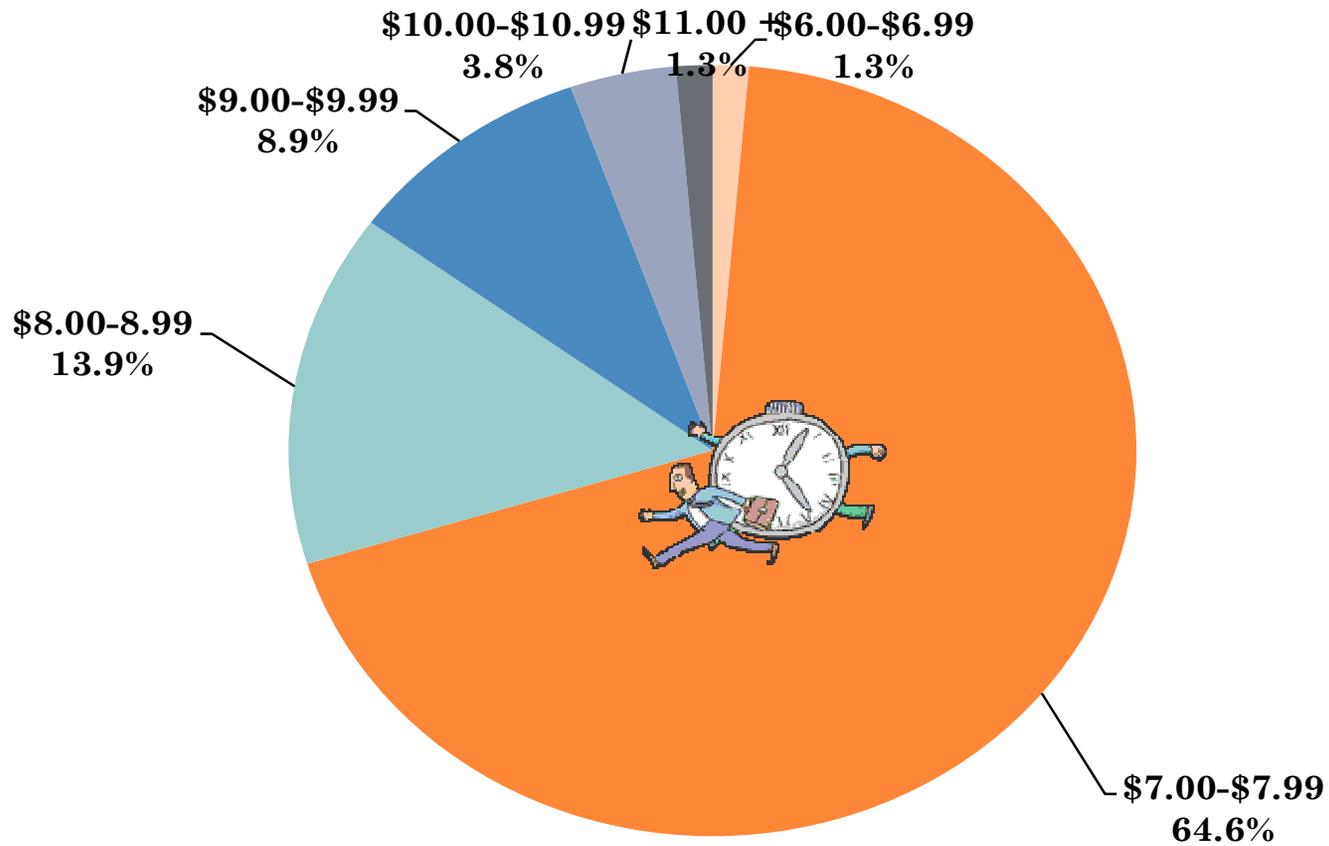
- Busser
- Cashier
- Clerk/typist
- Customer Service
- Dietary aide
- Dish Washer
- Housekeeping
- Janitor/ Custodian
- Job Development



- Kitchen help/ food service
- Lobby Person
- Maintenance
- Material Handler
- Packager/Bagger
- Production
- Utility
- Waiter



HOURLY RATE



EARNINGS



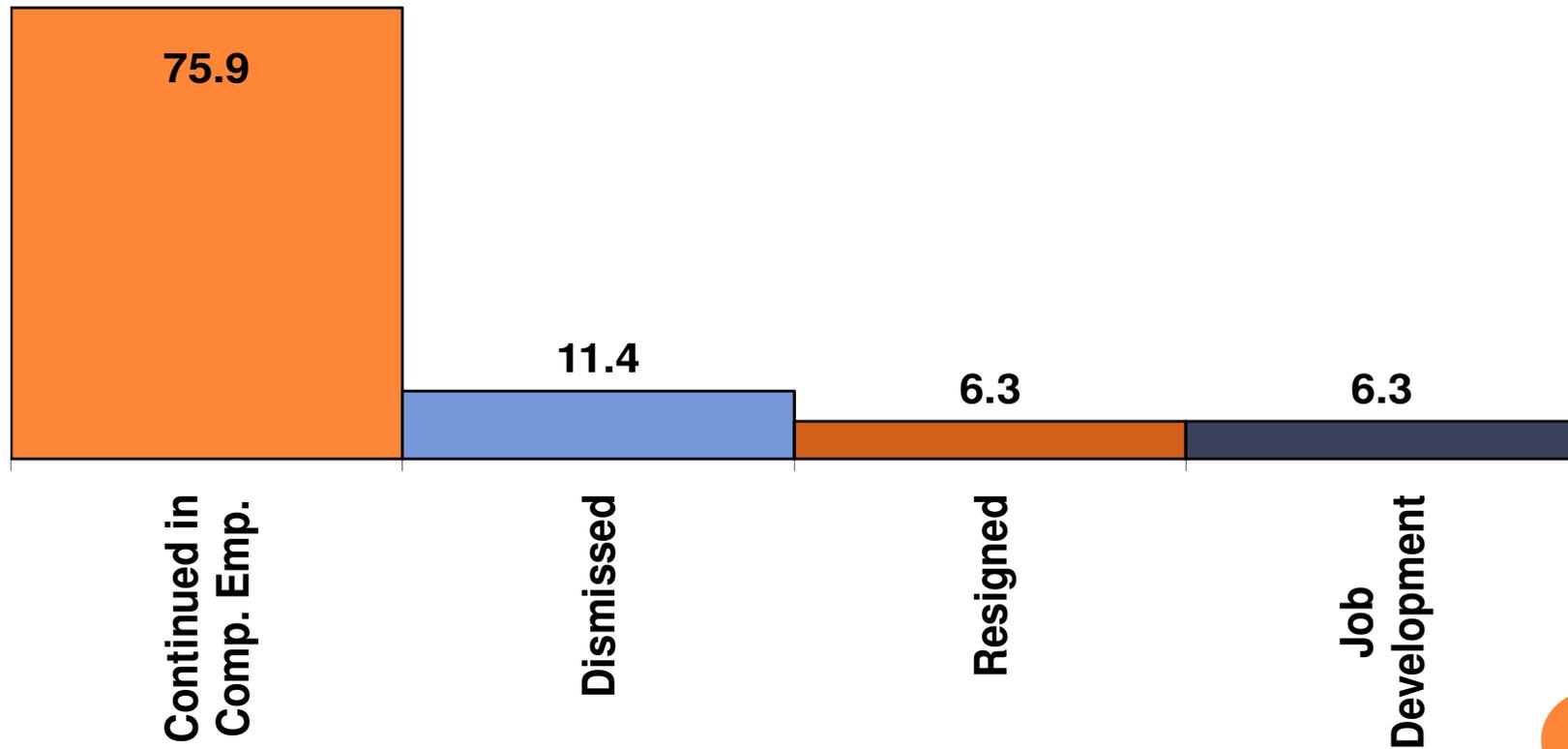
- The Total Earnings were \$424,061.00
- The Top Annual Earnings were reported to be \$27,753.00
- The Mean Annual Earnings were \$5,731

TAXES

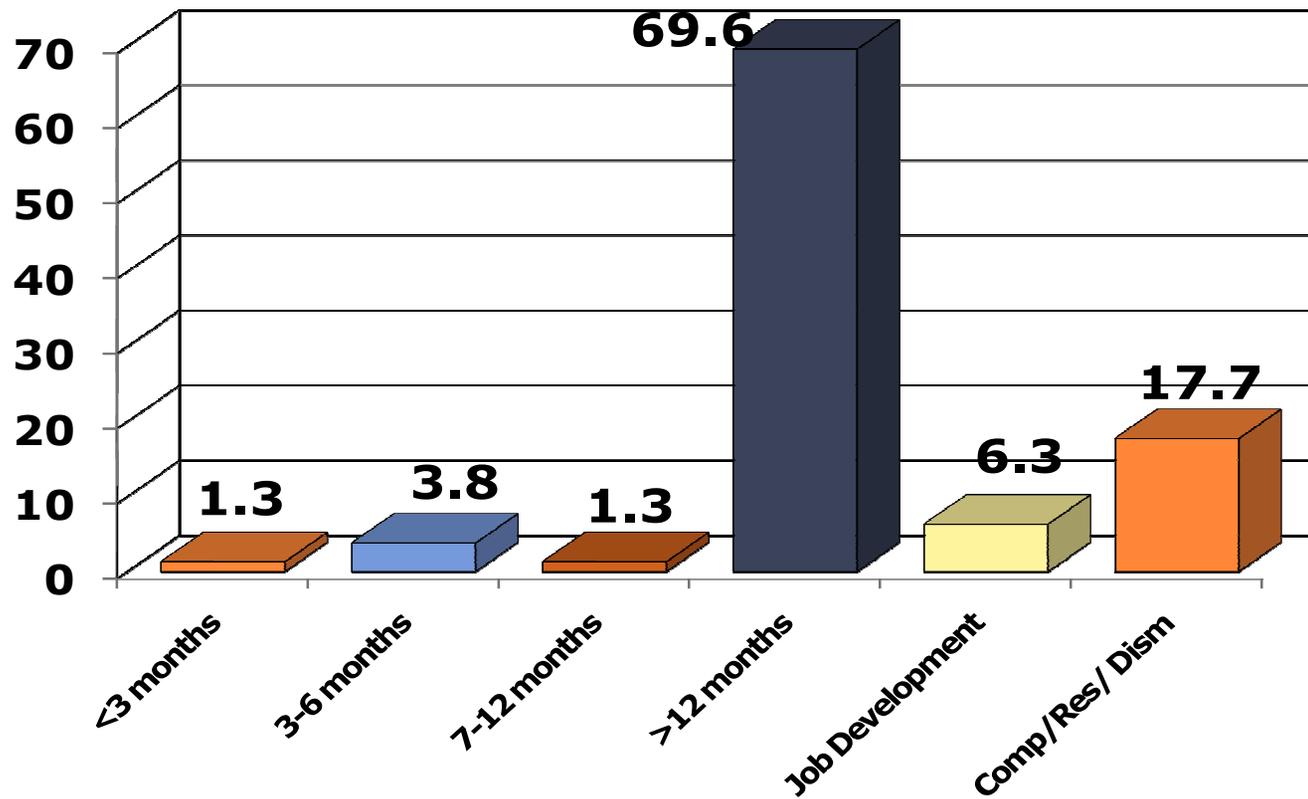
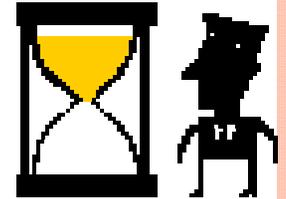


- The Total Taxes Deducted Were \$81,604.00
- The Mean Annual Taxes Paid Were \$1,102.76
- The Mean Tax as a percentage of Earnings was 19.2%

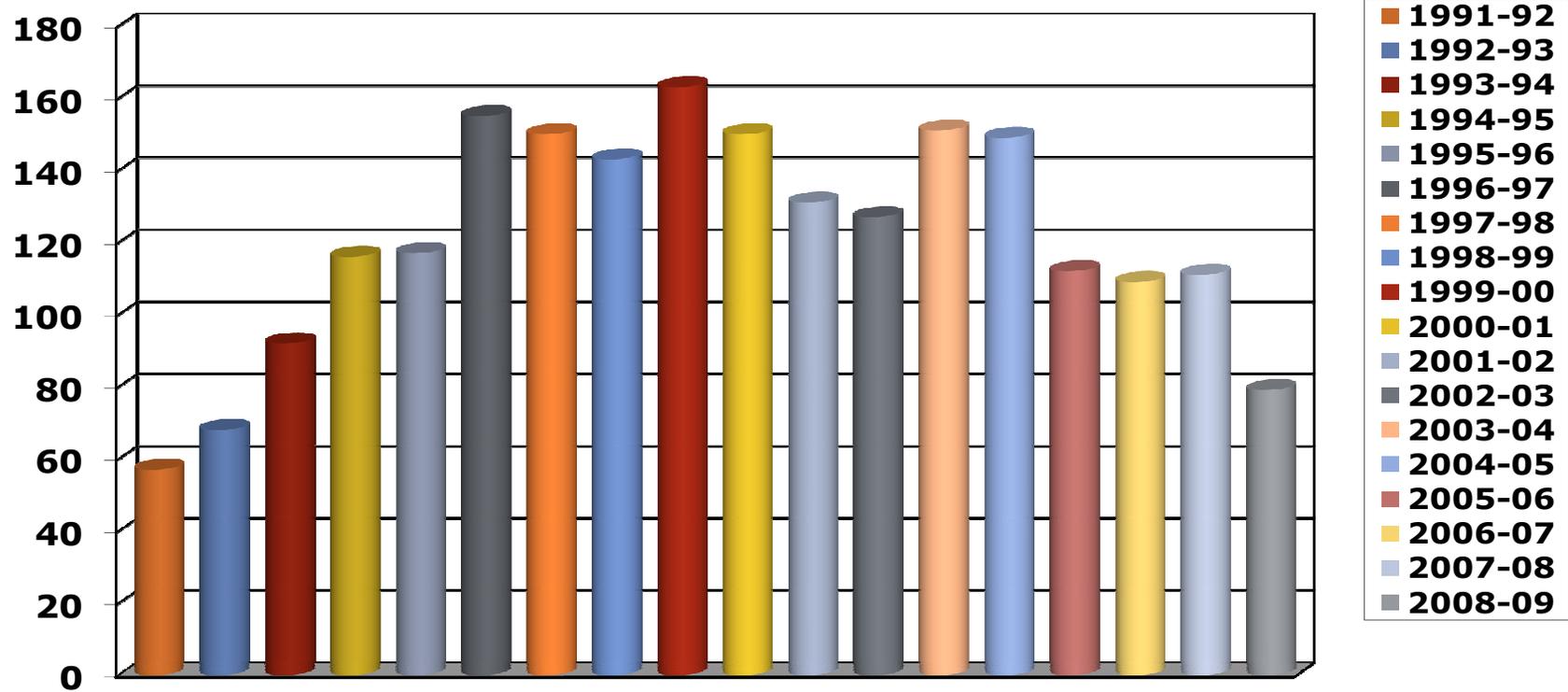
EMPLOYMENT STATUS AT THE END OF THE FISCAL YEAR



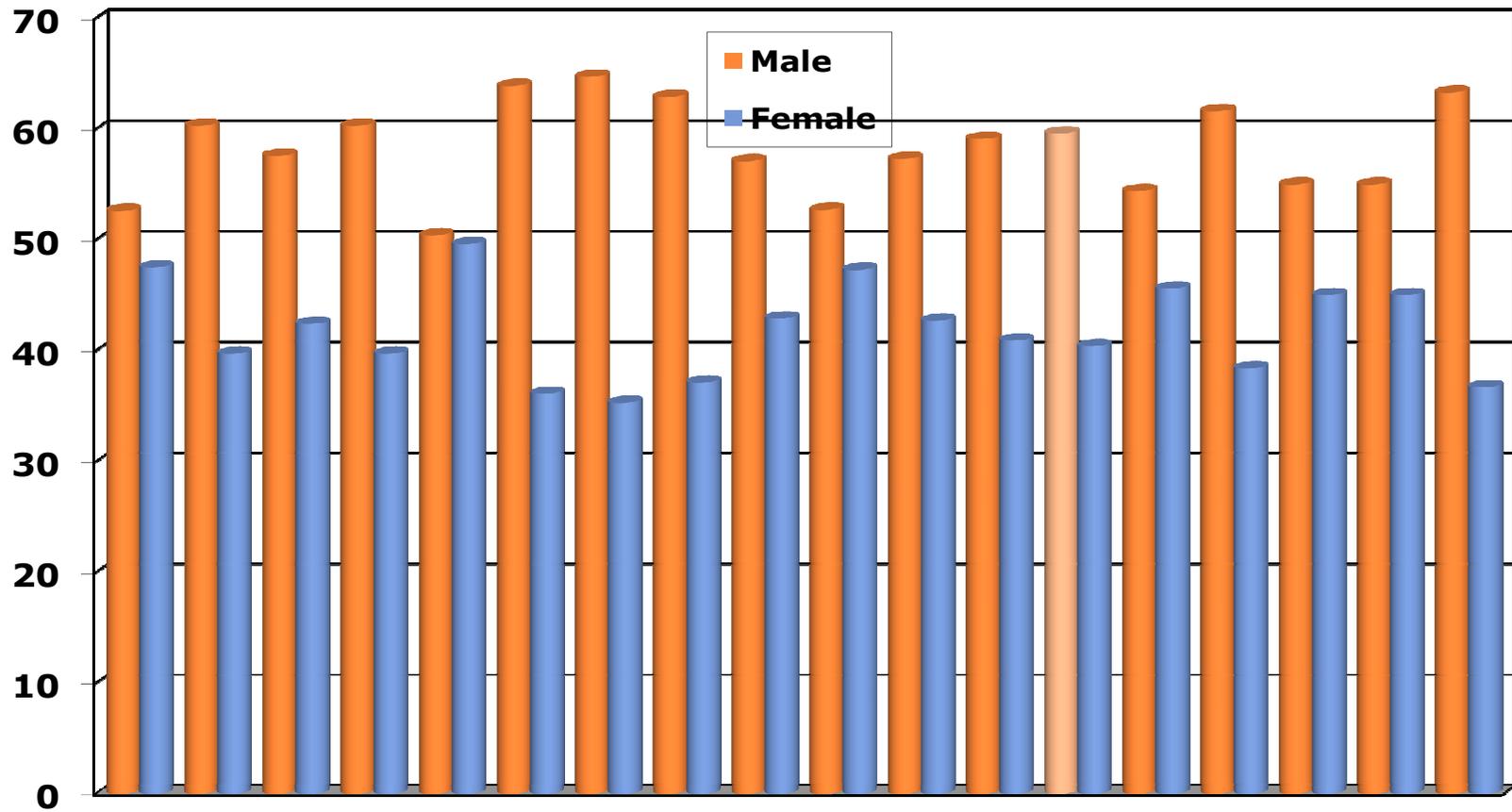
LENGTH OF TIME IN CURRENT PLACEMENT



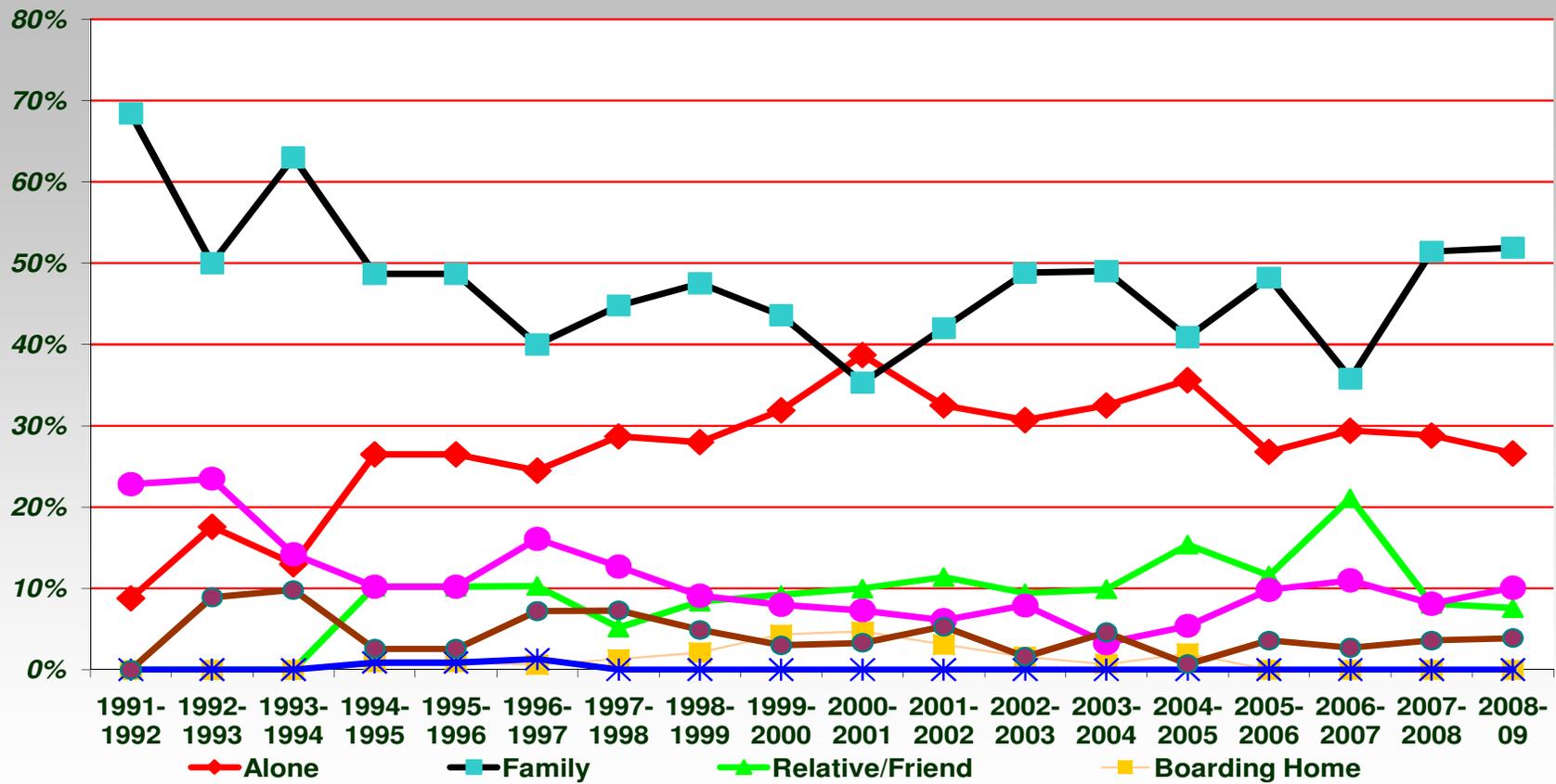
HISTORICAL-PERSONS SERVED



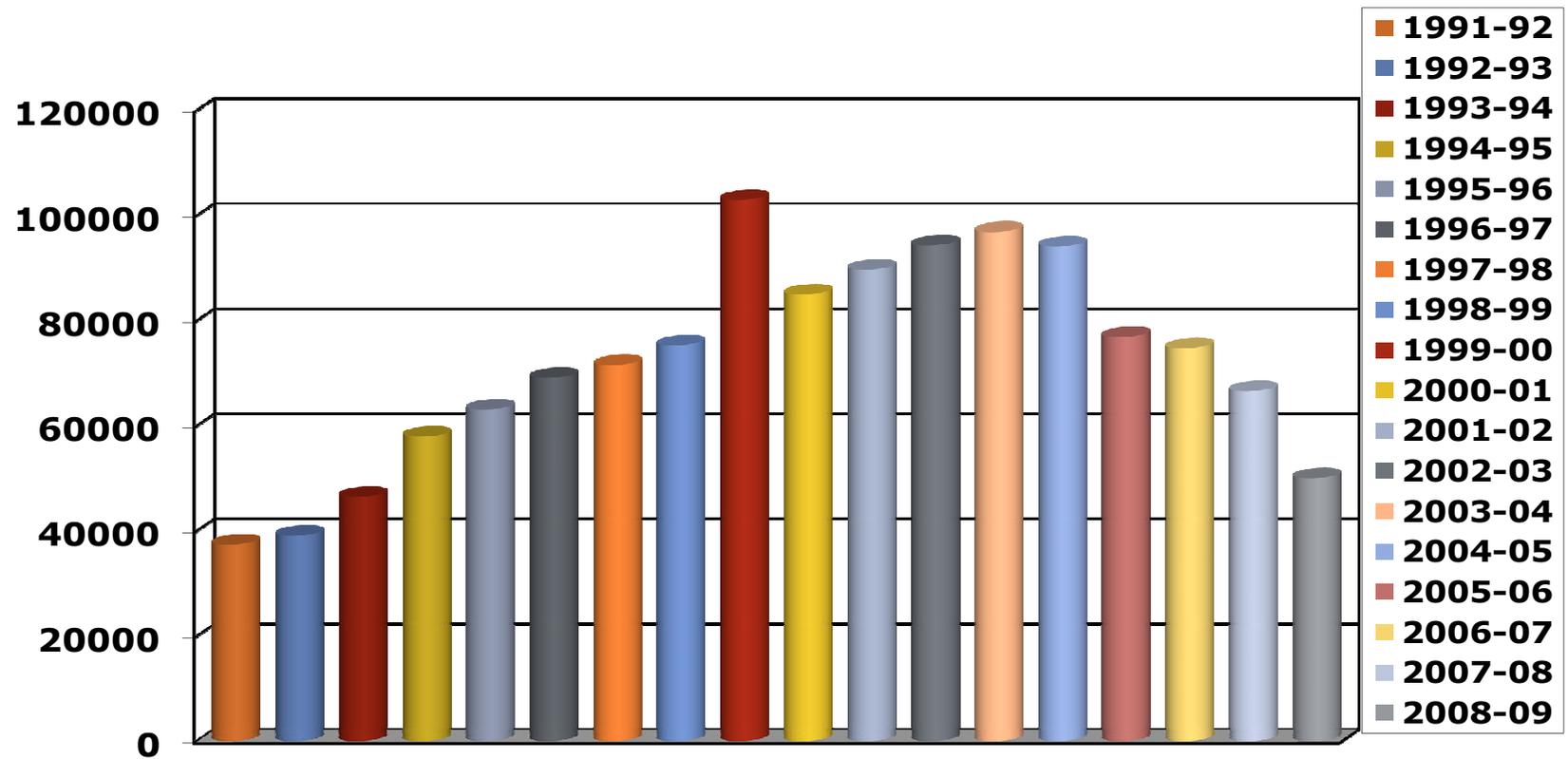
HISTORICAL-GENDER (PERCENT)



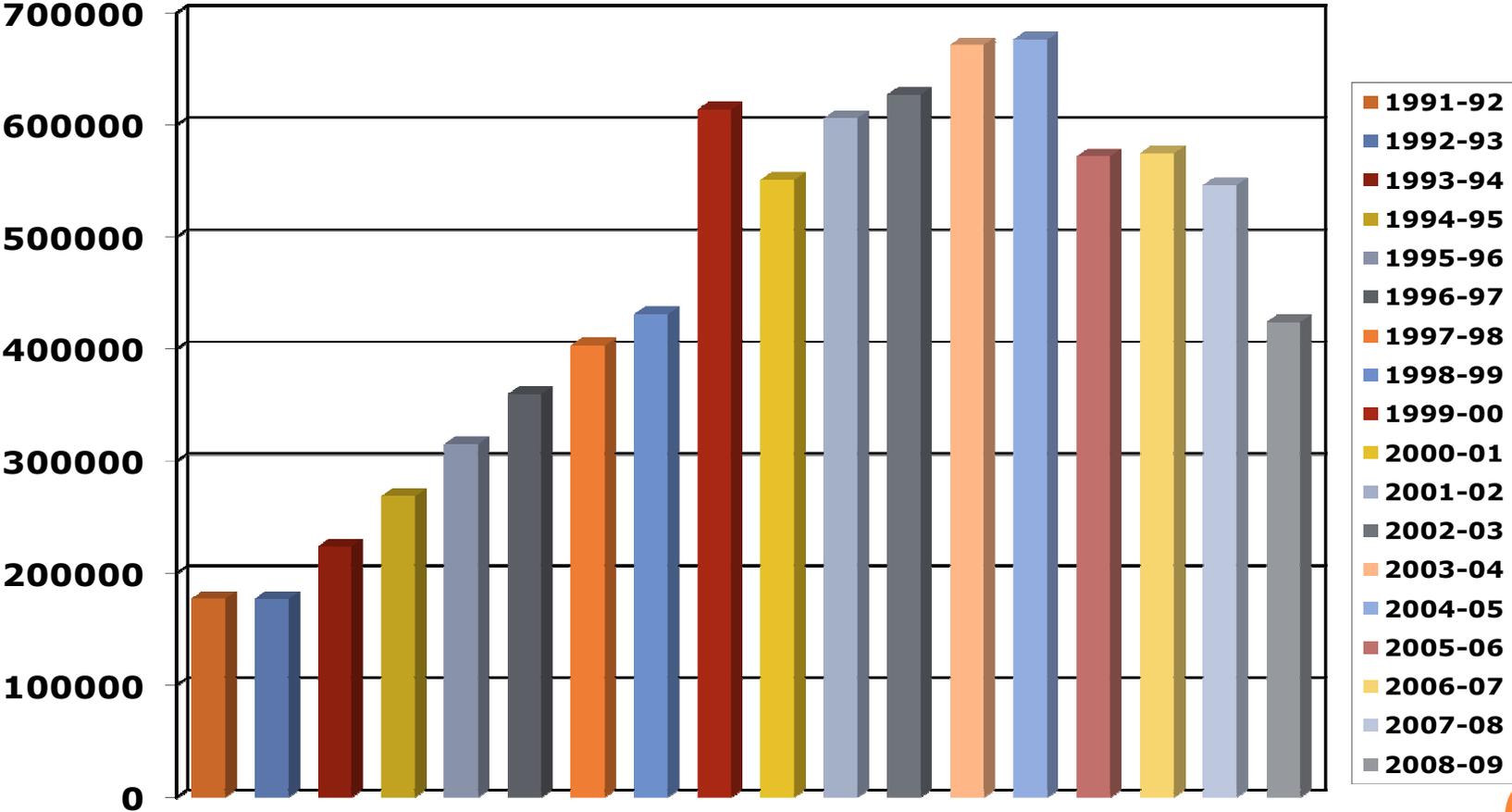
HISTORICAL- LIVING ARRANGEMENTS



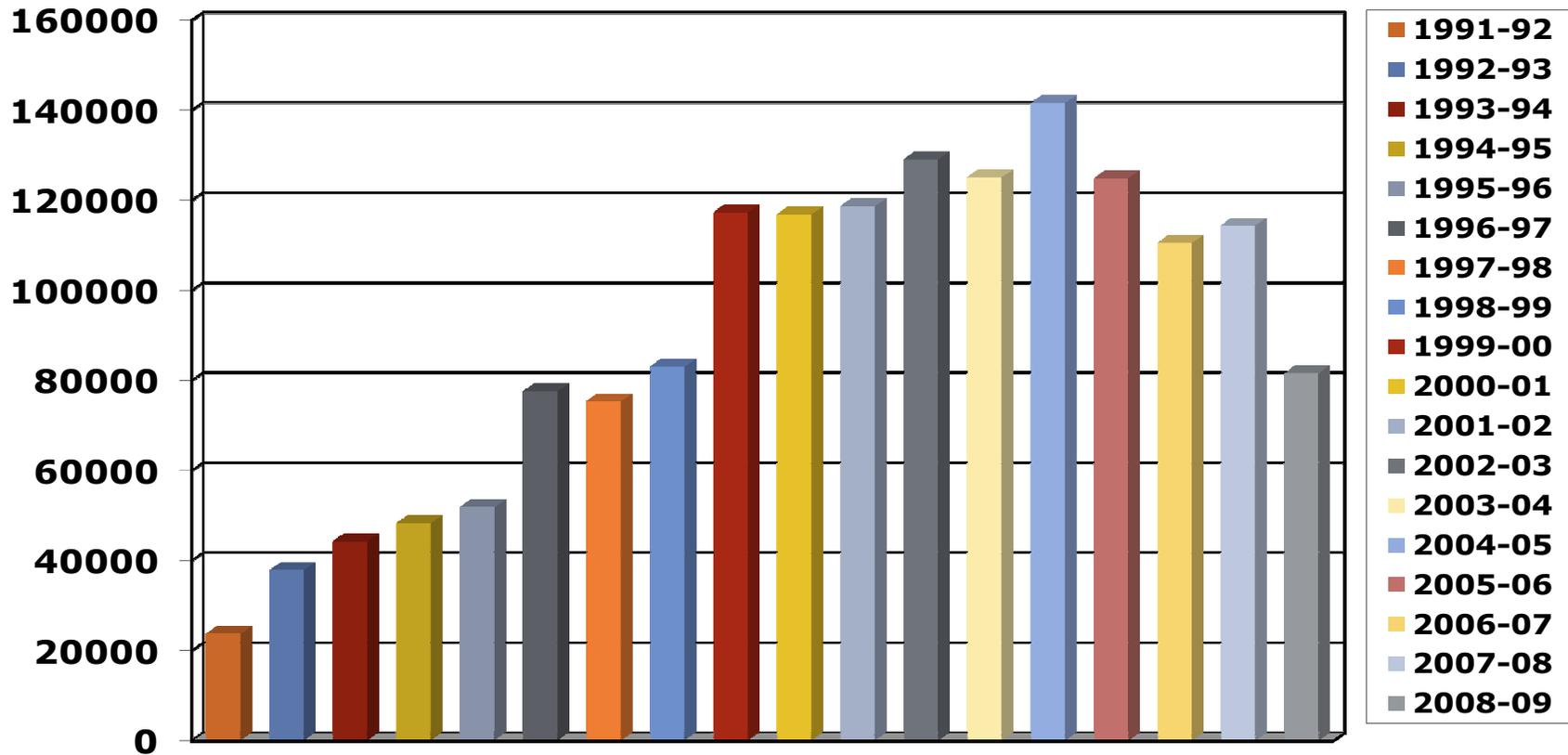
HISTORICAL-TOTAL HOURS WORKED



HISTORICAL-TOTAL EARNINGS



HISTORICAL-TOTAL TAXES PAID



HISTORICAL-MEAN HOURLY RATES/EARNINGS/TAXES

FISCAL YEAR	MEAN HOURLY	MEAN ANNUAL EARNINGS	MEAN TAXES
1991-92	4.74	3112	416
1992-93	4.52	2605	557
1993-94	4.81	2433	481
1994-95	4.81	2405	416
1995-96	5.00	2815	463
1996-97	5.20	2645	575
1997-98	5.63	2799	523
1998-99	5.73	3171	615
1999-00	5.96	3910	752
2000-01	6.48	4175	885
2001-02	6.76	5181	1014
2002-03	6.65	5452	1122
2003-04	6.93	5330	993
2004-05	7.18	5366	1124
2005-06	7.44	5721	1249
2006-07	7.69	6116	1163
2007-08	8.20	5633	1171
2008-09	8.66	5730	1091

Attachment N

Lackawanna-Susquehanna Counties Mental Health / Mental Retardation Program

ROSI Planning Effort

**The Lackawanna-Susquehanna Counties Mental Health/Mental
Retardation/ Early Intervention Program**

**Recovery Oriented Systems Indicators
Fiscal Year 2009-2010**

RECOVERY ORIENTED SYSTEMS INDICATORS (ROSI) MEASURE: ADMINISTRATIVE DATA PROFILE

The primary purpose of the ROSI Administrative Indicators is to implement a quality improvement process involving stakeholders in the review of recovery transformation efforts. The use of the ROSI Administrative tool is the result of planning done by CSP representatives in an attempt to meaningfully replace the “CSP Indicators” which were perceived by many stakeholders as cumbersome and not useful in the county planning process. As such, Community Support Program (CSP) committees should be utilized in engaging consumer/survivors, family members, and professionals (i.e. county, provider, BHMCO) in the quality improvement (QI) process. CSP principles have been cross-walked with the indicators in the left column for each indicator page. Counties are expected to partner with Behavioral Health Managed Care Organizations (BHMCO) to collect the data related to the indicators.

A demographic data cover sheet is included with the indicators packet. The demographics on total providers and responding providers will be utilized to determine a measure of validity for certain indicators. For the purpose of this process, a 75% response rate will constitute valid data.

For all indicators, counties should convene a review or “ROSI Quality Management (QM)” panel, with primary representation of consumer/survivors, to evaluate the accuracy of responses to all questions. Counties may choose to utilize an already existing group or committee for this purpose; however, the link with local CSP is critical. If a committee of this nature does not exist, it is highly recommended that CSP committee representatives be engaged for this role. Copies of affirmative action hiring policies and provider recovery mission statements, confirmation that peer run programs meet the definition of “independent” as describe in Indicator 1, and any other information necessary to confirm accuracy, should be submitted to the panel for review and approval.

Role of the Review Panel:

1. Review data from the previous year
2. Validate current year data
3. Compare/evaluate current and previous data
4. Advise on recommendations through the CSP committee for county planning purposes

Please respond to each item as thoroughly as possible. Please report data from your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

For Indicators numbered 1 and 21, one of the things we are looking for are strong programs that show evidence of the use of recovery principles in an interesting and innovative way. If you feel your program is innovative, please include a narrative regarding why you think it is a good program.

Once the process of gathering and review of data has been completed, at least one item should be targeted for improvement/transformation and a brief planning summary should be attached to the profile. The following schedule outlines the markers for potential financial incentives:

Year 1 (2009)

- Formation of the stakeholder review panel
- Completion of the Authority Characteristics Profile and all six indicators
- Submission of data to OMHSAS including an outline for change/improvement in one area

Year 2 (2010)

- Utilization of the stakeholder review panel
- Completion of the Authority Characteristics Profile and all six indicators
- Submission of data to OMHSAS including a brief narrative comparing data from years 1 and 2 noting progress on the selected indicator. * Note that changes in planning strategy are viable steps in meeting this requirement.

Year 3 (2011)

- Completion of the Authority Characteristics Profile and all six indicators.
- Submission of data to OMHSAS including a brief narrative comparing data from years 1, 2 and 3 noting progress on the selected indicator.
- Demonstrated change/transformation as reflected by the indicators.

Please complete all six (6) of the ROSI Administrative Measures, the ROSI Administrative Data Profile: Authority Characteristics, and the Quality Improvement Plan and submit them to Natalie Shaffer at natshaffer@state.pa.us no later than May 15, 2009 - 4:00 p.m. For questions, please contact Ms. Shaffer at 717-346-2614.

ROSI Administrative-Data Profile: Authority Characteristics

County Authority: Lackawanna/Susquehanna
Date 5/15/2010

1. How many providers of mental health services are in your network (unduplicated) as defined below?

23

2. How many of these providers of mental health services in your network responded and provided data for this ROSI Administrative-Data Profile?* 22

Definition:

Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.

*Note, for the purposes of this survey, a 75% response rate will constitute valid data.

County Indicators:	County to complete Indicators 1, 2, and 21
Indicator 1: Independent Peer/Consumer Operated Programs	<p>Is there is at least one independent peer/consumer operated program in your County?</p> <p>1a. Yes _____ No <u>✓</u> _____</p>
<hr/> CSP Principles: Consumer Centered Strengths Based Flexible	<p><u>Definitions:</u> Independent Peer/Consumer Operated Program is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors.</p> <p>The following criteria must be met:</p> <ol style="list-style-type: none"> 1. Incorporated in Pennsylvania or 501c3 2. The composition of the governing body is such that more than 51% of individuals identify as consumers/survivors 3. The organization provides mental health services to mental health consumers/survivors. <p>Organizations such as NAMI, clubhouses, scholarship funds, and psychiatric rehabilitation programs that are not governed and managed by consumers/survivors should not be counted.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p>*Programs that do not meet these criteria should not be reported here, but may be considered in the budget reporting in Indicator 2.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 2)

County Indicators:

County to complete Indicators 1, 2, and 21

**Indicator 2:
Peer/Consumer
Delivered Service
Funding**

CSP Principle:

**Consumer Centered
Strengths Based
Flexible**

What percent of county program funds are allocated for peer/consumer delivered services?

2a. Numerator: For the reporting period, the amount of program funds in the county mental health budget allocated for peer/consumer delivered services:

2a.(County) 189,000
(HealthChoice) 49,200
(Total) 238,200

2b. Denominator: For the reporting period, the total amount of program funds in the county mental health budget:

2b. (County) 7,842,165
(HealthChoices) 51,789,000
(Total) 59,631,165

2c. Indicator: For the reporting period, the percentage of county program funds allocated for peer/consumer delivered services.

(Numerator 2a. divided by denominator 2b.)

2c (County) 2.00 %
(HealthChoices) .95%
(Total) 2.95%

Definitions:

Peer/Consumer Delivered Services include (a) Independent Peer/Consumer Operated Programs as well as (b) programs that may be sponsored by an umbrella organization but are run and delivered by consumers/ survivors with a separate budget supported by the county. Examples include consumer drop-in centers, warmlines, consumer run businesses, Consumer/Family Satisfaction Teams, Certified Peer Specialist etc., (c) the cost of positions reserved for consumers/survivors to deliver mental health services/supports that are embedded in other programs. Examples include Recovery Educator, Peer Specialist within a clinical program, or professional position reserved for (can only be filled by) a primary consumer/survivor.

Numerator: Program funds in the county mental health budget should include state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds for the above stated peer/consumer delivered services. You may include positions reserved for consumers to deliver peer service. Only the cost for the specific program or position should be counted. Funds for organizations such as NAMI, clubhouses, scholarships and any other programs that are not consumer-run should not be included.

Denominator: The total amount of program funds in the county mental health budget should include all funds under the control of the county mental health program including state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds, excluding funding for children. You may include positions reserved for consumers to deliver peer services.

ROSI ADMINISTRATIVE DATA PROFILE (Page 3)

County Indicators:

County to complete Indicators 1, 2, and 21

**Indicator 21:
Diversion from
Criminal Justice
System**

Does your County have a jail diversion program for adults?

21a. Yes No

CSP Principle:

If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program.

**Coordinated
Strength Based
Natural Supports**

***Please see the attached regarding Problem Solving Courts (Pages 112 and 113)**

Definition:

Jail Diversions are programs that divert individuals with mental illness from the criminal justice system to community-based services.

Examples of such services include:

- Off-hours access to mental health resources for law enforcement
- Intervention at point of initial law enforcement contact
- Intervention during initial detention and/or initial judicial involvement
- Intervention through evaluation and treatment while incarcerated
- Mental health service involvement in release planning
- Community based, post incarceration, specialized support services to transition to treatment services in the community.

County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p>Indicator 5: Affirmative Action Hiring Policy</p> <hr/> <p>CSP Principle:</p> <p>Meet Special Needs Culturally Competent Flexible Accountable</p>	<p>Of those local mental health provider agencies responding to your survey, how many have an affirmative action hiring policy regarding primary consumers?</p> <p>5a. Numerator: The numbers of responding local mental health provider agencies that have an affirmative action hiring policy regarding primary consumers. 5a. <u> 4 </u></p> <p>5b. Denominator: The total number of responding local mental health provider agencies. 5b. <u> 22 </u></p> <p>5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. (Numerator 5a. divided by denominator 5b.) 5c. <u> 18 </u> %</p> <p><u>Definition:</u> Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p> <p>Affirmative action hiring policy regarding primary consumers/survivors means that an agency has a specific written policy and/or procedure that indicates that they actively recruit, hire and retain persons who are primary consumers/survivors. General affirmative action policies and policies that broadly mention persons with disabilities should not be counted. For agencies that provide broader social services which may include mental health, the policy of the specific mental health program may be reviewed separately.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p>*Agencies that provide cross county mental health/co-occurring service should count only the policy/procedure of the program in the reporting county.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 4)

County Indicators:

**County to complete Indicators 5, 9, and 14
by surveying its Providers**

**Indicator 9:
Local Agency
Recovery Oriented
Mission Statement**

Of those local mental health provider agencies who responded to your survey, how many have a mission statement which explicitly includes a recovery orientation?

CSP Principle:

**Consumer Centered
Accountable
Culturally Competent**

9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation.

9a. 5

9b. Denominator: The total number of responding local mental health provider agencies.

9b. 22

9c. Indicator: The percentage of local mental health provider agencies responding whose mission statement explicitly includes a recovery orientation. (Numerator 9a. divided by denominator 9b.)

9c. 23 %

Definition:

Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.

Recovery Oriented Mission Statement: Includes language that reflects recovery and cultural competence, referencing CSP principles of the Recovery Wheel or language utilized within A Call for Change. Guidelines issued by OMHSAS for assessing mission statements for a recovery focus, national guidelines, or other standards should be used by a local committee to evaluate conformance with this indicator. For agencies that provide broader social services, the program description of the specific mental health service may be considered for this review. The word recovery does not have to be used, but language that reflects recovery should be evident.

***Agencies that provide cross county mental health/co-occurring service should count only the policy/procedure of the program in the reporting county.**

ROSI ADMINISTRATIVE DATA PROFILE (Page 5)	
County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p>Indicator 14: Consumer Representation on Local Boards</p> <hr/> <p>CSP Indicators: Consumer Controlled Accountable Culturally Competent Meet Special Needs</p>	<p>Of those local mental health provider agencies who responded to your survey, how many disclosed primary consumers (unduplicated) serve on their governing boards?</p> <p>14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on governing boards of responding local mental health provider agencies. 14a. <u>9</u></p> <p>14b. Denominator: For the reporting period, the total number of governing board members (unduplicated) of responding local mental health provider agencies. 14b. <u>257</u></p> <p>14c. Indicator: For the reporting period, the percentage of governing board membership that are primary disclosed consumers of responding local mental health provider agencies. (Numerator 14a. divided by denominator 14b.) 14c. <u>3.5</u> %</p> <p><u>Definitions:</u> A disclosed primary consumer/survivor is a person who is open about having received or presently receiving mental health services and/or mental health self-help supports.</p> <p>Denominator- total number of governing board members: This should include the total number of <i>Individuals</i> serving on governing boards across the mental health provider agencies; not the total number of boards. Only include boards that are specifically referenced in the By-laws for the agency.</p> <p>Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p>

Indicator Selected for Change/Improvement:

Indicator 1: Independent Peer/Consumer Operated Programs

Indicator 2: Peer/Consumer Delivered Service Funding

Indicator 21: Diversion From Criminal Justice System

Indicator 5: Affirmative Action Hiring Policy

Indicator 9: Local Agency Recovery Oriented Mission Statement

Indicator 14: Consumer Representation on Local Boards

Outline Strategy for Change:

**Lackawanna-Susquehanna Counties Mental Health / Mental Retardation /
Early Intervention Program
ROSI Planning Effort**

This ROSI report prepared by the Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program is the first ROSI report following the inclusion of language within the County Program Contracts as well as the HealthChoices contracts which specifically require contracted agencies to report ROSI survey information.

In order to initiate a planning effort to promote the ROSI process forward within the Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program, the Administrator's Office conducted a meeting with representation from the CSP's within both Lackawanna and Susquehanna Counties and the Advocacy Alliance. The focus of this initial meeting was as follows:

{1} Review the results of the ROSI survey process initiated by the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program. This survey process included sending out a ROSI survey to all Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program contracted agencies as well as HealthChoices contracted agencies who serve Lackawanna and Susquehanna County residents. HealthChoices contracted agencies were surveyed by the local HealthChoices Program, NBHCC and CCBHO.

{2} Determine if the Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program ROSI Program indicator being tracked should continue to be tracked through the Program's Quality Management Process.

{3} Recommendations and next steps to support the continued focus on recovery within the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program area.

Steps 1 through 3 above have been taken and have successfully been implemented within the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program. For the fiscal Year 2009-2010 ROSI Report, our Program is comfortable that the data collected from agencies is more accurate than it has been in the past. In addition, with ROSI Survey language incorporated within the Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program "Based Funded" contracts as well as HealthChoices contracts administered by CCBHO on behalf of NBHCC, the annual reporting process has been formalized with provider agencies as reported above.

The following table identifies the next steps for the Lackawanna / Susquehanna County ROSI Indicator workgroup (Fiscal Year 2011-2012 is highlighted):

Review existing contracts between the County Program and Provider Agencies and the Lackawanna / Susquehanna County Managed Care Organization to determine requirements for providers to report annual information requested through the ROSI Survey process	Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	July, 2009
Develop common contract language in both county contracts and healthchoices contracts for the submission of ROSI survey information annually	Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	July, 2009
Review common contract language with the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup	Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	July, 2009
Development of target performance standards for contracted agencies to promote movement towards a recovery oriented system of care based on the various ROSI Indicators	Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	July, 2009
Survey and measure the efforts put forth by contracted agencies to promote the movement towards a recovery oriented system within Lackawanna and Susquehanna Counties.	Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation / Early Intervention Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	March, 2010
Prepare responses to agencies on Mission Statements, Affirmative Action Hiring Policies and Board Membership received in response to fiscal year 2009-2010 contract requirements for ROSI indicators.	Lackawanna / Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	April, 2010

Prepare the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Recovery Oriented Systems Indicators (ROSI) Measure Report	Lackawanna / Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	May, 2010
Work with provider agencies to ensure that revised mission statements, affirmative action hiring policies which are required to be revised are submitted as required.	Lackawanna / Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	October, 2010
Schedule a ROSI Review Panel Meeting to review agency mission statements, affirmative action hiring policies submitted for consideration by provider agencies.	Lackawanna / Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health	November, 2010

PROBLEM SOLVING COURTS IN LACKAWANNA COUNTY

In 2003, the Drug Treatment Court conducted an assessment of the need for a Mental Health Court or other type of mental health component for co-occurring diagnoses. Of the 293 clients then in Adult Treatment Court, Juvenile Treatment Court, DUI Court, and Family Treatment Court, 58% displayed a co-occurring mental health disorder.

The Lackawanna County Court's experience with Drug Treatment Court over time led to the establishment in late 2007 of a Mental Health Court. In the first quarter of 2009, the development of a pilot Co-occurring Court was undertaken with the assistance of the Lackawanna/Susquehanna Mental Health/Mental Retardation Program.

MENTAL HEALTH PROBLEM SOLVING COURT:

With the collaboration of several service systems, the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program has implemented a Mental Health Problem Solving Court in Lackawanna County. The MH Court's goals are similar to a participant's goals: Get appropriate treatment for the mental illness and help the individual stay out of prison. If an individual committed a crime because of his/her untreated or undertreated mental illness, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program believes it makes more sense to ensure proper treatment of mental illness than to incarcerate the person. Although mental health services are available in prison, there are more treatment options available in the community.

As the MH Treatment Court is dedicated to ensuring public safety, much thought is put into choosing participants. The DA's office, Defense Attorney, Judges, and a team of people from relevant local agencies discuss and decide on potential participants. Two judges from Lackawanna County, Judge Michael Barrasse and Judge Vito Geroulo, preside over the MH Problem Solving Court and have been integral in its success. In August 2008, Judge Robert Mazzoni began presiding over MH Problem Solving Court's Intercept II, which targets potential participants at the Magistrate level. Other MH Problem Solving Court collaborators include:

Allied Services, Inc.
Catholic Social Services
Clear Brook, Inc.
Community Medical Center
Community Support Program, Northeast Region
Dress For Success, Lackawanna
Drug & Alcohol Treatment Service
EOTC of NEPA
Goodwill Industries of NEPA
Lackawanna County Prison
Lackawanna/Susquehanna MH/MR Program
Marywood University
NAMI Pennsylvania Scranton Chapter
Office of Vocational Rehabilitation
Scranton Counseling Center
Step By Step, Inc.
The Advocacy Alliance
NHS

Page 2 – Cont.
Lackawanna County
Problem Solving Courts

As of May 2010, the current MH Problem Solving Court serves: 31 current participants (18 male, 13 female) and 5-7 potential participants (files/cases are being reviewed). Eighteen participants have graduated from MH Court with 2

participants reoffending since graduation. Thus the recidivism rate for MH Court participants is 11%. MH Problem Solving Court's Intercept II recently graduated 7 of its 9 (6 male, 3 female) program participants.

Although coping with mental illness can be a life-long process, the MH Problem Solving Court participants have made major accomplishments. Some of the participants are working part-time; others are able to live on their own. These may not seem like dramatic accomplishments, but given how ill some of the participants were when they began with MH Court, these accomplishments are tremendous. The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program will continue to be involved in the Lackawanna County MH Problem Solving Court and will collaborate with all service systems involved to ensure the continued success of the Mental Health Problem Solving Court and its participants.

CO-OCCURRING (MH/DA) PROBLEM SOLVING COURT:

The Lackawanna County Co-Occurring Problem Solving Court as mentioned above was initiated in 2009. The Co-Occurring Problem Solving Court was modeled after the Mental Health Problem Solving Court established in 2007. The PARTNERS who worked closely with the Lackawanna County Court System to establish the MH Problem Solving Court were also involved in the development and implementation of the Co-Occurring Problem Solving Court in Lackawanna County. At the present time there are twenty-one (21) active participants in the Lackawanna County Co-Occurring Problem Solving Court Program.

Attachment O

Lackawanna-Susquehanna Counties Mental Health / Mental Retardation Program

Service Area Plan Information

Clarks Summit State Hospital
Service Area Plan Meeting
April 9, 2010

- I. Welcome and Program Overview - Thomas Comerford, Chief Executive Officer, Clarks Summit State Hospital
- II. Introductory Remarks - Harriet Dichter, Secretary, Pennsylvania Department of Public Welfare
- III. “State of the State” Joan Erney, Deputy Secretary, Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services
- IV. “Within five years, no person will be in a state hospital beyond two years.”
Katie Connolly, the Advocacy Alliance
- V. Recovery Initiatives
 - 1. **Warm Lines**
 - Luzerne/Wyoming Counties**
Tom Foley, Family Service Association of Wyoming Valley
 - Lackawanna/Susquehanna Counties**
Carl Mosier and Delores Pond, the Advocacy Alliance
 - Carbon/Monroe/Pike Counties**
Mike O’Hara, the Advocacy Alliance
 - Wayne County**
Lori Ann McKean, the Advocacy Alliance
 - 2. **Certified Peer Specialists**
 - Luzerne/Wyoming Counties**
Kris Zabinski and Michelle Fitzgerald, Northeast Counseling Services
 - Lackawanna/Susquehanna Counties**
Carl Mosier and Karen Collins, the Advocacy Alliance
Cindy Boyles, Jack Benguerel, and Sue Benguerel, NHS
 - Carbon/Monroe/Pike Counties**
Cindy Sly and Michael Sywanyl, Resources for Human Development
 - 3. **From Partial Hospitalization to Psychiatric Rehabilitation**
 - Luzerne/Wyoming Counties**
Sean Carroll and Mary Dougherty, Community Counseling Services
 - Lackawanna/Susquehanna Counties**
Lisa Kramer, Debbie Williams, and Blanche Germano, Scranton Counseling Center
- VI. Closing, Harriet Dichter, Joan Erney and Thomas Comerford

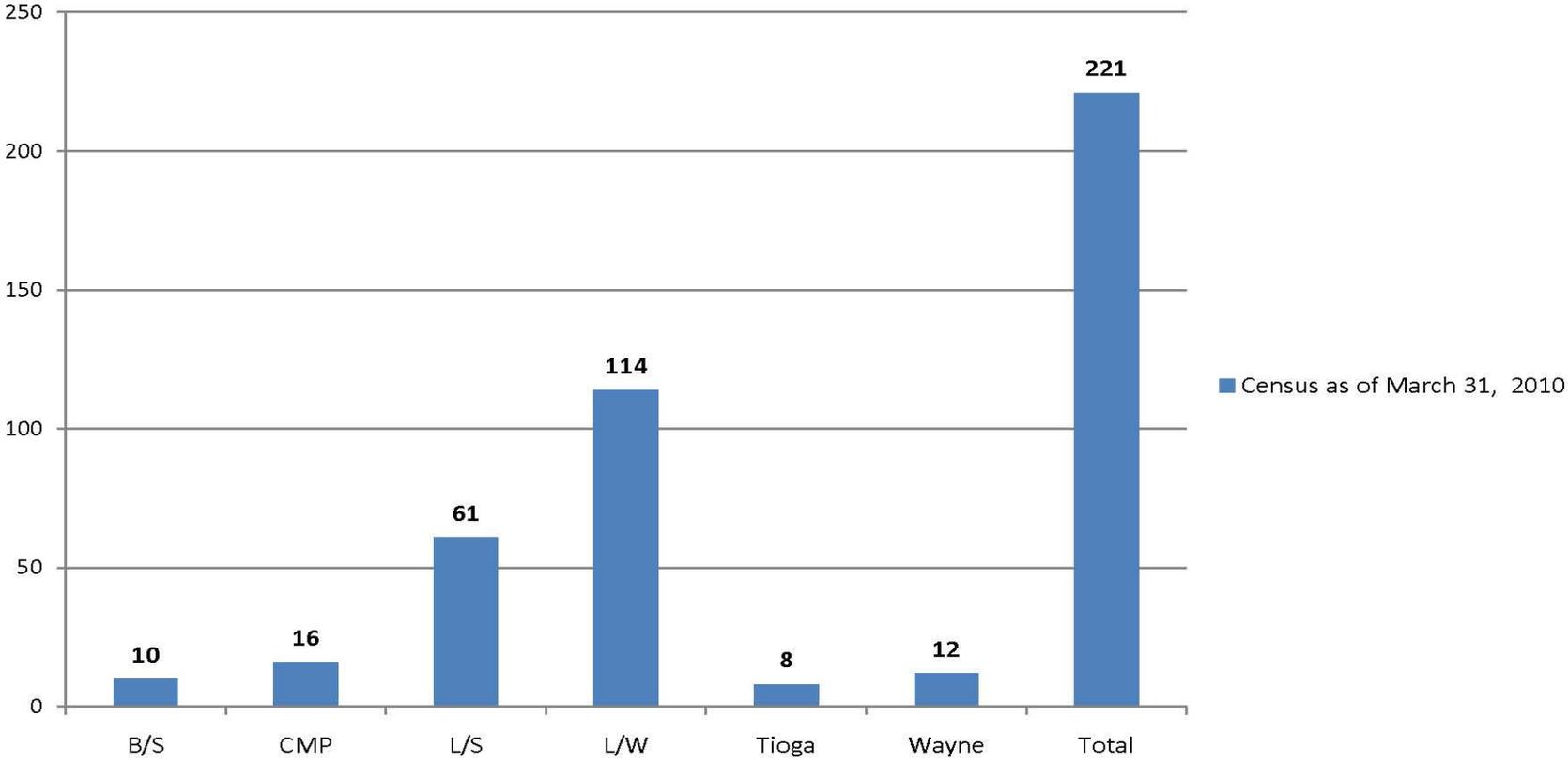
**”Within Five Years, No Person
Will Be In A State Hospital
Beyond Two Years”**

Clarks Summit State Hospital
Service Area Plan
April 9, 2010

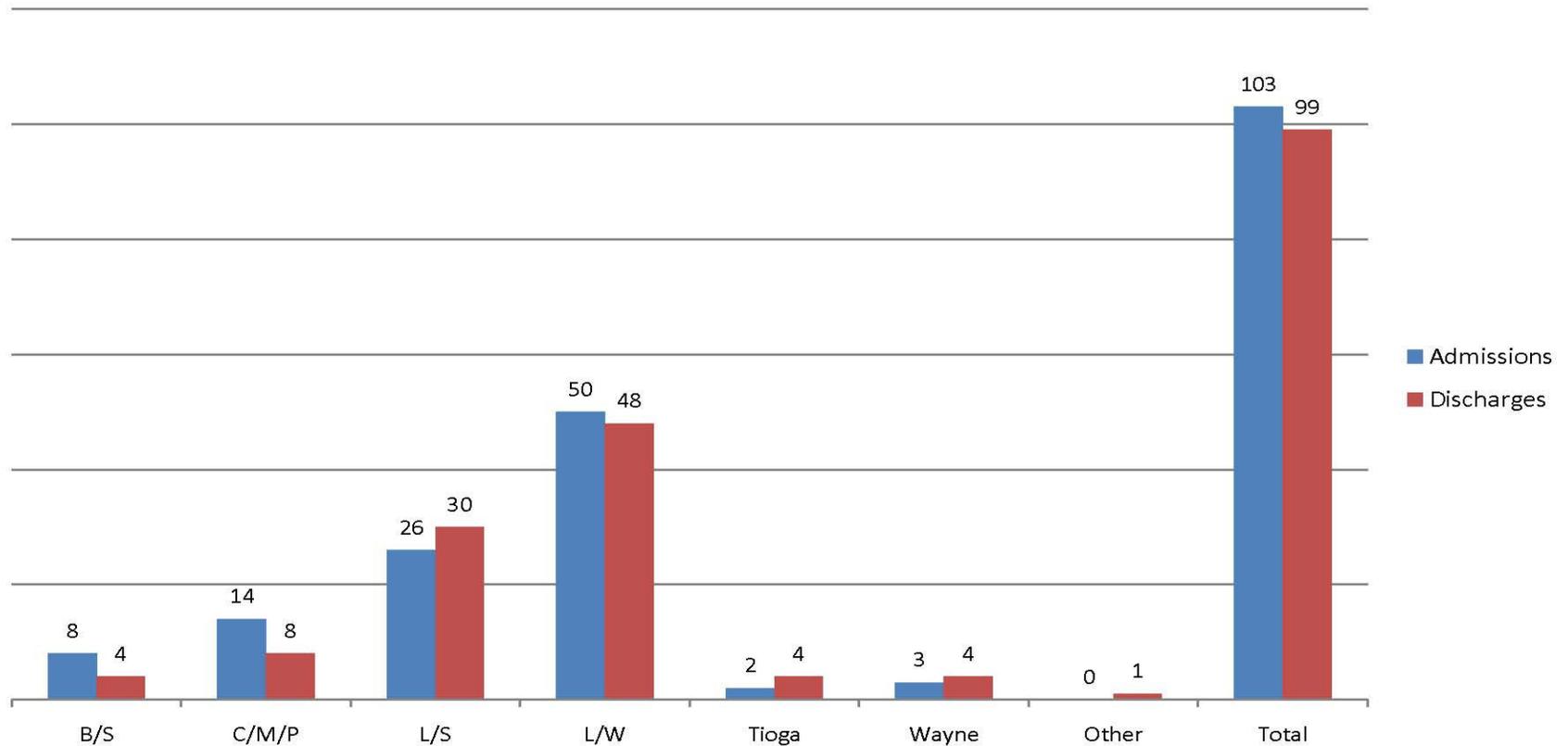
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Clarks Summit State Hospital Information

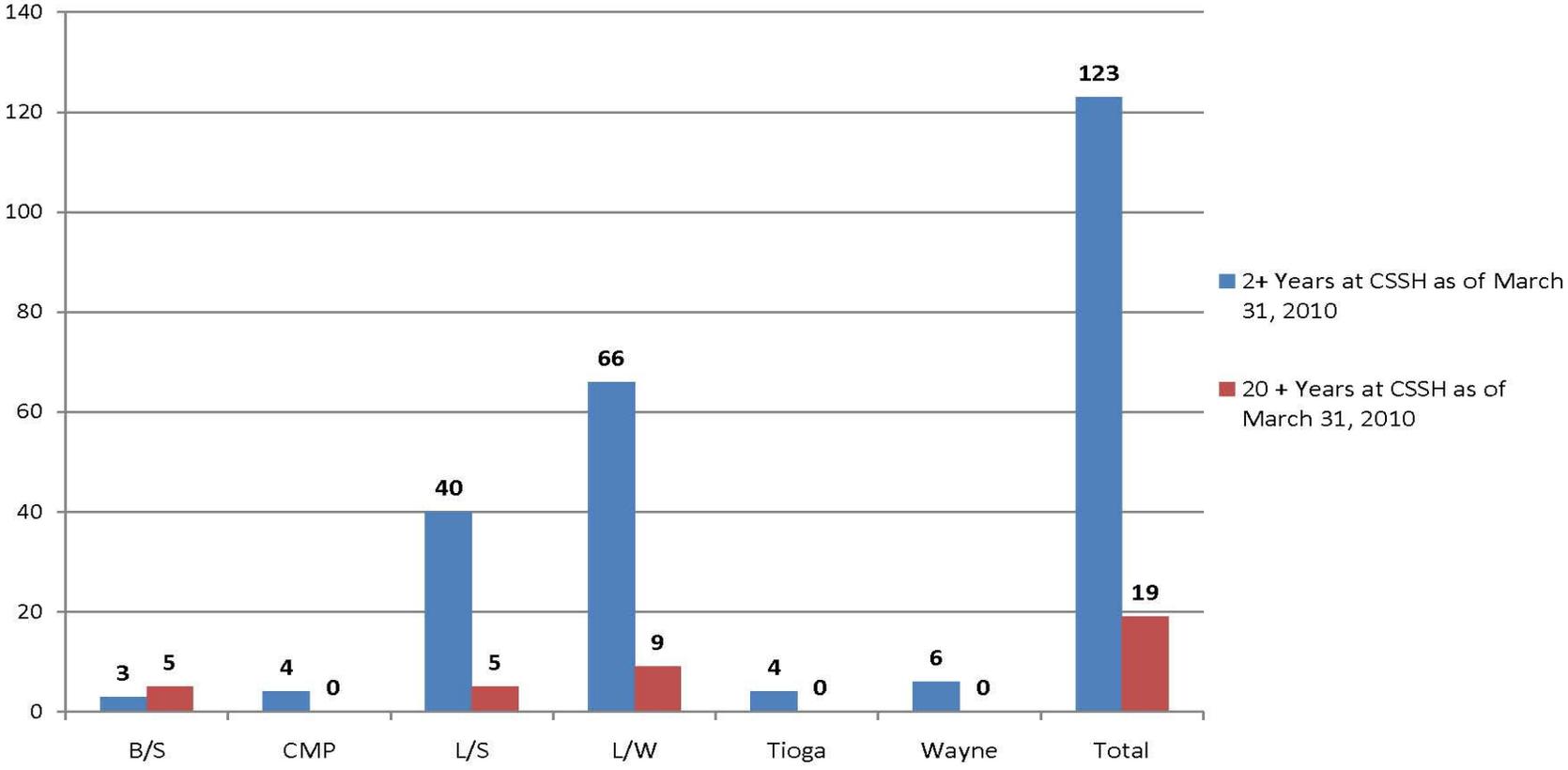
Census at Clarks Summit State Hospital



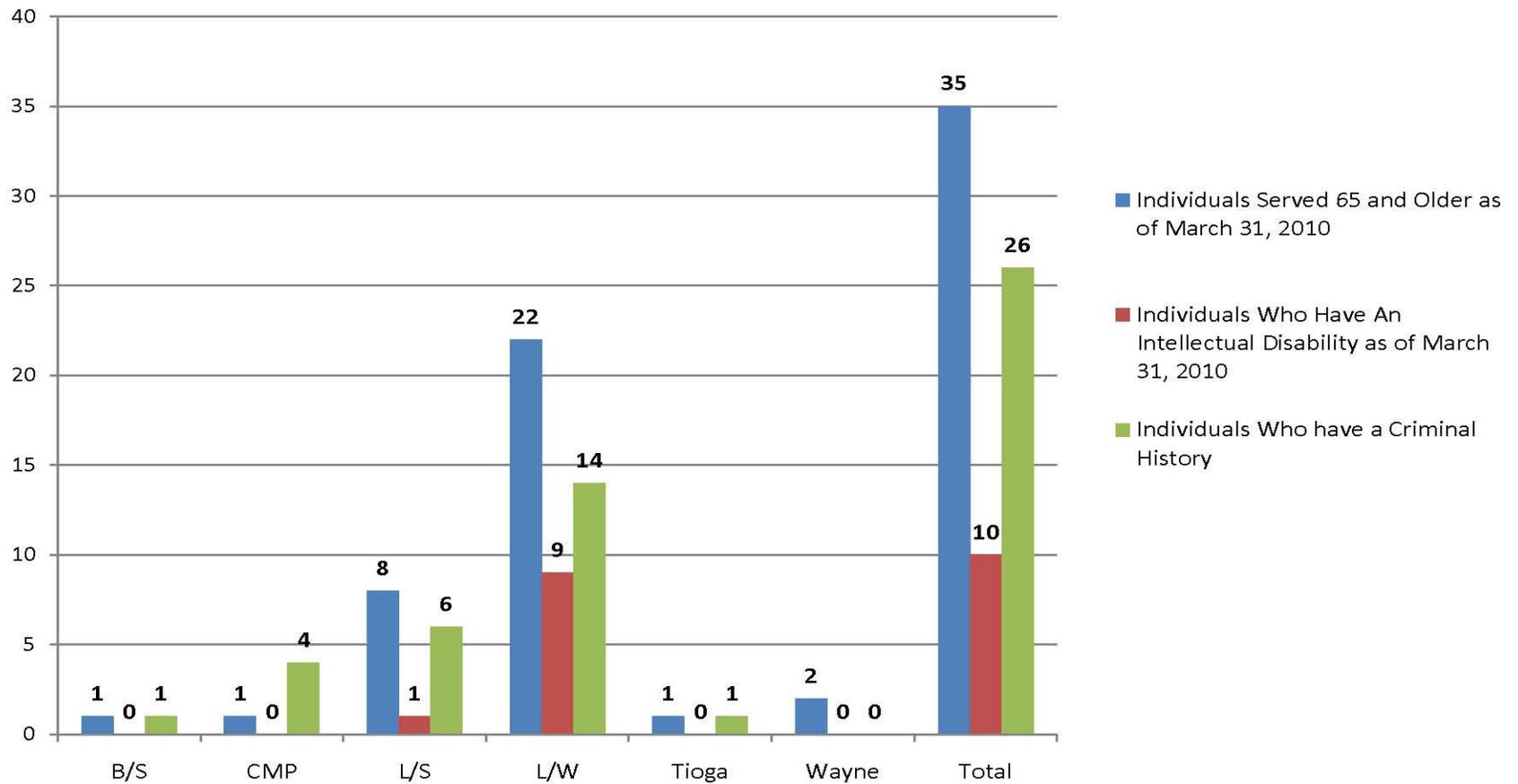
Admissions/Discharges at Clarks Summit State Hospital Fiscal Year 2008-2009



Length of Residence at Clarks Summit State Hospital

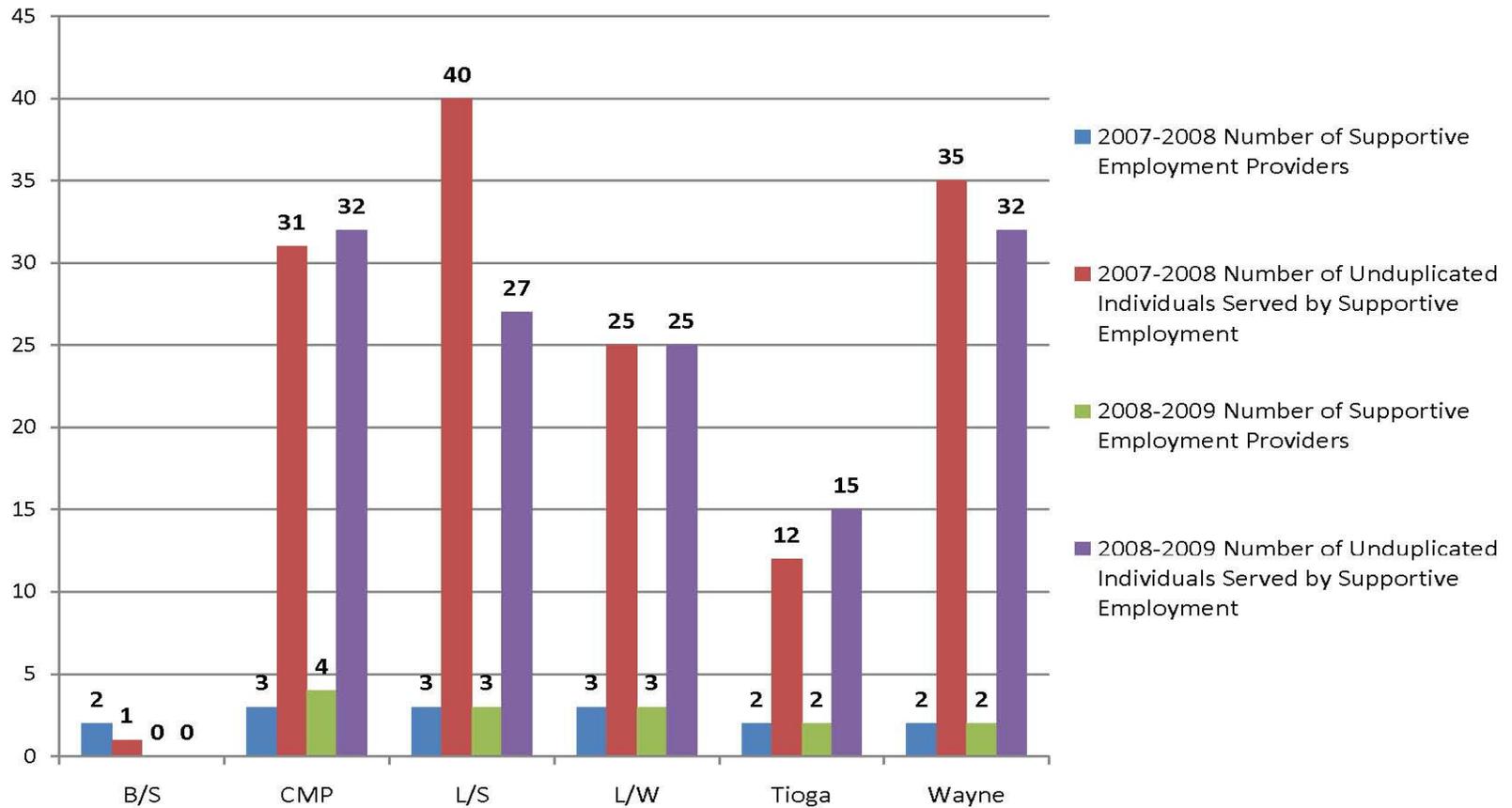


Special Populations at Clarks Summit State Hospital

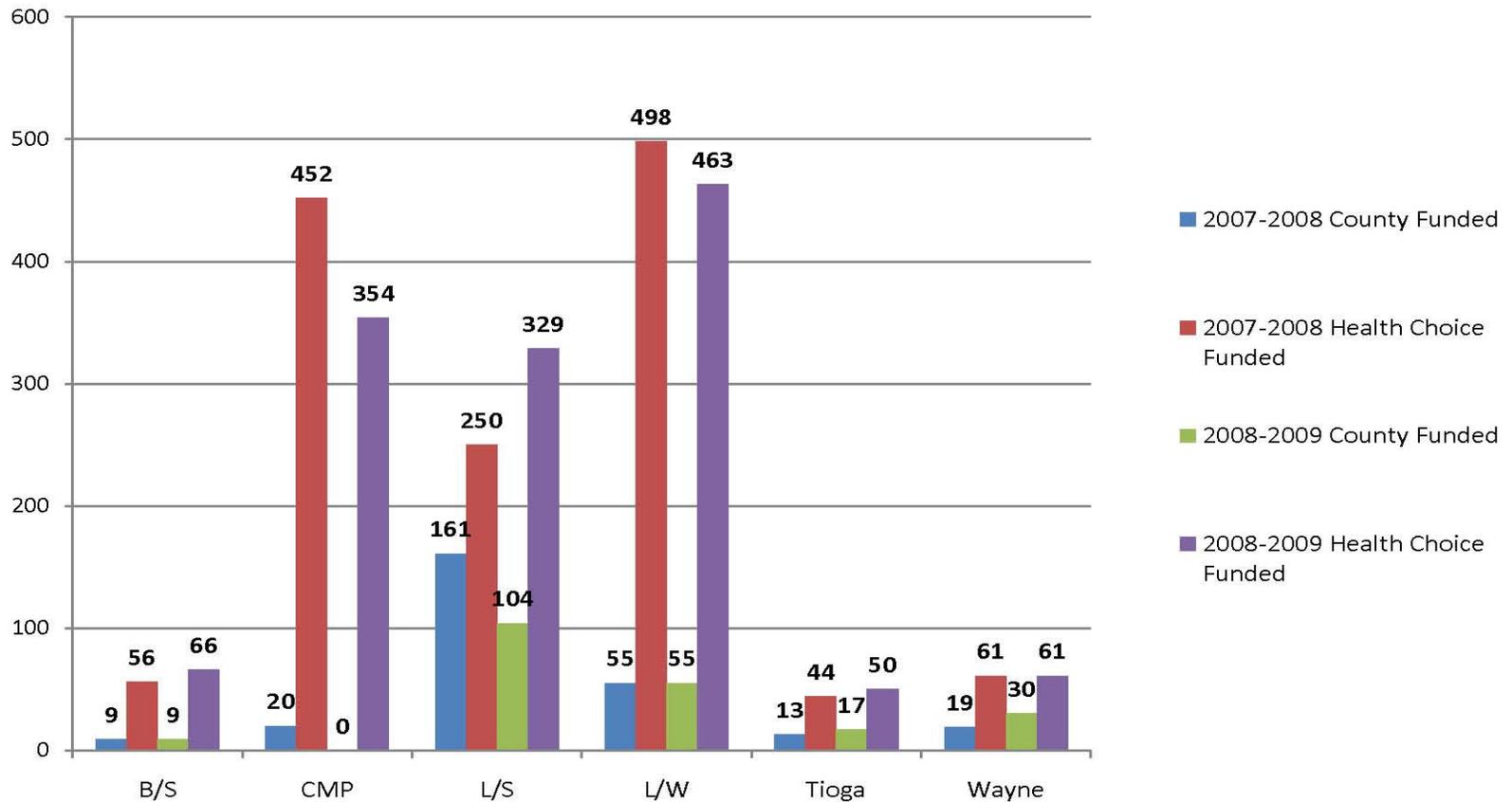


Counties' Information

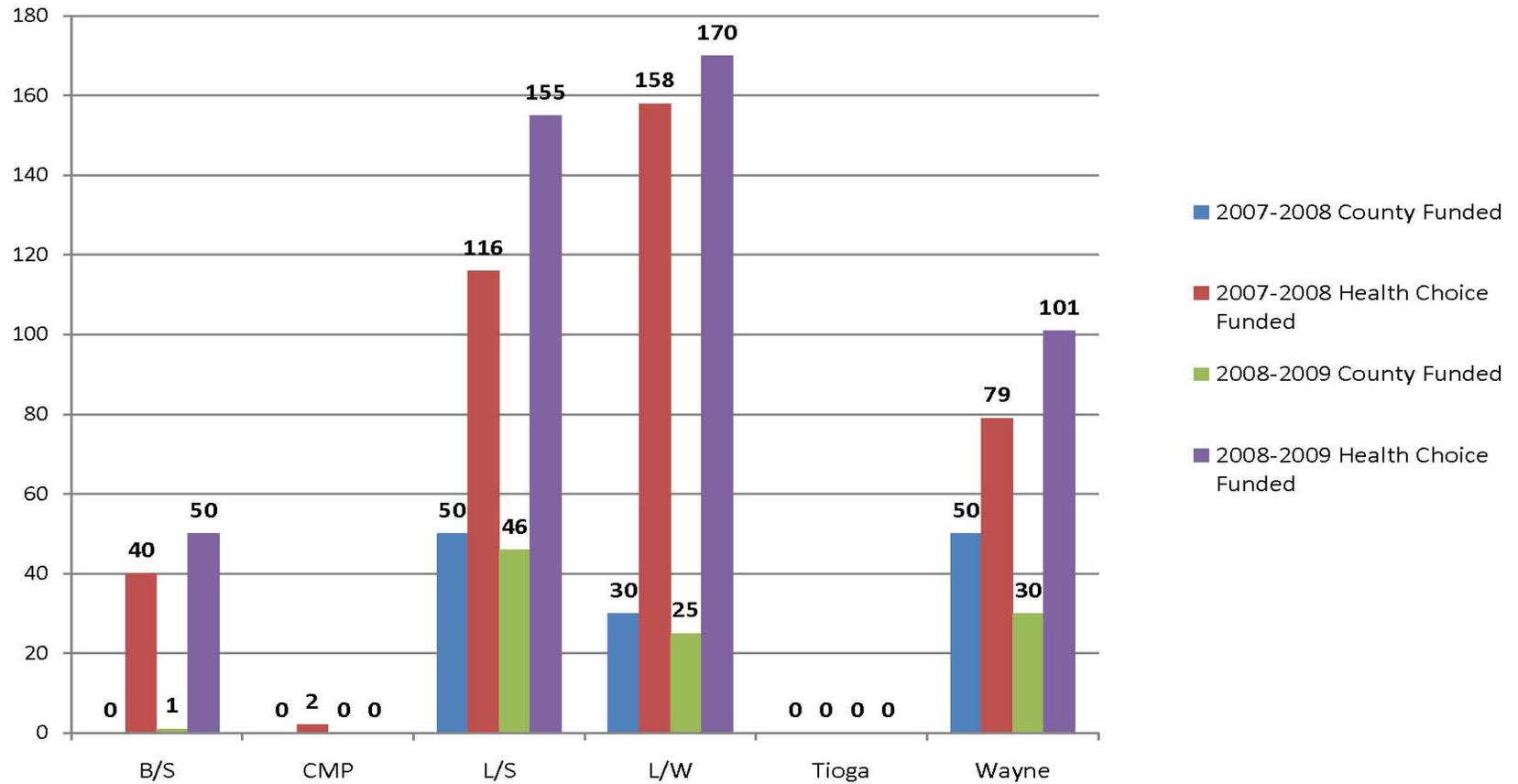
Supportive Employment Services



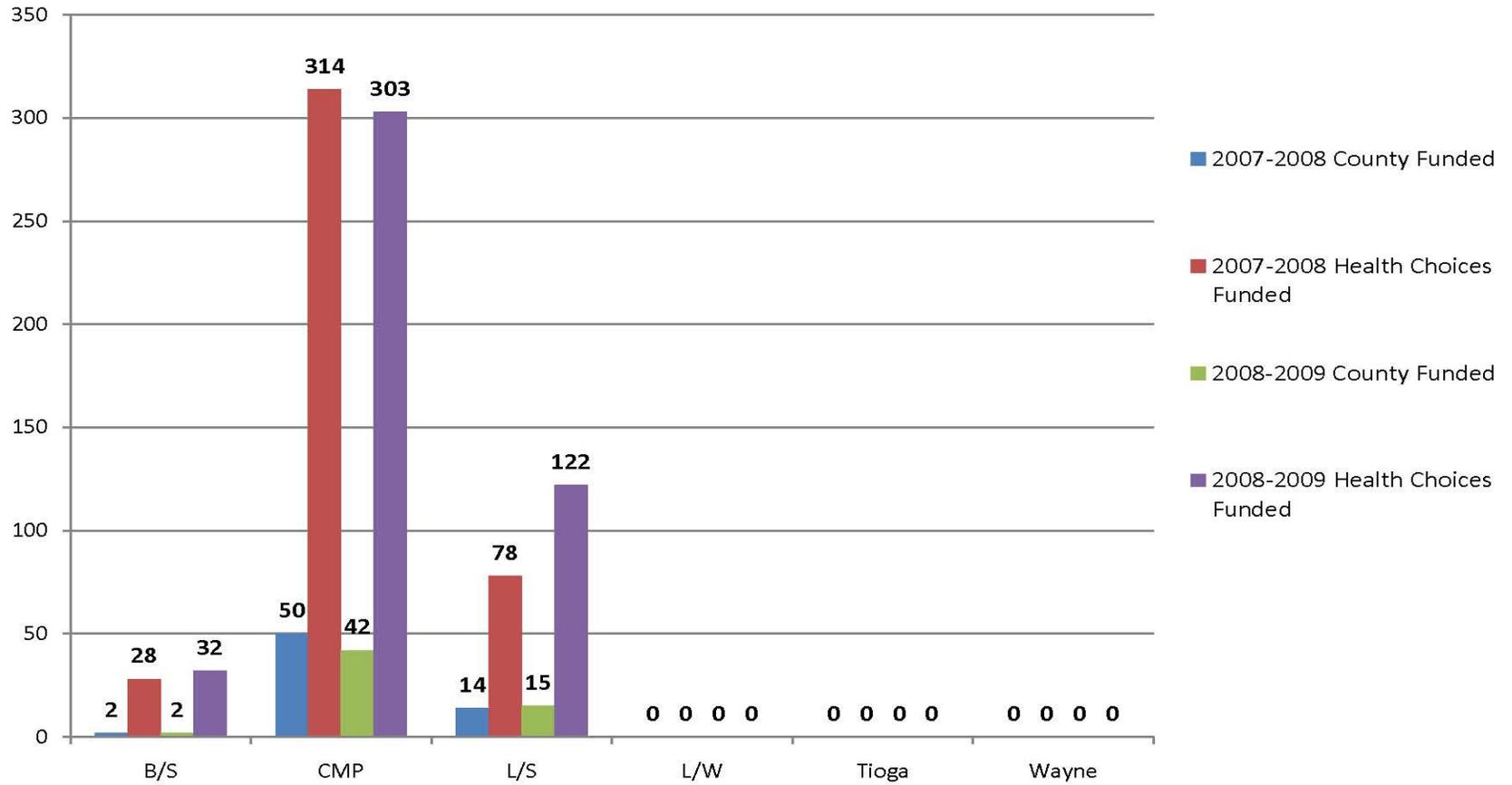
Adults Served by Intensive Case Management



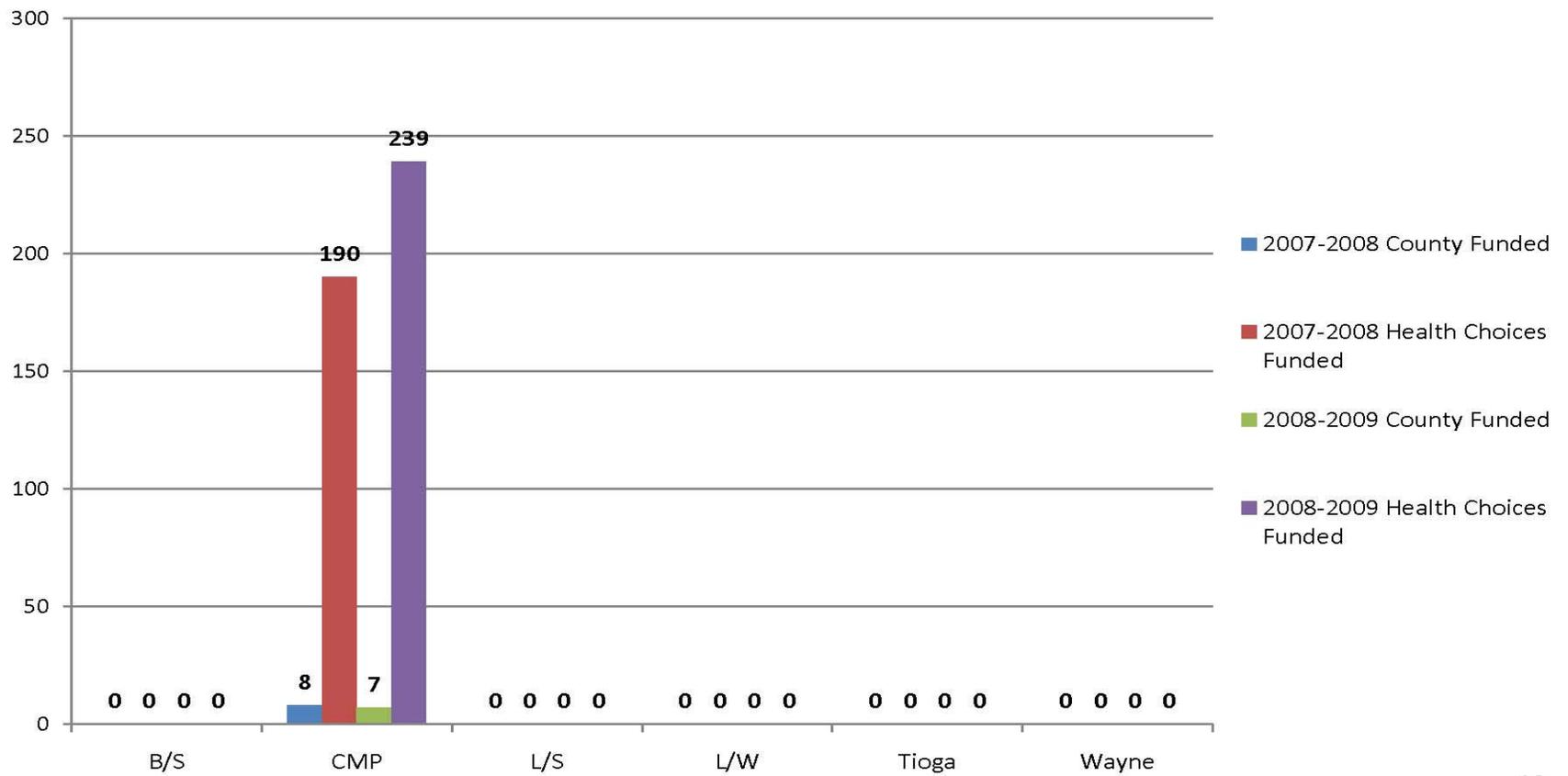
Adults Served by Resource Coordination



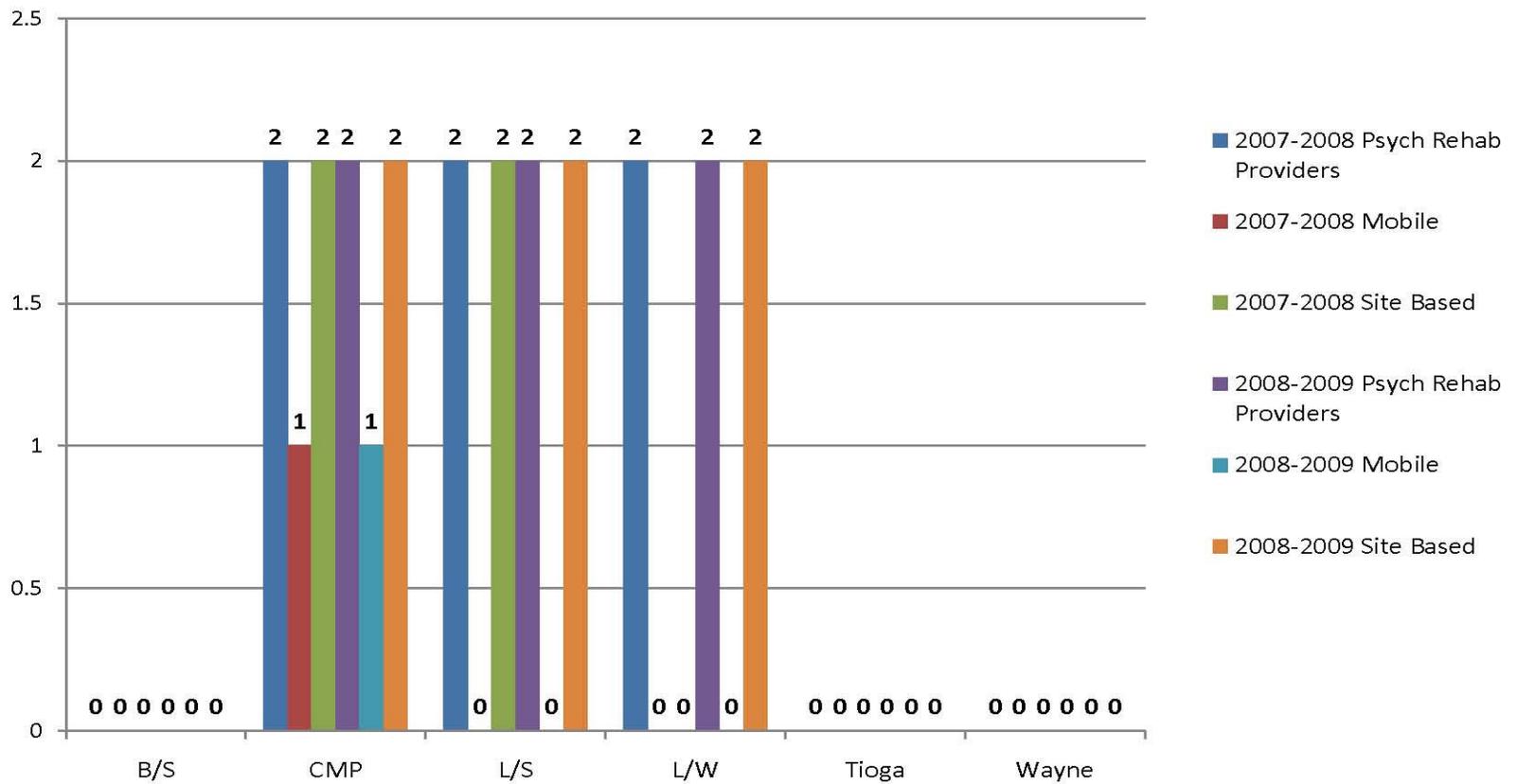
Adults Served by Blended Case Management



Adults Served by Enhanced Case Management

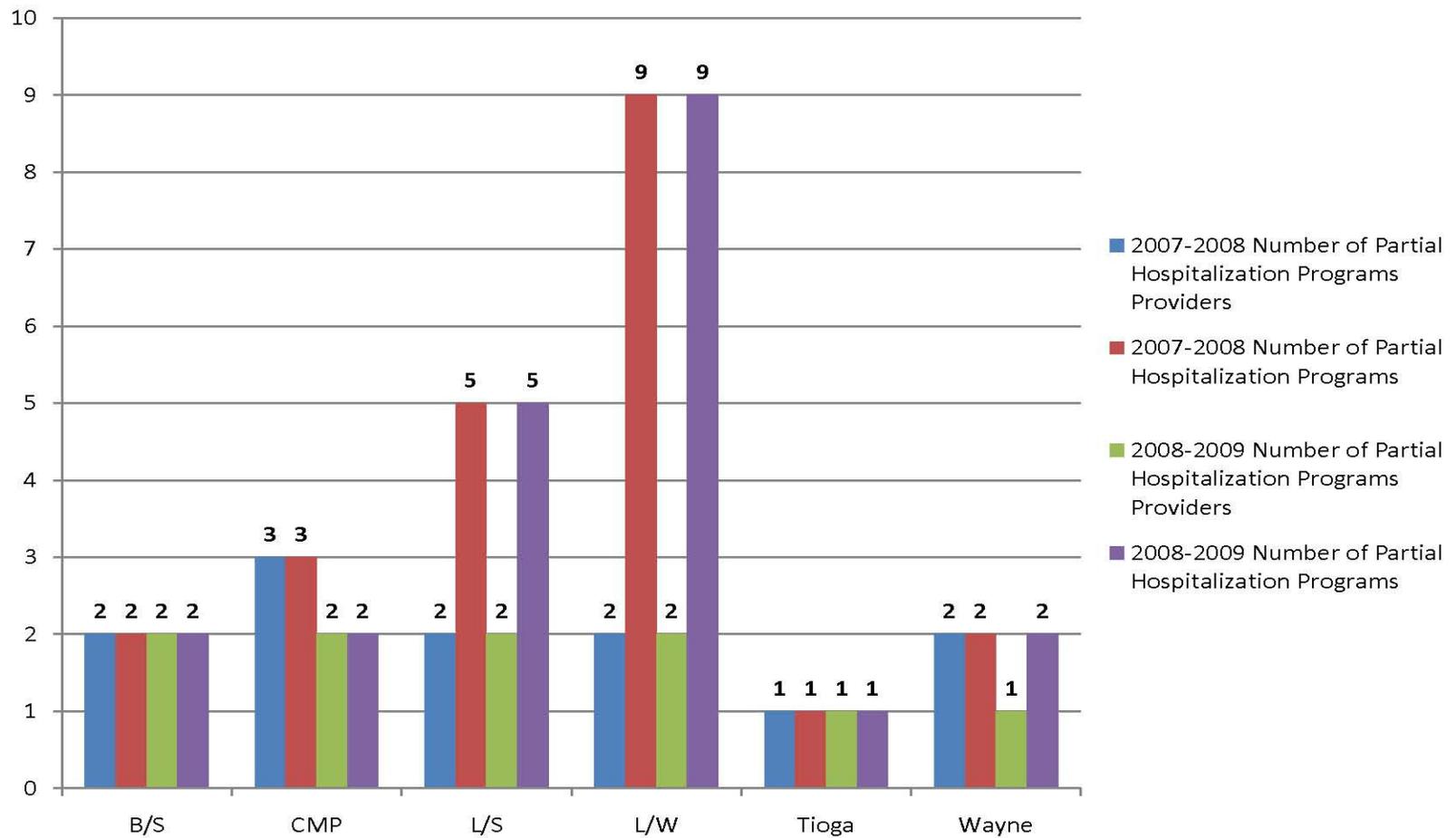


Adult Psychiatric Rehabilitation Providers

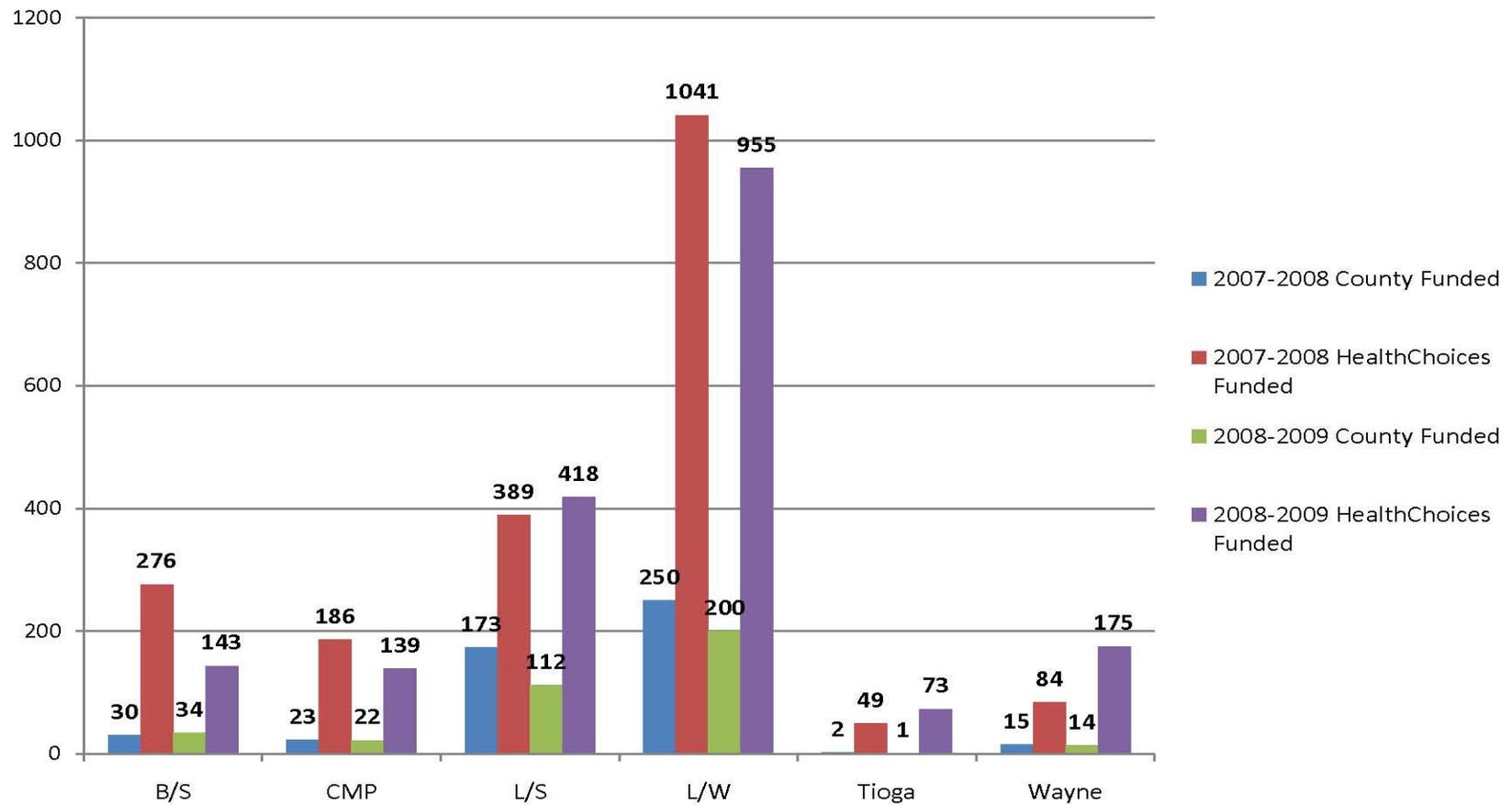


*Agencies have incorporated Psych-Rehab Services into day program options and housing services.

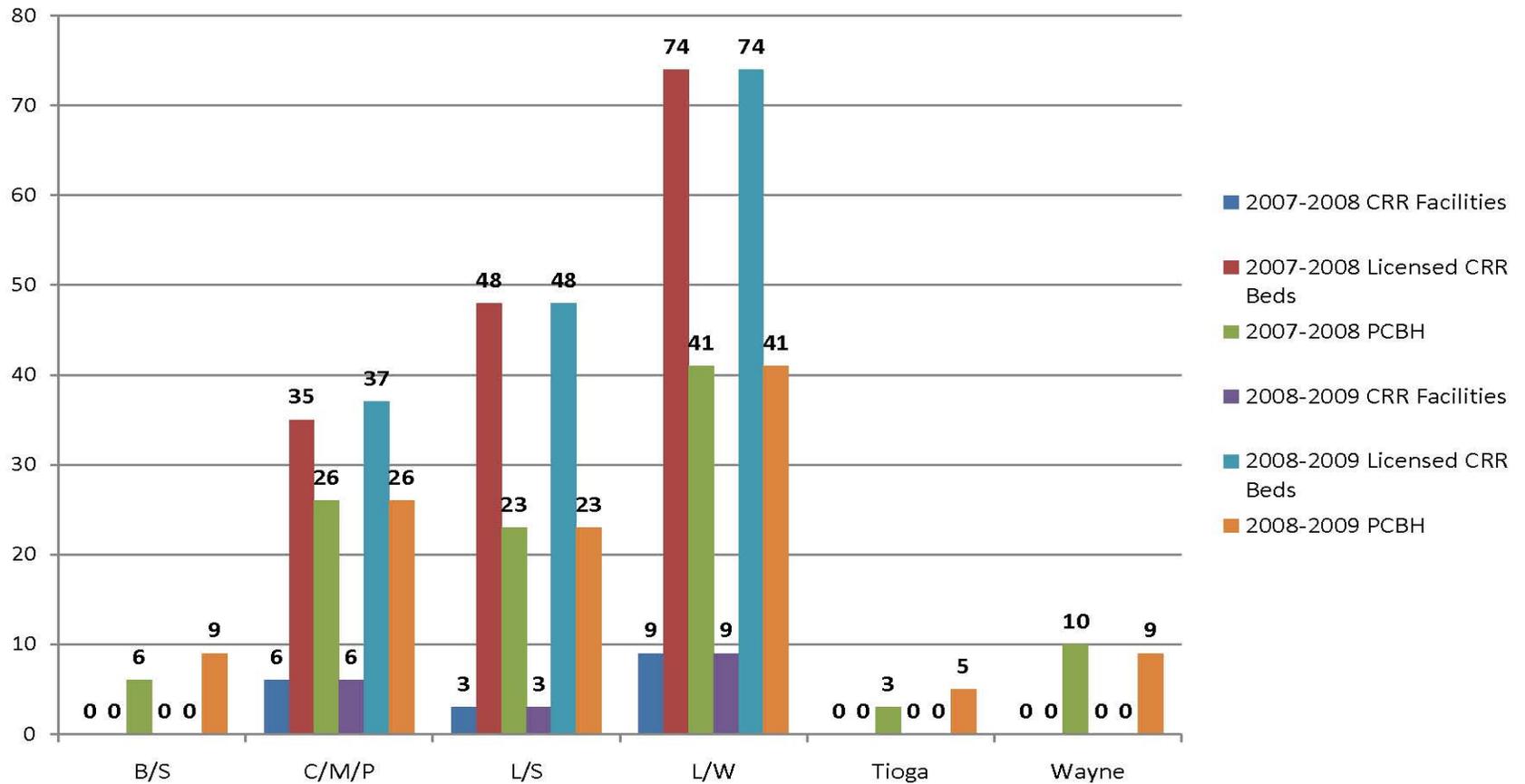
Adult Partial Hospitalization Programs/Providers



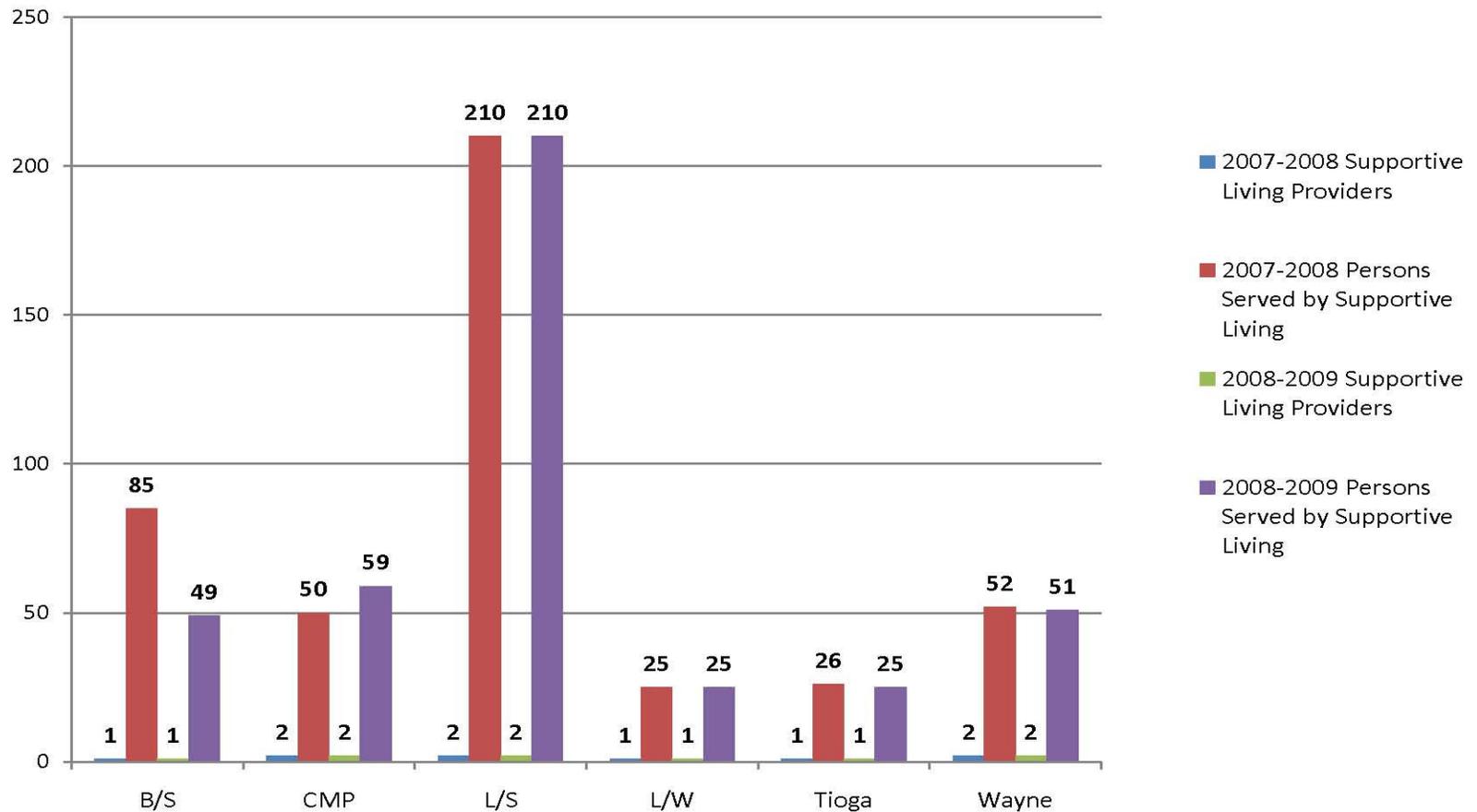
Adults Served by Partial Hospitalization Services



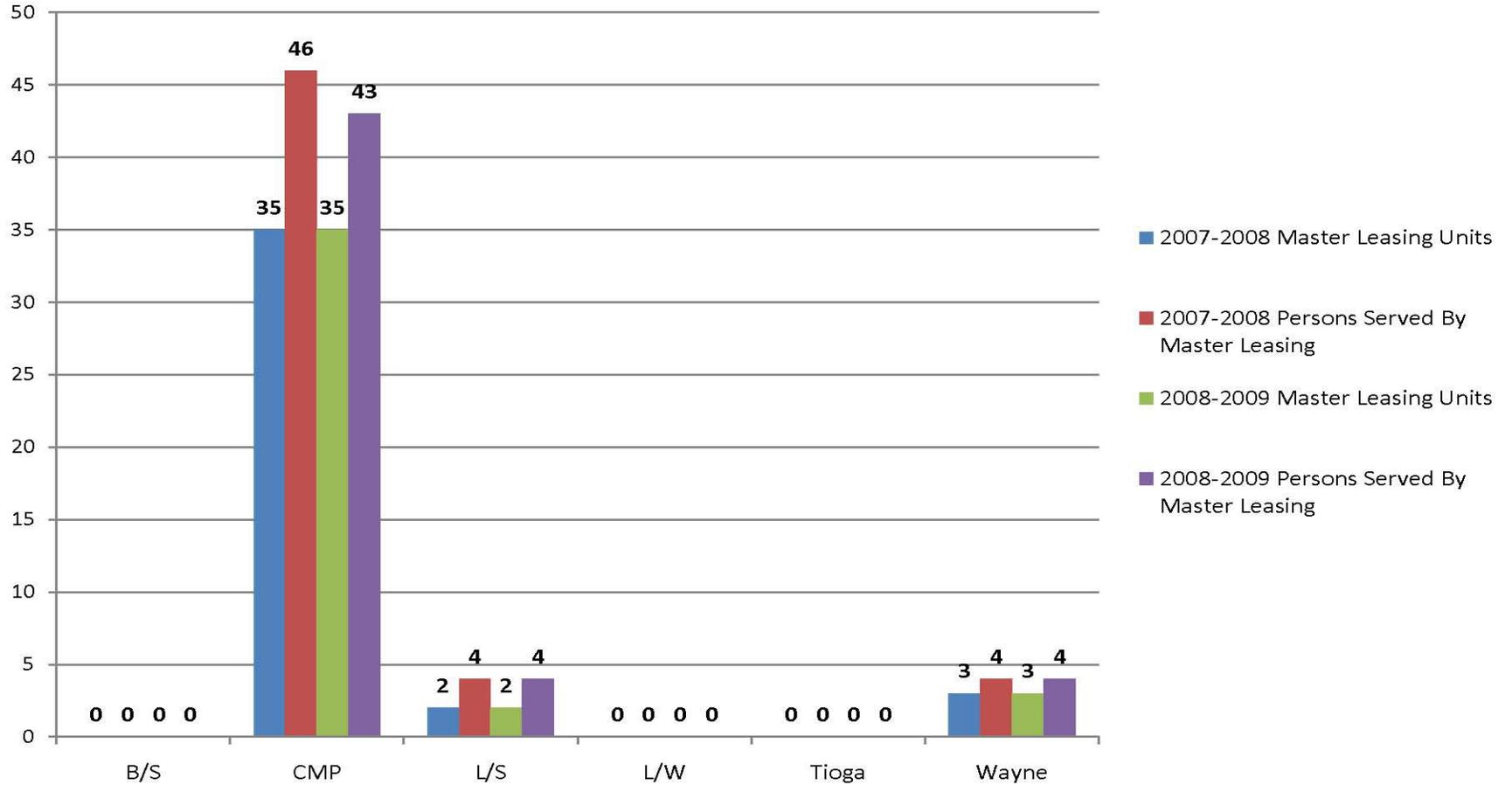
Service Area Plan Housing Information



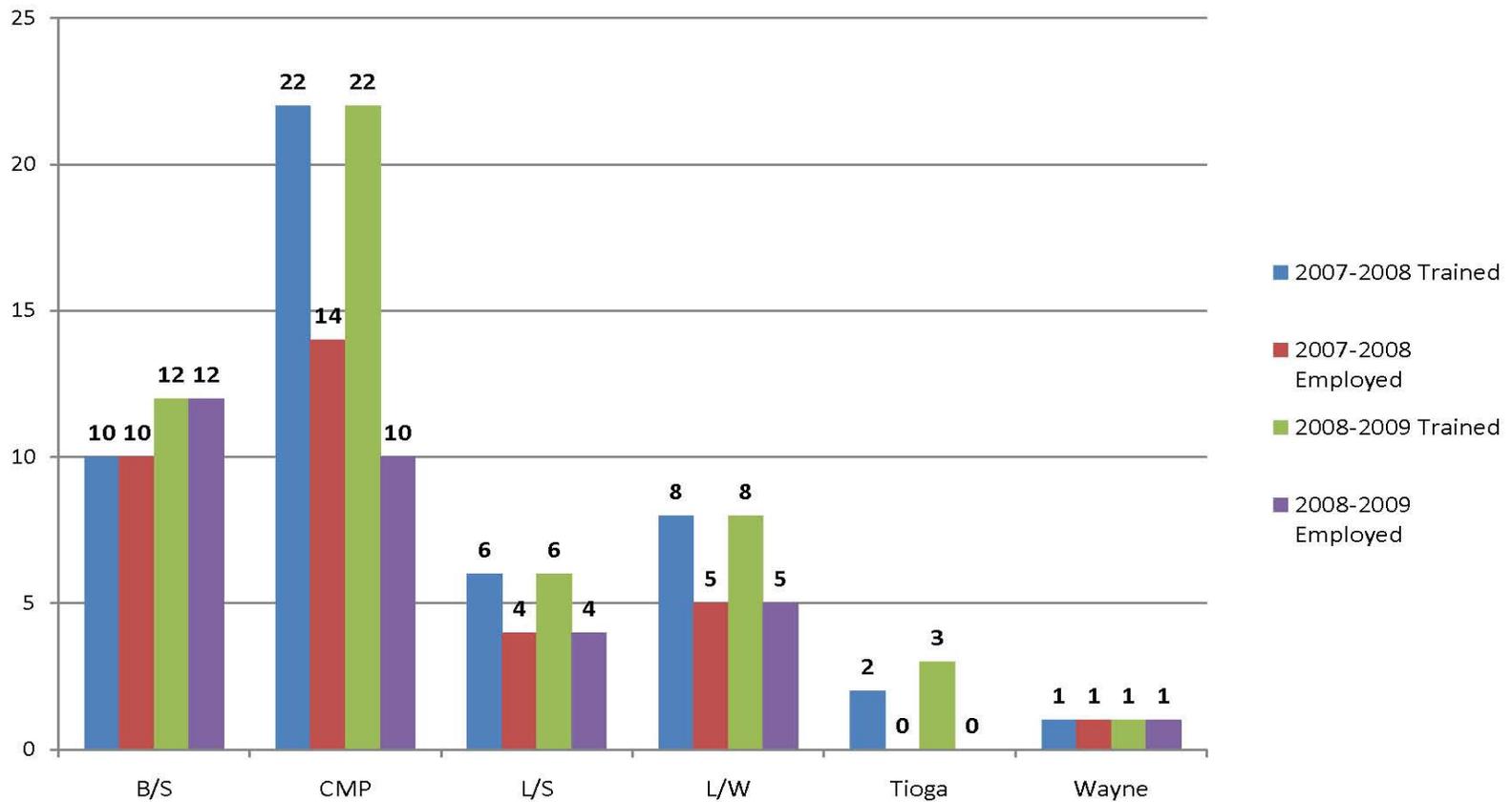
Supportive Living Services



Master Leasing Units



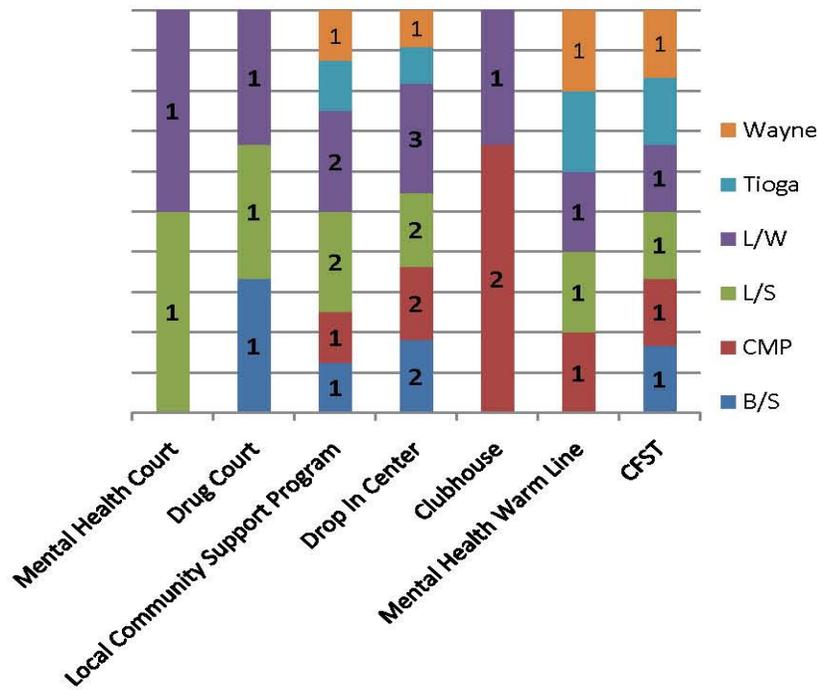
Peer Specialist Information



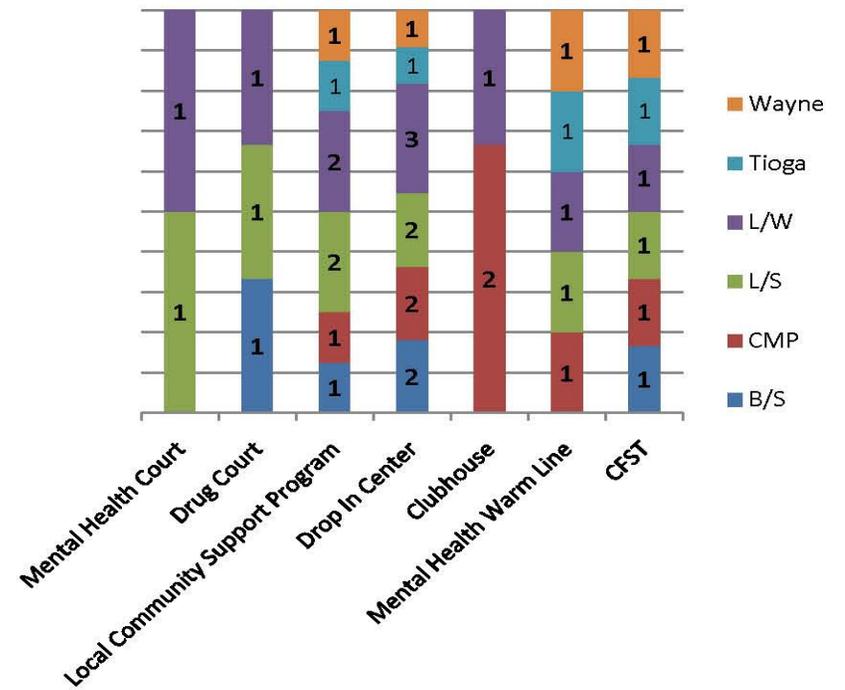
Service Area Plan

Existing Services

2007-2008

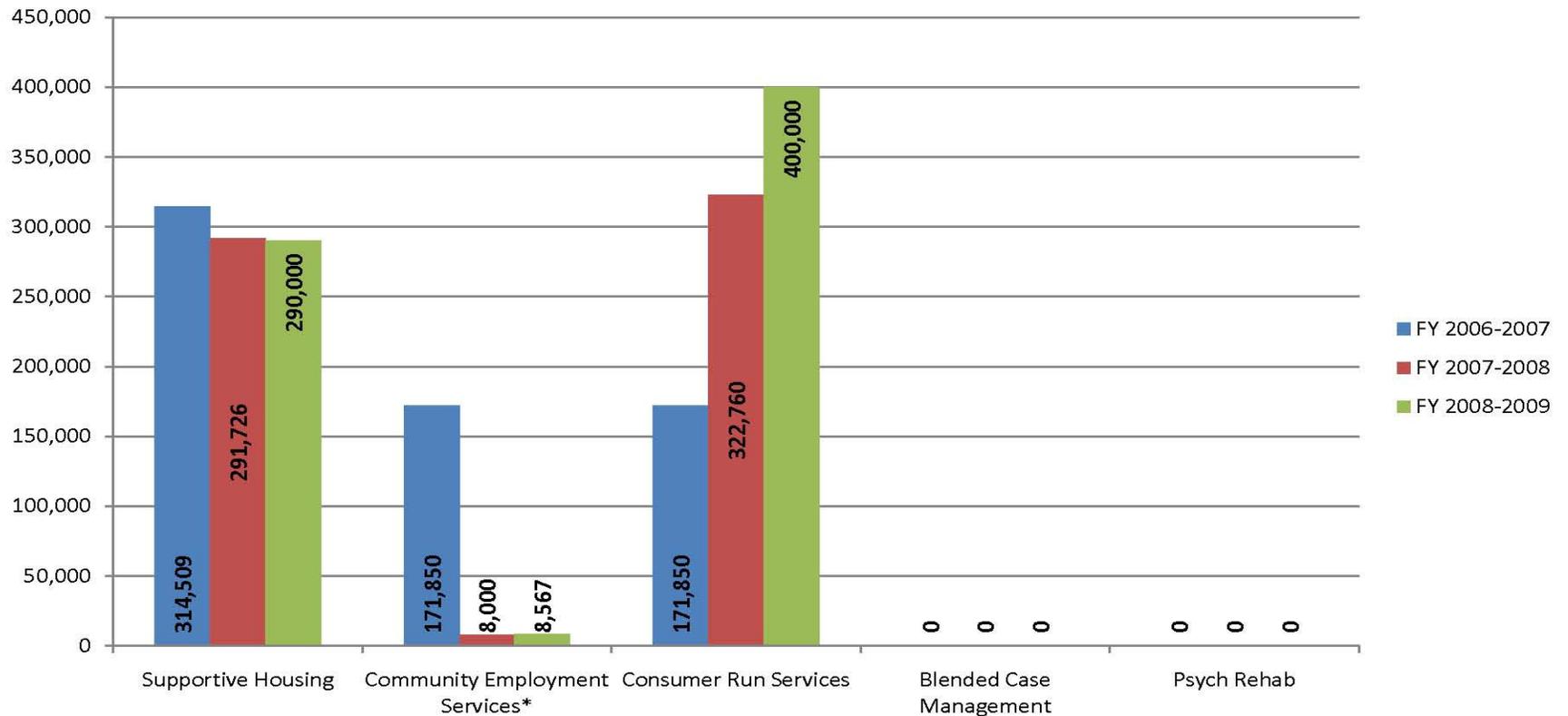


2008-2009



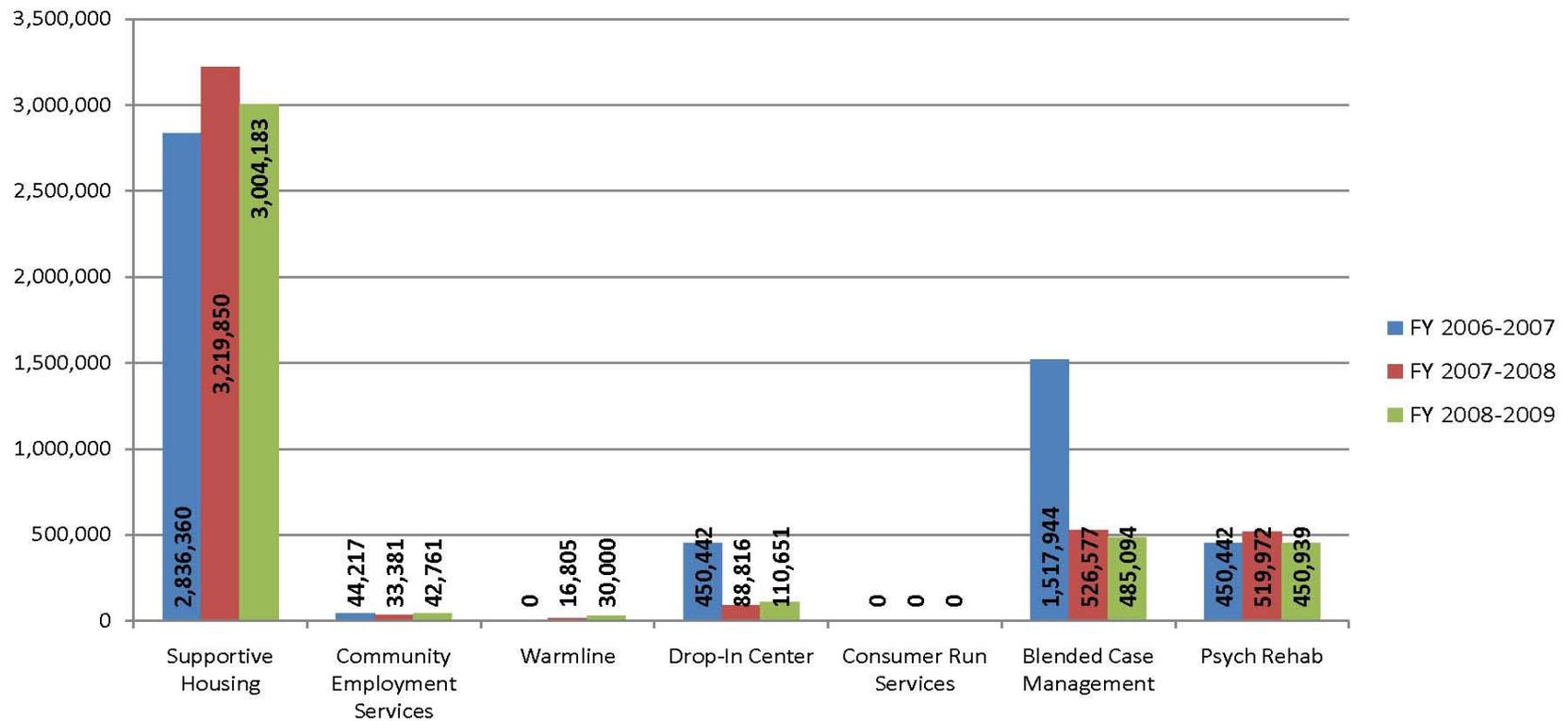
Income & Expenditure Reports

Bradford/Sullivan Counties Mental Health/Mental Retardation Program Recovery Orientated Services

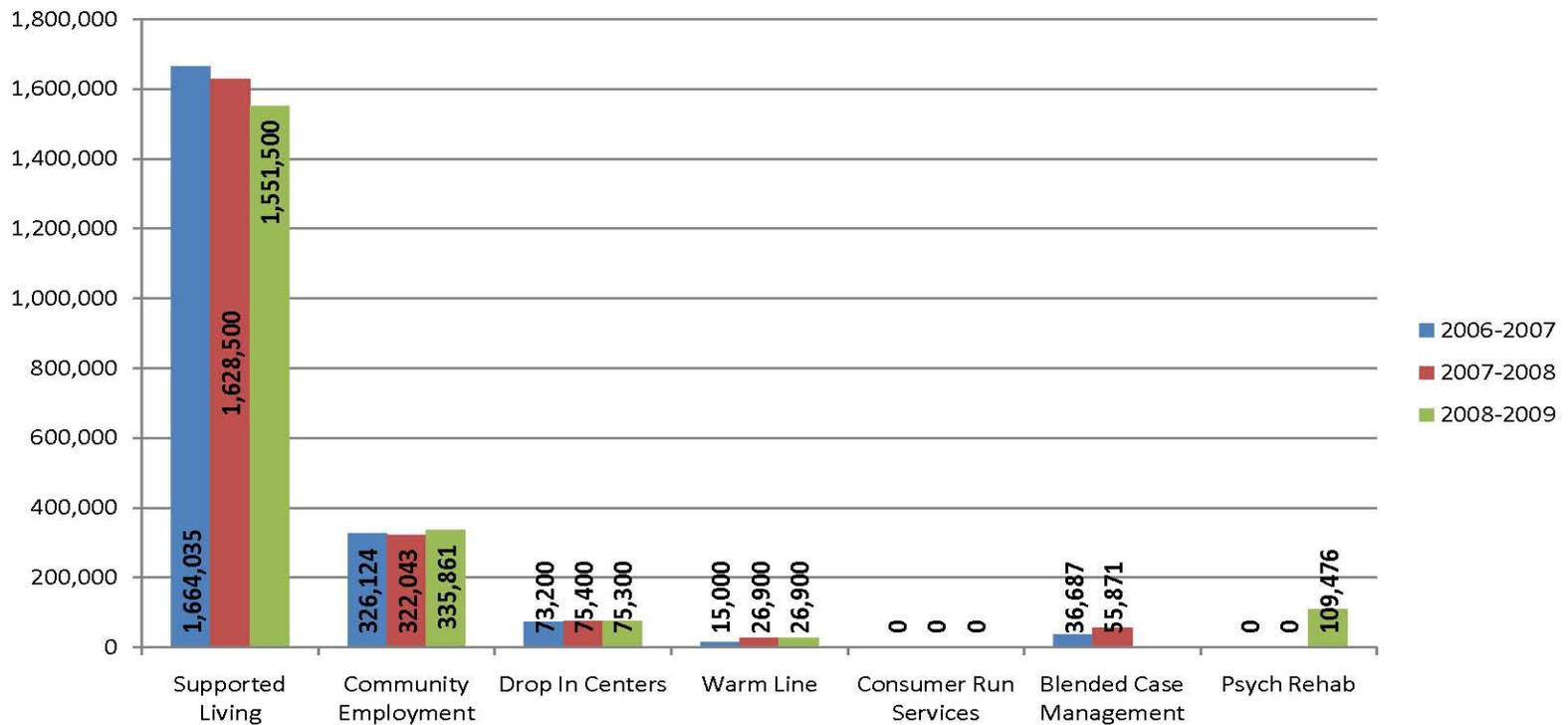


* Includes Drop-In Center

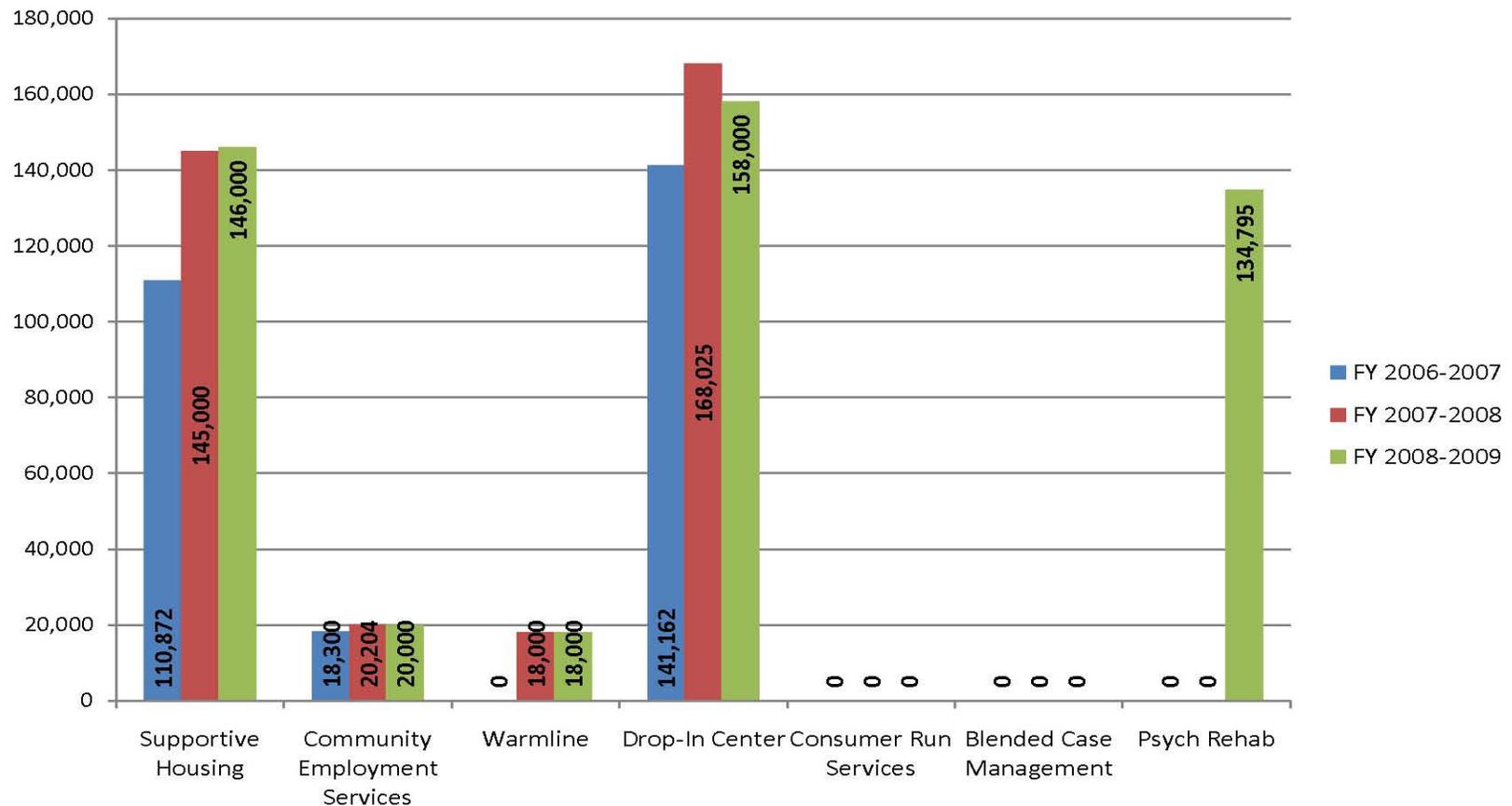
Carbon/Monroe/Pike Counties Mental Health/Mental Retardation Program Recovery Orientated Services



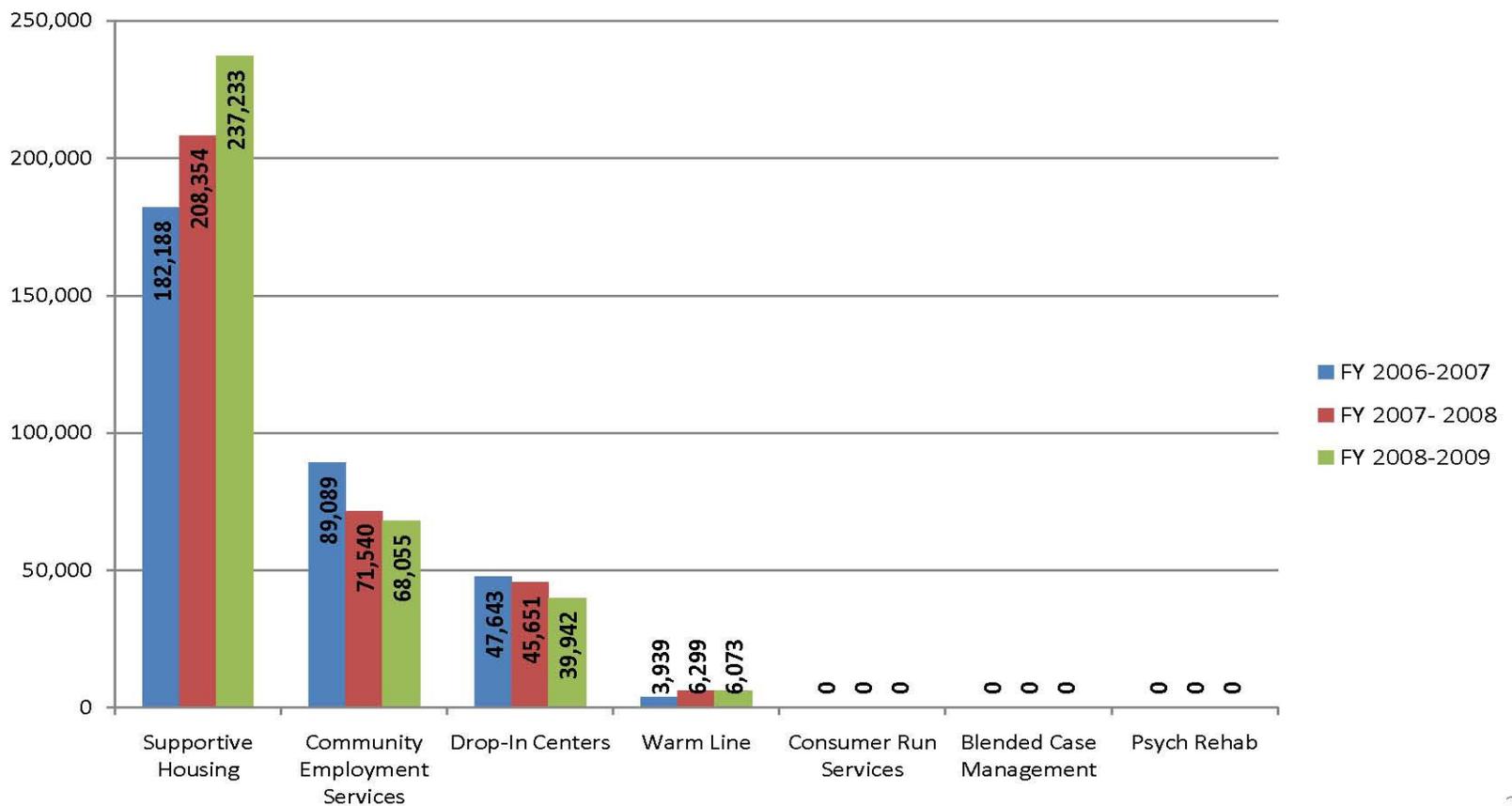
Lackawanna/Susquehanna Counties Mental Health/Mental Retardation Program Recovery Orientated Services



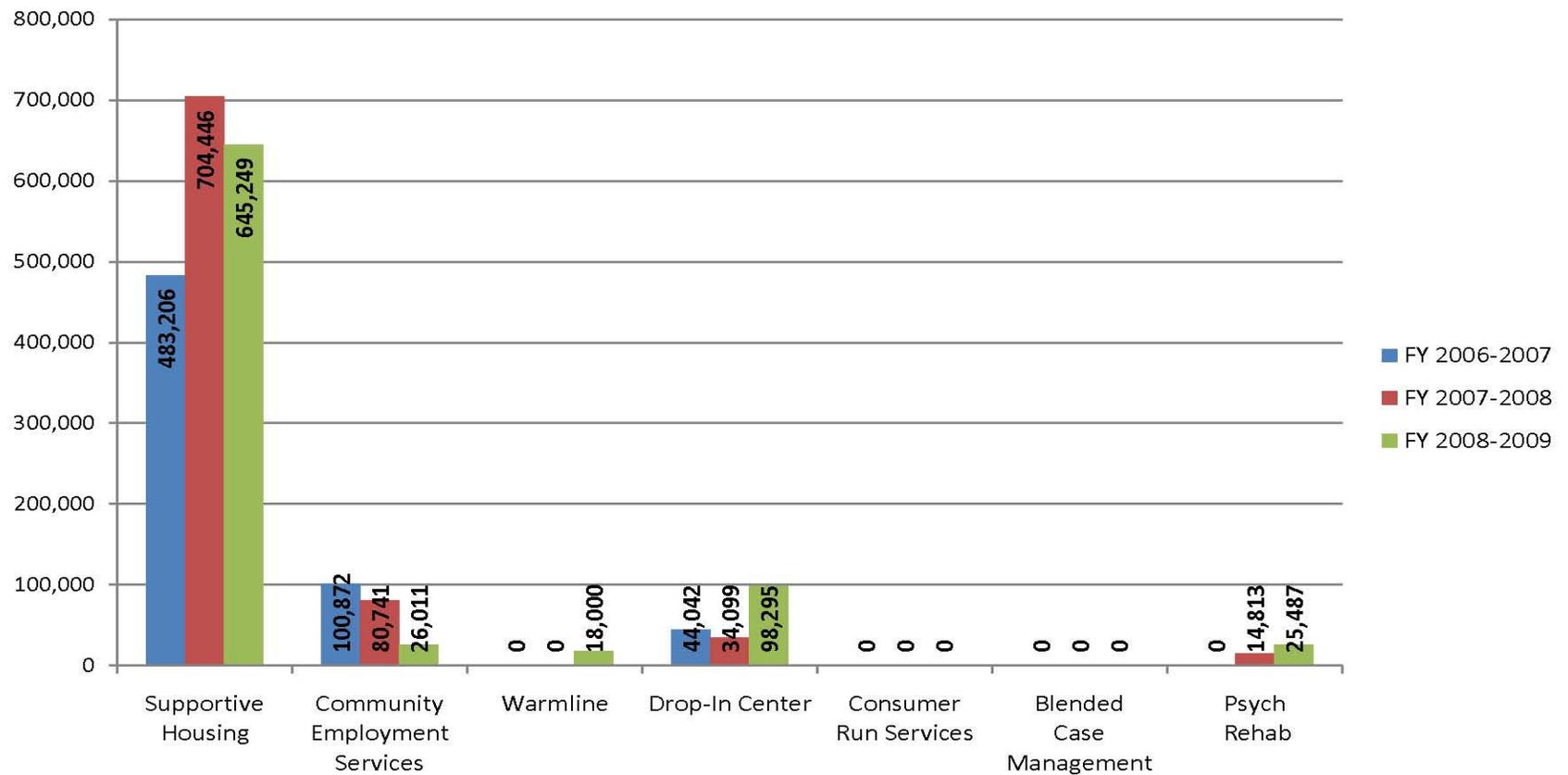
Luzerne/Wyoming Counties Mental Health/Mental Retardation Program Recovery Orientated Services



Tioga County Mental Health/Mental Retardation Program Recovery Orientated Services



Wayne County Mental Health/Mental Retardation Program Recovery Orientated Services



Next Steps/Moving Forward

Bradford/Sullivan Counties

- The Main Link Forensic Peer Support Team focuses on cultivating a supportive and resourceful relationship with forensic consumers and maintaining the relationship when they are released from incarceration.
- Forensic peer support workers from the Main Link visit their Correctional Facility weekly. They provide recovery-oriented peer support and links with resources that may help reduce recidivism. Post release services include assistance in accessing services in the community and in meeting probation requirements.
- Main Link Mobile Drop-In provides outreach to consumers in underserved locations in Bradford and Sullivan County to provide peer support, Community Support Program Activities, and plan additional Drop-in locations. Teams provide information about recovery, peer support and the activities offered at the Main Link.

Bradford/Sullivan Counties

- Main Link Forensic Program: Work Release for Recovery
“Work Release for Recovery” assists inmates to establish roots in the community 3 months prior to release. This aids in the reduction of recidivism by linking individuals to services, promoting recovery, and developing skills and strengths; therefore improving the quality of the individual’s life. With the improvement of the individual’s life, this program also increases the safety of our community and reduces costs related to further incarceration.

Carbon-Monroe-Pike Counties

- Keep moving toward more RECOVERY ORIENTED PROJECTS AND PROGRAMS!
- NHS Human Services has recently launched the Decision Support Center in their Mt. Pocono Outpatient Clinic. They are working with us, Dr Patricia Deegan and her staff, and CCBH on this pilot to assist individuals with making decisions about medication, personal medicine and communication with the psychiatrist surrounding these issues.
- The ReDCo Group Outpatient Clinic, which has locations in all three counties, is utilizing the “Tool Kit” and “Personal Medicine” developed by Dr. Deegan.

Carbon-Monroe-Pike Counties

- All of the providers who contract with CMP have integrated these concepts into their work with consumers.
- Lakewood Partial closed, discharging participants to the New Hope Recovery Work Center and other Psych Rehab programs. We now have only one partial in Carbon, and one in Monroe County. This has been made possible due to the development and enhancement of the Psych Rehab Programs.
- The POWER Program was created for site based and mobile psych rehab in Carbon County was developed by Resources for Human Development.

Carbon-Monroe-Pike Counties

- Our Housing Coordinator is working to develop relationships with local landlords, the housing authorities of all three counties, and the local developers to improve affordable housing options. She is also working with providers and county officials to seek grant opportunities for new housing programs.
- Also in housing, one of our re-investment plans is designed to develop a housing support program for individuals with a serious mental illness, coming out of prison, D&A Rehab, or the State Hospital.
- Our case managers have been going into all three county correction facilities to work on planning for inmates while they are serving their sentence and for discharge. We plan to further develop this relationship in the coming year.

Carbon-Monroe-Pike Counties

- The announcement of the closing of Allentown State Hospital has allowed us to alter some services, develop new services and plan for future development over the last few months.
- We have changed staffing patterns in some current programs to allow for people who require more staff support to be discharged from the state hospital.
- We are developing a three bed home for individuals with medical issues and a serious mental illness in Stroudsburg.
- We are working with Northampton and Lehigh Counties in issuing an RFP for Extended Acute Care to divert state hospital admission.
- We have issued an RFP for supported independent living.
- We have developed a second position for CHIPP Coordination because we will have 90 people who have come out of state hospital through the CHIPP Process.

Carbon-Monroe-Pike Counties

- We are in the process of developing additional an additional social rehabilitation program (Options).
- We are converting Enhanced Case Management to Assertive Community Treatment Teams.
- We will increase capacity for programs that are already available
- Supported employment .
- Rent subsidy.
- Doctor time.
- We will increase availability of programs for people without Medicaid.
- BCM.
- ACT.
- Psych Rehab.
- Partial Hospitalization.
- Peer Specialist.

Lackawanna/Susquehanna Counties

- Four providers: NHS of Northeastern PA; Scranton Counseling Center; Step By Step,;and Allied Services have staff trained as Psych-Rehab Specialists. During Fiscal Year 2008-2009, Scranton Counseling Center and NHS developed site based psychiatric rehabilitation programs. Individuals are both funded through the HealthChoices Program and County based funds are supported in these programs.
- Both Centers have reduced their number of partial hospitalization slots.
- Implemented a new Co-Occurring (MH/SA) Problem Solving Court.

Lackawanna/Luzerne/Susquehanna/Wyoming Counties

- The Counties in cooperation with NBHCC and CCBHO have developed a process to move their agency forward in promoting recovery principles the use of the ROSI survey. The counties as well as CCBHO on behalf of NBHCC have developed and inserted contract language into HealthChoices and county base contracts requiring provider agencies to meet minimum standards related to Board Membership, Affirmative Action Policies, and Recovery oriented Mission Statements.
- The Counties in cooperation with NBHCC and CCBHO are working towards the development of joint Quality Management initiatives including the development of common behavioral healthcare goals and objectives.

Lackawanna/Luzerne/Susquehanna/Wyoming Counties

- NBHCC has worked closely with five (5) provider agencies to participate in the CCBHO's Learning Collaborative. Each provider was asked to commit to a 2-year project to identify a program or service within their agency to implement common ground.
- The Northeast Regional Recovery Conference was held August 12, 2009 at the Radisson.

Luzerne/Wyoming Counties

- Development of Psychiatric Rehabilitation in January 2009 to serve over 200 consumers .
- Implementation of a Warm Line in February 2009 that employs consumers and is co located within the 24 hour Information and Referral Service, Helpline, to encourage interaction and skill building.
- Encouraged and implemented a cooperative transportation program to assist consumers to use public transportation to get to programs as well as regular use for shopping, recreation etc.
- Developed, submitted and received approval from Health Choices for Master Leasing to support people involved in the forensic system who have difficulty obtaining housing.
- NAMI, consumers, and other key stakeholders had involvement in development of Luzerne County Integrated Children's Service Plan (ICSP) submitted by Children and Youth in September 2009.

Tioga County

- Became licensed to provide Blended Case Management in 2009 and started this service during the summer of 2009.
- Has 1 Peer Support Service provider. A second provider is in the process of being approved for Peer Support Services.
- Has 2 providers implementing mobile psychiatric rehabilitation services and 1 site based service program.
- Has a partnership with the University of Pittsburg for tele-psychiatry services with a board certified child psychiatrist.
- Has expanded their Warm Line.
- Has 3 providers participating in Community Care Behavioral Health Organization's Learning Collaborative.
- Has a Housing Coordinator who works to developed relationships with local landlords and the housing authority.

Tioga County

- Has a very active local Housing Option Team that works with consumer input.
- Has a county plan to increase capacity for employment.
- Has a Provider in the process of developing an acute adult partial hospitalization program.
- Is working with a provider to implement a Fairweather Lodge.
- Provides substance abuse assessments, treatment, psychiatric evaluations with medication checks, therapy, and all telephone and mobile crisis services with the county prison.
- Is developing a targeted case management position to begin assessing inmates needs upon entry to county prison.

Wayne County

- Receiving HPRP funds to create 7 additional Master Lease slots and establish a Blended Case Manager position to work specifically with individuals who are homeless or have an at-risk history.
- Warm Line has been operating since October 2008.
- Based on ROSI assessment, the Drop-In Center recently adopted new By-Laws and is in the process of filing for 501©3 non-profit incorporation.
- Psych Rehab will open on May 3, 2010.
- Collaborating with a provider to develop a Clubhouse.

The End!

Thank You!

Attachment P

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program's

2010 Mental Health Focus Group Reports

The Advocacy Alliance

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program 2010 Lackawanna County Mental Health Focus Group



Lackawanna - Susquehanna Counties
Mental Health/Mental Retardation Program
2010 Lackawanna County Mental Health Focus Group

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsors 5 focus groups that are held annually and facilitated by the Advocacy Alliance with individuals who receive adult mental health services, adults who receive mental retardation services, and family members of individuals who receive mental retardation services in both Lackawanna and Susquehanna Counties. At these focus groups opinions are solicited as to needs/satisfactions/dissatisfactions individuals and/or families have with mental health or mental retardation services and supports offered in Lackawanna County and Susquehanna Counties. Participants are also asked to discuss topics that affect their 'Everyday Lives' lives and their Recovery. The feedback generated from these groups is included by L-S MH/MR in this Program Planning Process for fiscal year 2011-2012.

This report deals with the fourth year focus group held for adults who use mental health services and supports in Lackawanna County. L-S MH/MR Program sent invitations to twenty-five individuals chosen from a list of Certified Peer Specialists, Recovery Center members, WARM LINE mentors, Consumer and Family Satisfaction Team members, and Lackawanna Community Support Program members. Nine participants attended the focus group that met on January 15, 2010 at the Recovery Center in Scranton. Participants had varying experiences regarding mental health treatment histories and diagnoses and all self- identified as being in Recovery. The participants shared their opinions as well as representing invited individuals who could not attend.

The participants, as in previous years, reported feeling this focus group process as being very beneficial and giving a voice to the consumers of mental health services and supports. They wanted to thank L-S MH/MR for promoting Recovery by facilitating this process, and were appreciative of the opportunity presented by the focus group.

Nine participants represented consumers of mental health services in Lackawanna County for this focus group. Five of the nine who attend were female, 5 were registered to vote, all identified themselves as Caucasian, with 1 reporting his/her age as early 30s, 3 in their 40s, 1 in their 50s and 4 age 60 or over.

Results

Recovery

Participants discussed communication and some staff attitudes as Recovery concerns. Recovery as reported by the focus group, still struggles as far as the mental health provider system's outpatient and crisis services in staff attitudes toward consumers of services. Evidenced by the way staff talk and behave toward consumers, participants report that in their opinions outpatient mental health staff are 'condescending' and the medical model still exists. Most crisis staff are reported by participants to be challenging, not helpful, and add more stress on the crisis.

Participants who use or who told what they have heard from other consumers, reported a strong Recovery focus in the psych rehab program with the many supportive staff and supports in the community that assist them in their Recovery. One participant stated, "psych rehab gives me a sense of worth."

Participants reported feeling embarrassed about the front of the Scranton Counseling Center and feel consumers gathering outside smoking promotes stigma against those individuals who have a mental illness. A participant stated that it is "unwelcoming and not cheerful, puts a depressing outlook on Recovery."

Housing

Concerns

Participants report a lack of choice in housing for those who have a mental illness, primarily when an individual leaves a psychiatric inpatient service. Most participants at the focus group reported having stable housing but are concerned about other consumers.

Needs

Focus group participants would like to see additional housing available that 'supports' people who have a mental illness, not take care of them. Whether it is in their own home or other public housing, a supported living program would be helpful. They discussed wanting other choices besides personal care homes. Housing is needed where there is some assistance and people are not by living by themselves, yet have independence and minimal support.

There is also a report of more housing/apartment landlords requesting a large deposit before renting an apartment and many individuals do not have money for a deposit.

Service Delivery

Participants feel that psych rehab is working well and they enjoy learning daily living skills. Participants that use this service reported the psych rehab staff are very organized and always on time. Other participants reported they like the specialized groups in the partial program.

Concerns

Crisis services elicited strong negative opinions and participants used this as an example of what does not work for individuals who have a mental illness. Starting with Lackawanna County not having a crisis line, participants voiced concern about not getting any support during a crisis and waiting for a call back from crisis worker is dangerous. They also cited long response times for the delegate to arrive in the Emergency Room, long waits in the Emergency Room, and the 'uncaring' and 'challenging' attitudes of crisis staff and security guards. It was reported by one participant that a crisis staff appeared very angry with him/her and confronted him/her with a "Why are you here"? Another participant reported he/she was in a state of 'high anxiety' and felt they were having a heart attack but sat alone in a room by him/herself for hours.

Participants report that there exists communication problems and it is very hard to contact or get a return call from therapists if you need to change an appointment or need to make an appointment. As previously stated in this report, participants feel they are not taken as seriously as someone without a mental illness and feel many provider staff fail in customer service.

Needs

Participants said that if there was a sort of liaison in the Emergency Room to relay information to them and among the hospital staff, the delegate, and security guards,..." someone who would be there and I wouldn't have to wait for", "someone who would take time to listen to me and tell me what is going on". One participant suggested a separate waiting room for individuals with psychiatric problems because they felt that if you have a serious mental illness you are not seen as being ill as are individuals who have a physical illness and are treated like you are bothering staff.

Participants reported feeling more help is needed when someone is discharged from inpatient hospitalization. Participants reported wishing more discharges used the Warm Line and discussed how helpful it is.

Changing/Enhancing Existing Services

Recommendations:

- Participants would like to see more supportive crisis staff.
- Participants would like a better understanding about differences and similarities between psych rehab and partial hospitalization programs.
- Participants want stronger partnerships with staff, more respect, and to move away from the medical model.

Summary

Participants reported feeling good about the community supports such as the Recovery Center and Warm Line, and the many good staff at agencies. They reported being more educated about what they need in order to do well but feel some provider staff still treat them in a way that does not encourage their independence and Recovery. Psych Rehab, the service and the provider staff, are reported as a very positive change in treatment options.

The negative side of mental health services and reported as a major concern are after hour crisis/emergency services. Reported by participants from their perspective as well as anecdotal conversations with other consumers is the lack of respect and dignity afforded to individuals during a crisis is especially concerning because it is when you need the extra support. The length of time and effectiveness of the service itself is also a concern. Participants reported that once you are in the crisis/emergency system you receive minimal positive or even negative contact during your experience and little positive support, depending on what crisis worker you have working that night.

The Advocacy Alliance

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program 2010 Susquehanna County Mental Health Focus Group



Lackawanna - Susquehanna Counties
Mental Health/Mental Retardation Program
2010 Susquehanna County
Mental Health Focus Group

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) annually sponsors 5 focus groups facilitated by the Advocacy Alliance with individuals who receive adult mental health services, adults who receive intellectual disability services, and family members of individuals who receive intellectual disability services in both Lackawanna and Susquehanna Counties. At the focus groups' meetings opinions are solicited as to needs/satisfactions/dissatisfactions individuals and/or families have with mental health or mental retardation services and supports offered in Lackawanna and Susquehanna Counties. Participants are also asked to discuss topics that affect their Recovery and their 'Everyday Lives'. The feedback generated is included by L-S MH/MR in the Program Planning Process for fiscal year 2011-2012.

This report deals with the fourth year focus group held for adults who use mental health services and supports in Susquehanna County. L-S MH/MR Program sent invitations to approximately twenty individuals chosen from a list of Drop-In Center members and the Susquehanna County Community Support Program. A 9 member focus group met on January 14, 2010 at the New Beginnings Drop-In Center in Montrose. Participants had varying experiences regarding mental health treatment histories and diagnoses and all were self identified as being in Recovery. The participants shared their opinions as well as representing invited individuals who could not attend this focus group.

The participants, as in previous years, reported feeling this focus group process as being very beneficial and giving a voice to the consumers of mental health services and supports. They wanted to thank L-S MH/MR for continuing with the annual focus group.

The major ideas/suggestions that were discussed at the meeting were less about mental health treatment services and more about the needs for people who have a good understanding of their mental illness but need basic community supports such safe and affordable housing options and improved transportation. All this affects a person's Recovery and if unavailable can cause anxiety and stress. Mental health treatment services were discussed but community services and supports were primary in the minds of this group.

Nine participants represented consumers of mental health services in Susquehanna County for this focus group. Four were female, 6 were registered to vote, all identified themselves as Caucasian, with 2 reporting their ages as early 30's, 3 in their forty's, 3 in their fifty's and one age's sixty.

Results

Recovery

The focus group participants reported requiring basic community services to assist someone with a mental illness or any disability to live safely in their own community. Safe and affordable choices of housing and accessible transportation are essential to a person doing well in their individual Recovery and were a need identified for this rural area. Participants discussed the lack of choices for appropriate housing. Housing is needed that is conveniently located near grocery stores, laundromats, pharmacies, and doctor's offices.

Other areas identified as essential to Recovery were more safety measures that would help in well-being such as an educated police force that understands mental illness especially during a crisis, support groups, and crisis phone lines.

Housing

Participants discussed the need for specific housing with supports for individuals with a serious mental illness and recommended more transitional housing options. Participants discussed having personal care homes as the only choice when you come out of a psychiatric hospitalization.

Treatment Services and Supports

Participants reported confusion and a lack of communication from their service provider with the change from partial hospitalization services to psychiatric rehab services. Participants reported the lack of choice in areas of mental health service providers and lack of availability of a local inpatient psychiatric service and a crisis line. Other more subtle changes negatively affected individuals when their major service provider changed things such as not having their psychiatric and outpatient appointments on the same day. Participants reported that the 'missed appointment' policy of their provider (not being able to schedule an appointment for 6 months if you missed your appointment) was very punitive. Participants also report they see little change from the 'medical model' and feel they are not considered equal partners in their treatment.

Emergency services were an area of concern reported by participants. They reported not having a crisis line and wanting the ability to receive help without going to an emergency room. Two participants reported having to wait 3 to 4 hours in the Emergency Department public waiting room and then an additional 2 to 3 hours in another waiting room with security guards who were reported to be "unnecessarily rough". They also were concerned that a "language" problem existed when emergency room staff used terms that they were not familiar with and they did not understand.

Participants would like to have some support groups, but were concerned that transportation problems would prohibit them from attending. Some participants said they call the Warm Line and wished it could be available during the day. The drop in center is great but only available to people who have transportation.

Participants discussed wanting a choice of treatment providers and more stable treatment staff, referring to the high turnover of mental health treatment staff. Participants are concerned that supportive living staff will be cut.

Summary

Participants offered many ideas regarding the services and supports aimed at improving the lives of individuals in Susquehanna County who have a mental illness. Having choice in mental health treatment providers and available intensive services such as a local inpatient psychiatric unit were identified as needs. A crisis phone line was also reported as a need. Because a local inpatient unit would be difficult to have, participants requested an improved and more “user friendly” emergency department. Existing supports such as drop-in centers and Warm Line were appreciated, but transportation to drop in centers and extending Warm Line hours are seen as improving the system. Basic community needs such as affordable, decent housing and better transportation were identified as the greatest unmet needs for Recovery.

Attachment Q

Lackawanna-Susquehanna Counties

Annual WARM LINE Report

2009



Lackawanna/Susquehanna Counties

Annual WARM LINE Report

July 2008 –June 2009

Prepared October 2009

INTRODUCTION

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 and families of children who have an emotional disorder. The WARM LINE is facilitated by The Advocacy Alliance and funded by Lackawanna-Susquehanna Counties Mental Health/Mental Retardation 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. All evening's 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." On Wednesday nights it is Family Support Evening where the WARM LINE provides families of children who have emotional or behavioral disorders support and information. Six evenings a week the WARM LINE is staffed by trained adults who are in Recovery from a mental illness and on Wednesdays the WARM LINE is staffed by family members who have or had a child in the children's mental health system.

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 Clarks Summit State Hospital) 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 and 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. Laminated 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 organizations such as Women's Resource Center and Children and Youth Services. Letters are distributed to mental health case managers and in-services are scheduled to speak to inpatient psychiatric unites 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.

NUMBER OF CALLS PER MONTH BY COUNTY

Month	July 08	August 08	September 08	October 08	November 08	December 08	January 09	February 09	March 09	April 09	May 09	June 09	Total
Lackawanna	33	34	32	32	35	48	72	77	62	90	99	95	709
Susquehanna	52	49	32	23	22	20	26	20	27	17	26	37	351
Other	1	2	1	8	3	6	0	0	0	0	0	0	21
Total	86	85	65	63	60	74	98	97	89	107	125	132	1081

Note:

- TOTAL WARM LINE CALLS FOR YEAR 2008/2009: 1081
- TOTAL WARM LINE CALLS FOR YEAR 2007/2008: 893

Levels of Calls

Level 1 - The caller wants to talk (including both incoming and outreach calls).

Level 2 – The caller has a problem(s) and he/she are able to self-manage.

Level 3 - The caller has a problem(s) and he/she is given information about community resources and peer and Recovery support.

Level 4 – The caller is in an emergency/crisis situation and he/she is referred to an appropriate agency.

Levels of Calls

Months	Level 1 Just wanted to talk	Level 2 Wanted to talk about specific problem	Level 3 Mentor Offered resources	Level 4 Crisis Call	Total
July 2008	67	13	2	4	86
August 2008	79	5	1	0	85
September 2008	53	10	2	0	65
October 2008	59	4	3	0	66
November 2008	52	8	0	0	60
December 2008	62	9	3	0	74
Totals	372	49	11	4	436

Note: From July to December of 2008, the tracking of calls was “less than perfect” and calls by County were not tracked.

Months	Counties	Level 1 Just wanted to talk	Level 2 Wanted to talk about specific problem	Level 3 Mentor offered resources	Level 4 Crisis Call	Total
January 2009	Lackawanna	72	15	0	0	87
	Susquehanna	23	2	1	0	26
February 2009	Lackawanna	64	11	2	0	77
	Susquehanna	18	3	0	0	21
March 2009	Lackawanna	53	9	0	0	62
	Susquehanna	25	2	0	0	27
April 2009	Lackawanna	65	21	1	1	88
	Susquehanna	15	2	0	0	17
May 2009	Lackawanna	83	16	0	0	99
	Susquehanna	22	4	0	0	26
June 2009	Lackawanna	80	16	0	0	96
	Susquehanna	33	2	0	0	35
Totals	Lackawanna	417	88	3	1	509
	Susquehanna	136	15	1	0	152

Note: Although tracking by county began in January of 2009, the tracking of calls remained “less than perfect.”

Types of Calls Received

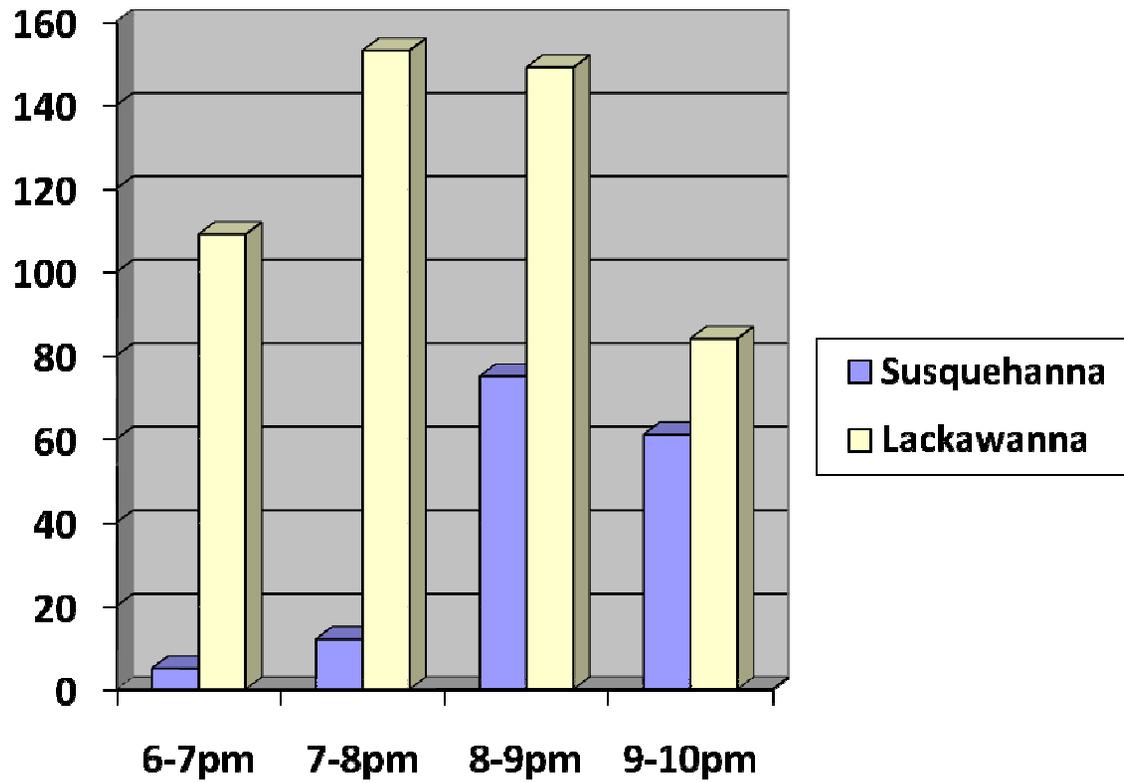
Months	Incoming	Outreach	Total
July 2008	79	7	86
August 2008	81	4	85
September 2008	62	3	65
October 2008	65	1	66
November 2008	54	6	60
December 2008	66	8	74
Total	407	29	436

Note: From July to December of 2008, the tracking of calls was “less than perfect” and calls by County were not tracked.

Months	Counties	Incoming	Outreach	Total
January 2009	Lackawanna	50	21	71
	Susquehanna	25	1	26
February 2009	Lackawanna	74	3	77
	Susquehanna	20	0	20
March 2009	Lackawanna	62	0	62
	Susquehanna	27	0	27
April 2009	Lackawanna	88	2	90
	Susquehanna	17	0	17
May 2009	Lackawanna	95	3	98
	Susquehanna	26	0	26
June 2009	Lackawanna	75	20	95
	Susquehanna	37	0	37
Total	Lackawanna	444	49	493
	Susquehanna	152	1	153

Note: Although tracking by county began in January of 2009, the tracking of calls remained “less than perfect.”

Times of calls were between...



This information was tracked from January 2009 to June 2009.

Type of Support Given

Months	Counties	Family/Child Support	Adult Support	Total
January 2009	Lackawanna	1	52	53
	Susquehanna	0	20	20
February 2009	Lackawanna	0	73	73
	Susquehanna	0	17	17
March 2009	Lackawanna	3	55	58
	Susquehanna	1	25	26
April 2009	Lackawanna	0	84	84
	Susquehanna	0	17	17
May 2009	Lackawanna	0	95	95
	Susquehanna	0	25	25
June 2009	Lackawanna	0	94	94
	Susquehanna	0	37	37
Total	Lackawanna	4	453	457
	Susquehanna	1	141	142

Note: Although tracking by county began in January of 2009, the tracking of calls remained "less than perfect."

Had the Caller utilized Crisis Services in the last 30 Days?

Months	Yes	No	Total
July 2008	12	22	34
August 2008	1	24	25
September 2008	6	23	29
October 2008	14	52	66
November 2008	11	49	60
December 2008	11	63	74
Total	55	233	288

Note: From July to December of 2008, the tracking of calls was "less than perfect" and calls by County were not tracked.

Months	Counties	Yes	No	Total
January 2009	Lackawanna	17	55	72
	Susquehanna	1	24	25
February 2009	Lackawanna	16	56	72
	Susquehanna	2	17	19
March 2009	Lackawanna	11	51	62
	Susquehanna	0	27	27
April 2009	Lackawanna	24	65	89
	Susquehanna	0	17	17
May 2009	Lackawanna	11	87	98
	Susquehanna	1	25	26
June 2009	Lackawanna	7	85	92
	Susquehanna	0	36	36
Total	Lackawanna	86	399	485
	Susquehanna	4	146	150

Note: Although tracking by county began in January of 2009, the tracking of calls remained “less than perfect.”

If the caller used Crisis Services, what type?

	Counties	Emergency Telephone Crisis	Emergency Room	Mobile Crisis	Other	Total
January 2009	Lackawanna	4	8	0	1	13
	Susquehanna	0	0	0	0	0
February 2009	Lackawanna	4	8	0	2	14
	Susquehanna	0	2	0	0	2
March 2009	Lackawanna	8	3	0	0	11
	Susquehanna	0	0	0	0	0
April 2009	Lackawanna	12	12	0	1	25
	Susquehanna	0	0	0	0	0
May 2009	Lackawanna	5	5	0	1	10
	Susquehanna	1	0	0	0	1
June 2009	Lackawanna	4	1	0	2	7
	Susquehanna	0	0	0	0	0
Total by Type	Lackawanna	37	37	0	7	81
	Susquehanna	1	2	0	0	3

Note: The outcome of crisis utilization was not part of the WARM LINE call log until January 2009.

Satisfaction Evaluation Cards

The WARM LINE sends Satisfaction Evaluation Cards to callers who agree to fill one out and give their names and address. In conclusion we would like to offer some of the remarks from the Satisfaction Evaluation Cards:

“Every night I look forward to that call from the WARM LINE. I don’t feel lonely having someone to talk to who understands.”

“I think it is a good idea to be able to call someone who can relate and understand what you are going through.”

“When I need to vent they help me out and calm me down. It is a good program.”

Attachment R

Lackawanna/Susquehanna Counties

Mental Health Problem Solving Court

Survey Report

2009

2009

MENTAL HEALTH COURT
PARTICIPANT SURVEY



Mental Health Court Participant Survey 2009

Introduction

In February 2009, the Lackawanna County Mental Health Court asked the Advocacy Alliance to facilitate a face-to-face survey with current participants in the Court. The purpose of the survey project was to elicit the participants' opinions on their involvement with the Mental Health Court. A survey was developed and in March 2009 was administered to 19 participants over a three week period. The following is the summary of the survey information gathered.

Survey Tool

The survey tool for this project was developed with Alliance staff, a Certified Peer Specialist, the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program and Mental Health Court staff. The survey gathered information by asking questions that extracted quantitative as well as qualitative responses as to the participants' perceptions of the Mental Health Court. This survey is one piece of the evaluation process of the Mental Health Court Program. A focus group is planned for later in 2009. The Mental Health Court's overarching goal is to have participants' input on their mental health services needs and on other needs such as housing, employment, socialization, and transportation.

Method

Individuals who have a mental illness and a family member that have been trained as monitors by the Alliance's Consumer and Family Satisfaction Team surveyed 19 Mental Health Court participants. They completed the surveys in a room outside of the Mental Health Courtroom right before they went in to see the Judge. This environment was not conducive to privacy and was somewhat hurried, but it did allow for contact with participants to give them an opportunity to give their opinions.

The results of the survey were reviewed by a workgroup of individuals who have a mental illness and Alliance staff. Included in this report are the quantitative and qualitative responses as well as the review group's suggestions and comments. This report does not comment on the 'accurateness' of the responses but rather comments and provides suggestions based on the Mental Health Court's participants' perceptions and the workgroup's interpretation of the survey results.

Results

Demographics

Gender	Male	Female	Total
	11	8	19

How long have you been involved with Mental Health Court?	Less than 6 months	7 months to 12 months	13 months to 23 months	24 months to 36 months
	6	6	5	2

What is your mental health diagnosis?	
Bi-polar (9)	Schizophrenia (3)
Co-Occurring (2)	Schizo-affective Disorder (3)
Anxiety (2)	PTSD (2)
Obsessive Compulsive Disorder (2)	ADHD (2)
Depression (2)	

* Please note that an individual can have more than 1 diagnosis.

Pre-Mental Health Court

When were you told about the Mental Health Court?	Less than one week before you agreed to it	1 week before you agreed to it	2 weeks before you agreed to it	More than 2 weeks before you agreed to it
	5	6	2	6

How would you rate your understanding of Mental Health Court <i>before</i> you agreed to participate?	Did not understand it at all	Understood it a little	Had a good understanding of it
	5	11	3

Do you feel that you had input into your first service/treatment plan in Mental Health Court?	Yes	Somewhat	No
	6	5	8

Do you have an Intensive Case Manager (ICM)?	Yes	No
	10	9

If yes, when did you first meet your ICM worker?	Before you went to MH Court	Within 2 months of entering MH Court	Within 1 month of entering MH Court	More than 1 month of entering MH Court
	5	4	0	1

How would you rate your understanding of your mental health problems <i>before</i> you entered MH Court?	Did not understand it at all	Understood it a little	Had a good understanding of it
	7	4	8

Can you think of anything that would have been helpful to you before you entered Mental Health Court?

- No (7)
- Yes - Counseling (2)
- More support for people with co-occurring mental health and D&A issues in the community
- If I kept taking medication
- Speaking to someone who has been in MH Court already or similar situation
- Having an appointment book

Entering Mental Health Court

What would have been helpful when you entered the Mental Health Court?

- A Community resource booklet (1)
- An appointment book (5)
- More information about MH Court (12)
- Other- telling someone about my sleeplessness for days
- Other- talking to other people about MH Court

Please be advised that not all participants responded to these questions.

	Yes	No
If you checked any of the above items, did anyone from Mental Health Court help you get them?	10	8
Did your ICM help you schedule appointments (e.g., doctors, mental health services, support groups)?	10	8
Did your probation/parole officer help you schedule appointments (e.g., doctors, mental health services, support groups)?	14	5
Did you have anything, such as a crisis plan, to help you if you needed it?	11	7

If yes, who helped you with a plan?

- Scranton Counseling (2)
- NHS (1)
- The Advocacy Alliance Carl Mosier (1)
- Kerry Benthler (1)
- Myself (3)

		Yes	No
Did you need any special equipment or apparel (e.g., cane, eye glasses, medication, toiletries) when you entered Mental Health Court?		13	6
If yes, did you have help getting it?		14	4
If yes, what?	Medication (9), Glasses, Bus Pass, Counseling		
If yes, from whom?	Hospital/Doctor (3), NHS (2), Family (2), ICM (1), Probation (1), SCC (2)		

When you first entered Mental Health Court, did you have a healthy support system?	Yes	Somewhat	No
	14	2	2

Where did you live when you first entered MH Court?	Kingston (1)	Family (13)
	Dunmore (1)	Jail (2)
	Sober House (1)	Harbor House (1)

Did you have a choice of housing when you first entered Mental Health Court?	Yes	No
	4	14

What kind of transportation did you use to attend your appointments/meetings?	Had a car (4)	Took a bus (8)
	Friends or family drove me (7)	Walked (3)

Did you know how to use public transportation such as a bus?	Yes	No
	18	1

Is there anything else that would have been helpful to you that didn't happen, or you didn't have, when you first entered Mental Health Court?

- Someone to tell me what MH Court was all about and explains the rules in detail. (3)
- Knowing about a bus pass
- More information on mental health
- Directions to the MH court
- Quicker appointments for services

What was most helpful to you when you entered Mental Health Court?

- MH Court workers: helped with my needs, gave me clothing, called and helped with my appointments
- The court was flexible to work with my work schedule
- I knew that they wanted to help me
- The probation officer (2)
- SCC partial program
- Information
- I got my meds
- The Judge
- Groups
- ICM
- CYS worker

Presently

	Yes	No	
Do you have a healthy support system now?	19		
If yes, who makes up your support system? (See comments)			
Do you feel you have an individualized plan that addresses your problems?* (See comments)	13	6	
Have you had any problems with your mental health treatment while you were in Mental Health Court?	4	15	They had me on the wrong meds (2) Trouble getting meds – no ride No ride to appointments
Have you had any trouble keeping appointments? (See comments)	7	12	
Have you regretted entering Mental Health Court?	3	16	The loss of control over my life It seems like there is no end The early morning appointments

Comments on support system

Family and Friends (6)
 Family and ICM
 Friends, family and AA
 Family, ICM, church
 Sponsor, boyfriend, roommate
 AA friends

Parents, probation officer
 Sponsor, husband, family
 Friends, family, MH Court, AA
 Friends, family, AA, church
 My Mom and Dad
 Dad

Comments on individualized plans

Mental Health Court (2)
 AA (6)
 DATS (4)
 Support groups (2)

Counseling (5)
 I have an appointment book (2)
 Church

Trouble keeping appointments

- Too many appointments
- No car
- I would like them on the same day
- I missed the bus
- Memory (forgetfulness)

What is your present housing situation?	Comments on where participants lived before Mental Health Court.	Comments where participants presently live.
	With my family	I have housing
	Scranton	I live with my Mom
	Home	Great
	Home with my parents	I am happy where I am at
	Jail	I have an apartment
	Kingston	I have an apartment
	Sober House	Stable
	With parents	I live at home
	Home	Good (with aunt)
	Staying with my sister	It's ok
	First lived with my dad	Living with parents
	Jail	Very good
	Staying with my sister	Good, my own apartment
	First lived with my Dad	I live with my Dad
	Jail	I have an apartment
	Home with my Mom	I've got a place to live
	With my Mom	It's OK
	Harbor House	Good to be back home
	With my family	Excellent

How do you feel about your present housing situation?	Satisfied	Neutral	Not Satisfied
	17	2	0

What is your present employment situation?	Employed	Unemployed
	7	12

How do you feel about your present employment situation?	Satisfied	Neutral	Not Satisfied
	9	4	6

Do you have a good understanding of your mental health and what you need to do to take care of it?	Yes	Somewhat	No
	16	3	0

What steps do you take to manage your mental illness?	Take medication and Doctor appointments (16) Support Groups (1) Partial (2) DATS (1) Outpatient (1)
--	---

If you had a problem with your medication, what would you do to help yourself or to make your concerns heard?	Tell the doctor (11) Tell ICM (1) Tell Probation (2) Nothing (2) Tell family (3)
--	--

Have you had any psychiatric inpatient hospitalizations since you started MH Court?	Yes	No
	5	14

Do you feel you received adequate support while in MH Court?	Yes	No
	14	5

If no, please explain:

- I feel they should have done a better job with my meds (2)
- Help with a bus pass or ride
- Somewhat
- No

Is there anything else you would like people to know about Mental Health Court?

- I hope it helps
- It helps with my problems
- I hope communication with others involved gets better
- It's good
- It's cool, I like it
- Early appointments are hard to go to because I don't sleep at night.

Observations and Recommendations

In review of the participant responses:

- It is evident that the majority of participants felt they benefit by the process of the Mental Health Court.
- Participants felt very positive about being helped and the staff that helped them.
- The workgroup is concerned that some of the responses can be viewed as ‘traditional’ in that the participant’s responses are what they think they should say, and they do not reflect an ‘understanding’ of how to manage their mental illness.
- In the question of “What steps do you take to manage your mental illness?”, the responses were all services they attend (e.g., partial, meds, outpatient). The workgroup adds that if participants are only meeting with service providers who do not have the true understanding of Recovery, the participants will continue to take passive roles in their own healthcare.
- The workgroup acknowledges the recurring theme from some participants of wanting someone to talk to who went through Mental Health Court.

The workgroup is making these recommendations:

- Mental Health Court participants should be involved with other consumers of mental health services who understand Recovery and its 5 key concepts: Hope, Personal Responsibility, Education, Self-Advocacy, and Support. There are Recovery tools such as Wellness Action Recovery Plans (WRAPs) and Mental Health Advance Directives which they may benefit from. A Certified Peer Specialist can provide these tools or participants can attend workshops at the Recovery Center in Scranton.
- Mental Health Court participants would benefit by having a ‘mentor’ program where someone who has been in the court for at least 9 months to 1 year ‘mentor’ someone for their first 5 months in Mental Health Court. The Mental Health Court should also work with the Lackawanna - Susquehanna Counties WARM LINE for support during non-traditional hours.
- The survey should be administered individually in an area of privacy and with no time constraints.
- The survey should include definitions of terms such as ‘support system’ and that a question be added at the end of the survey that asks would you recommend to others to apply to the Mental Health Court.

Attachment S
Lourdesmont's Transition Plus
Program

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has worked closely with Lourdesmont and Goodwill to form a partnership. The goal of this partnership is to give transitional aged youth who have a mental illness the help and support they need to gain skills for job success as they continue their treatment, complete their education and transition to future employment. The Transition Plus program helps transition age youth succeed by combining vocational and life skills while they earn a salary. Additionally, the Transition Plus program is an individualized program that is based on the strengths and interests of the youth and provides the information, support, and coaching in the skills needed for successful employment.

The program:

- Allows the youth involved to earn education credits;
- Provides vocational training and job development;
- Assists in resume writing and job application skills;
- Provides job placement and job coaching, including job coaching skills necessary for future on-the-job success;
- Offers paid employment through the Office of Vocational Rehabilitation.

Children referred to the program receive an evaluation by the Office of Vocational Rehabilitation (OVR) and referral to Goodwill. Goodwill conducts a job search based on the person's interests and abilities. When an employer is located, the person receives 100 hours of paid, supported employment. OVR provides the person's salary for 100 hours and Goodwill provides a job coach. The goal is that the employer will hire the trainee at the conclusion of the 100 hours. Within the past two years, OVR has limited access to high school seniors only.

Transition Plus allows a person the opportunity, with the assistance of a job coach, to explore occupations for which they otherwise would not be qualified. They gain experience in completing job applications, interviewing, and striving to meet employer's expectations. In some instances, they gain experience in the proper way to conclude employment that is not the "right fit." Transition Plus also gives them documented experience which at some point may be a requirement for future employment.

Transition Plus has many success stories. Overall, an improvement in an individual's confidence and self esteem is seen. They are more likely to show improved interest in school and form friendly, appropriate relationships with staff and peers.

While at Lourdesmont, one student successfully completed the Transitions Plus program and graduation requirements. He earned his High School diploma and also was eventually promoted to manager at his store, where he was in charge of hiring, inventory, etc. Another person (who is a single parent) also earned her diploma and worked at St. Joseph's Center. This inspired her to complete a bachelor's degree in nursing. She is employed at a local hospital. One person could not make a success of school and eventually dropped out. However, he remains steadily employed.

Transitions Plus has been much more than a job --- for many persons, it has been their link to a successful and productive future.

Attachment T
Lackawanna/Susquehanna Counties
Mental Health/Mental Retardation
Program's Quality Management Plan
Calendar Year 2010

Quality Management Plan

Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program

Calendar Year-2010

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council/ Plan Development

- ▶ The Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Management Plan is a reflection of the entity's overall commitment to quality in all its organizational activities and high priority to personalized care.
- ▶ The Quality Management Plan contains goals and objectives that address quality outcomes for Mental Health, Mental Retardation and Early Intervention Services.
- ▶ The Quality Management Plan is developed through the efforts of the Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Council which meets approximately every six weeks.

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council/ Plan Development

- ▶ **Membership of the Quality Council Committee includes:**
 - ▶ Persons and Families receiving Supports and Services (2)
 - ▶ Advocacy Group Representation
 - ▶ Interested Community Members
 - ▶ Direct Service Provider
 - ▶ Northeast Regional HCQU Director
 - ▶ MH/MR Advisory Board Members (2)
 - ▶ Northeast Regional ODP Representative
 - ▶ Northeast Behavioral Healthcare Consortium (NBHCC) representative
 - ▶ Community Care Behavioral Health Organization (CCBHO) representative
 - ▶ Administrator
 - ▶ Deputy Administrator
 - ▶ Assistant Administrator for Administration
 - ▶ Quality Management Coordinator
 - ▶ Waiver Coordinator
 - ▶ Children's Program Coordinator

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program

Quality Council Functions

- ❑ 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.
- ❑ Review Program-wide trends and actions related to the evaluation of the quality of services.
- ❑ Recommend Program performance improvement activities.
- ❑ Develop, revise and implement Program-wide processes and corrective actions necessary for meeting requirements of regulatory surveys.
- ❑ Work closely with the Northeast Behavioral Health Care Consortium (NBHCC), Health Choices Program, and other county categorical agencies to coordinate Quality Management programs and initiatives.
- ❑ Work with Providers to develop Quality Management Plans that support their agency's objectives and the objectives of the County Joinder Program and the Commonwealth.
- ❑ Report to The MH/MR Advisory Board.

Quality Management Plan Mental Retardation Services

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access Communication Facilitation			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Mental Retardation Services and who do not communicate verbally have access to alternative formal communication systems	People are able to communicate their needs and wants	<p>45% of persons who do not communicate using words will have a formal communication system</p> <p>Baseline: June 30 2008 = 39%</p> <p>Target Objective to be achieved by December 31, 2010 = 45%</p>	<p>Performance Indicator: % of persons who do not communicate verbally and have formal communication systems</p> <p>Data Source: IM4Q Survey</p> <p>Responsible Party: Quality Management Coordinator, Waiver Coordinator</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

CY 2010

Desired Outcome: Persons are able to communicate their needs and wants.

Target Objective: For persons who do not communicate using words, increase the percentage of persons who have a formal communication system to 45% by December 31, 2010.

Performance Measure(s): Percentage of persons who do not communicate using words and are surveyed during the 2009-2010 cycle who have a formal communication system. Numerator: Persons surveyed who do not communicate using words and do not have a communication system. Denominator: Persons surveyed who do not communicate using words.

Data Source(s): IM4Q Data

Responsible Person: Quality Management Coordinator, Assistant Administrator of Administration

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify local resources for a communication systems workgroup.	Waiver Coordinator	3-30-2010		
2. Schedule and plan workgroup meetings with participants.	Waiver Coordinator	5-30-2010		
3. Develop a user friendly process to assist persons with the process of obtaining and maintaining communication systems that match their needs.	Workgroup	9-30-2010		
4. Plan training that can assist with the education of stakeholders in the Mental Retardation system regarding obtaining and using communication systems.	Workgroup	12-31-2010		
5.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access Communication Facilitation

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Mental Retardation Services will have the opportunity to participate more fully in the IM4Q process	People are able to communicate to Mental Retardation System Stakeholders their opinions, related to their satisfaction with supports and services, as well as, report on their quality of life	<p>An additional 5 persons in the Lackawanna-Susquehanna Joinder Program, who do not communicate verbally will be surveyed in the 2009-2010 survey cycle.</p> <p>Baseline: June 30 2009 = 10 people were surveyed using the alternative survey format.</p> <p>Target Objective to be achieved by December 31, 2010 = 15 persons will be surveyed using the alternative survey format.</p>	<p>Performance Indicator: # completed IM4Q surveys</p> <p>Data Source: Completed IM4Q Survey</p> <p>Responsible Party: County IM4Q coordinator</p>

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant Access		
CY 2010				
Desired Outcome: Persons receiving Mental Retardation services have the opportunity to participate in the IM4Q Survey which measures participant satisfaction.				
Target Objective: An additional 5 persons in the Lackawanna-Susquehanna Joinder who do not communicate verbally will be surveyed in the 2009-2010 IM4Q survey cycle.				
Performance Measure(s): The number of completed IM4Q surveys completed using the alternative survey method developed for individuals who do not communicate using words.				
Data Source(s): IM4Q Surveys				
Responsible Person: County IM4Q Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Identify individuals from the IM4Q Sample who do not communicate using words.	County IM4Q Coordinator	1-15-2010		
2. Complete surveys, enter data in HCSIS.	Local IM4Q Program	8-15-2010		
3. Review surveys to identify any specific customer satisfaction trends among individuals who do not communicate using words.	County IM4Q Coordinator	12-31-2010		
4. Report any data trends that were related to survey results and develop a plan of action, as necessary, based on satisfaction results.	County IM4Q Coordinator	12-31-2010		
5.				
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Safeguards Dental Health

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>People receiving Mental Retardation Services have access to education on dental care that is appropriate to their dental needs.</p> <p>10</p>	<p>People have increased awareness of dental health</p>	<p>1), 264 Persons in Community Residential Settings will have continuous access in their home to an educational DVD facilitated by direct care staff on oral care. 2) At least 50% of persons in Community residential settings will attend a demonstration and/or dental health fair. Baseline: October 30 2009 = Current educational modes include web-based lecture and periodic HCQU live lecture and is focused more on the caregiver.</p> <p>Target Objective to be achieved by December 31, 2010 = 264 persons will have received DVD and completed a training evaluation on oral health and 132 persons will also attend a live demonstration and/or dental health care fair.</p>	<p>Performance Indicator: # persons who receive oral health training, # of dental fair attendees</p> <p>Data Source: oral health training evaluations, sign-in sheets</p> <p>Responsible Party: QM Coordinator, HCQU Director</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Safeguards

CY 2010

Desired Outcome: People have increased awareness of dental health

Target Objective: All persons in Community Residential settings (264 people) will have continuous access in their home to an educational DVD on oral health care and at least 50% will have an opportunity to attend a dental demonstration and/or dental fair by December 31, 2010.

Performance Measure(s): Number of persons who received oral care training DVD and number of persons who attend dental demonstration and/or dental fair.

Data Source(s): oral health training evaluations, sign-in logs

Responsible Person: Quality Management Coordinator, HCQU Director

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop oral health DVD to help participants become more aware of the importance of good oral health. Develop training evaluations and a workbook that will accompany the DVD.	HCQU	1-30-2010		
2. Distribute DVD, training evaluations and workbooks to Residential settings.	HCQU	2-28-2010		
3. Schedule and conduct several dental health demonstrations (i.e. interactive training)	HCQU	12-31-2010		
4. Schedule and conduct several dental health fairs (i.e. booths, games, information).	HCQU	12-31-2010		
5. Evaluate the number of individuals who received access to education on oral health.	HCQU, QM Coordinator	12-31-2010		
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Safeguards Dental Health			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
People receiving Mental Retardation Services have dental risks identified and have access to dental risk resources appropriate to their dental needs.	People have an increased awareness of dental health	<p>264 persons in Community Residential Settings will have their health data reviewed for dental risk and receive recommendations and resource materials as individually indicated.</p> <p>Baseline: October 30 2009 = There currently is no template for dental risk</p> <p>Target Objective to be achieved by December 31, 2010 = 264 individuals will have health data reviewed for dental risk.</p>	<p>Performance Indicator: # of completed health data reviews and templates</p> <p>Data Source : health data reviews and templates</p> <p>Responsible Party: QM Coordinator, HCQU Director</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Safeguards

CY 2010

Desired Outcome: People have increased awareness of dental health

Target Objective: All 264 persons in Community Residential settings will have their health data reviewed for dental risk and receive recommendations and resource materials as need is individually indicated by December 31, 2010.

Performance Measure(s): Number of completed person's health data reviews and templates

Data Source(s): recommendation templates

Responsible Person: Quality Management Coordinator, HCQU Director

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Develop oral health recommendation template to identify individuals who are at dental risk.	HCQU	1-30-2010		
2. Review each person's health data and provide resource materials.	HCQU	12-30-2010		
3. Evaluate data for trend analysis and further recommendations.	QM Coordinator, HCQU	12-30-2010		
4.				
5.				
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Safeguards Dental Health			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>People receiving Mental Retardation Services have access to dental care that is appropriate to their dental needs.</p> <p>14</p>	<p>People have an increased awareness of dental health</p>	<p>264 Persons who receive Mental Retardation Services will receive the appropriate level of dental care</p> <p>Baseline: October 30 2009 = Currently some persons are unable to complete a dental exam due to inaccurate assessment of dental needs.</p> <p>Target Objective to be achieved by December 31, 2010 = 264 persons in Community Residential settings will have a completed level of dental care assessment form.</p> <p>Outreach regarding level of care will be provided via Support Coordination for persons residing in their own homes or their family's homes.</p>	<p>Performance Indicator: # completed level of dental care assessment forms</p> <p>Data Source: level of dental care assessment forms</p> <p>Responsible Party: QM Coordinator, HCQU Director</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Safeguards

CY 2010

Desired Outcome: People have increased awareness of dental health

Target Objective: All 264 persons in Community Residential settings will have a completed level of dental care assessment form by December 31, 2010. All supports coordinators will be provided a copy of the level of dental care assessment form to distribute to persons residing in their homes or their family homes by December 31, 2010.

Performance Measure(s): Number of completed level of dental care forms

Data Source(s): Level of Dental Care forms

Responsible Person: Quality Management Coordinator, HCQU Director

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Complete level of dental care assessment form on each person in a Community Residential setting	HCQU	12-30-2010		
2. Develop and distribute a letter to Supports Coordinators to introduce the level of care assessment form.	HCQU, QM Coordinator	2-28-2010		
3. Evaluate level of dental care forms for trend analysis and further recommendations	HCQU, QM Coordinator	12-31-2010		
4.				
5.				
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Safeguards Positive Approaches			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Mental Retardation Services are safe and secure in their home and community	Staff work with people to help them obtain their needs. Staff are adequately trained to assist people safely with dignity and respect.	<p>Incidents of physical restraints will be decreased by 20% and the number of persons who are restrained will be decreased by 10% by December 31, 2010.</p> <p>Baseline : FY 2008-09 =22 restraints, 5 persons</p> <p>Target Objective to be achieved by December 31, 2010 = 18 restraints, 4 persons.</p>	<p>Performance Indicator: # of restraint incidents, # of persons restrained.</p> <p>Data Source: HCSIS</p> <p>Responsible Party - County Incident Manager, NHS (Training Collaborative).</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Safeguards

CY 2010

Desired Outcome: Staff work with people to help them attain their needs. They are adequately trained to assist people safely and with dignity and respect.

Target Objective: Decrease by 20% the number of physical restraints to no more than 18 restraints in calendar year 2010.
Decrease by 10% the number of individuals who are restrained to no more than 4 in calendar year 2010.

Performance Measure(s): Number of restraint incidents during calendar year 2010.
Number of individuals restrained during calendar year 2010.

Data Source(s): HCSIS

Responsible Person: Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Provide monthly trainings to new staff regarding the use of positive approaches.	NHS (training collaborative)	Monthly 12-31-2010		
2. Collect monthly training data to track the number of staff trained.	QM Coordinator	Monthly 12-31-2010		
3. Participate in quarterly restrictive procedures meetings to identify and address any individual issues.	Restrictive Procedures Committee QM Coordinator	Quarterly 12-31-2010		
4. Collect restraint data to track number of restraint incidents and number of individuals restrained.	QM Coordinator	Quarterly 12-31-2010		
5. Collect and review debriefing forms as incidents occur to identify trends and training needs.	QM Coordinator	Monthly 12-31-2010		
6. Report restraint and training data quarterly to Quality Council.	QM Coordinator	Quarterly 12-31-2010		

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Safeguards Individual-to-individual abuse

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Mental Retardation Services are safe in their homes and communities	People do not experience abuse	<p>Incidents of individual-to-individual abuse will be reduced by 10% by December 31, 2010</p> <p>Baseline: July 1, 2008 -June 30 2009 N = 167</p> <p>Target Objective to be achieved by December 31, 2010 = Incidents will be not greater than 150.</p>	<p>Performance Indicator: # of incidents of individual-to-individual abuse</p> <p>Data Source : HCSIS</p> <p>Responsible Party: County Incident Manager</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Safeguards

CY 2010

Desired Outcome: People do not experience abuse.

Target Objective: Decrease the number of individual-to-individual abuse incidents by 10% from the previous year's total (N=167) to 150 incidents.

Performance Measure(s): Percentage reduction of individual-to-individual abuse for calendar year 2010. $N=167 \times .10 = 16.7$
 $167-16.7= 150.3$

Data Source(s): HCSIS

Responsible Person: County Incident Manager , Human Rights Committee

Action Item	Responsible Person	Target Date	Status	Completion Date
1. The Joinder program will analyze and report data and trends for individual-to-individual abuse incidents to Quality Council and Human Rights Committee on quarterly basis. (E.g. targets, victims, provider, provider sites, dates, antecedents, interventions [corrective action plans]).	County Incident Manager, Human Rights Committee	Quarterly 12-31-2010		
2. Develop plan for addressing objective within the L-S Joinder Program.	County Incident Manager ,Human Rights Committee	12-31-2010		
3.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant -Centered Service Planning and Delivery Administrative Oversight Monitoring

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons receiving Mental Retardation Services have any expressed concerns addressed by their Supports Coordinator	People feel they are listened to and helped by Supports Coordination.	<p>The AE will receive a 100% average compliance rating for the PFDS and Consolidated Waiver for recording Independent Monitoring Service notes indicating considerations have been addressed.</p> <p>Baseline: 2008=96%</p> <p>Target Objective to be achieved by December 31, 2010 =100% average compliance rating</p>	<p>Performance Indicator: % of persons who have Service notes indicating considerations have been addressed.</p> <p>Data Source: HCSIS</p> <p>Responsible Party: Assistant Administrator for Administration</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

CY 2010

Focus Area: Participant-centered Service
Planning and delivery

Desired Outcome: People believe they are listened to and helped by Supports Coordination

Target Objective: For Consolidated and PFDS Waiver participants, increase the percentage of records reviewed that have Independent Monitoring service notes that indicate considerations have been addressed to 100%.

Performance Measure(s): Percentage of Consolidated and PFDS Waiver IM4Q survey participants who have Independent Monitoring service notes that indicate considerations have been addressed. Numerator: IM4Q survey participants who have Independent Monitoring service notes. Denominator: Number of IM4Q participant records that were reviewed and have considerations.

Data Source(s): HCSIS

Responsible Person: Assistant Administrator of Administration, County IM4Q Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. With BSU Directors, Highlight expectation for documentation of IM4Q considerations being addressed in HCSIS Supports Coordination notes.	Assistant Administrator for Administration	1-31-2010		
2. Provide training on "closing the loop" process with Supports Coordinators to focus on consideration development, response to considerations, and documentation of supports coordination response.	County IM4Q Coordinator, local IM4Q Coordinator	3-31-2010		
3. Check Supports Coordination HCSIS notes for individuals with IM4Q considerations to determine whether documentation has been made.	County IM4Q Coordinator,	Monthly 12-31-2010		
4. Provide feedback to BSU directors regarding documentation of IM4Q considerations.	Assistant Administrator for Administration	Monthly 12-31-2010		
5.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-centered planning and delivery or Provider Capacity and Capabilities Employment-Shared MR and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Mental Retardation and Behavioral Health services have access to employment options.</p>	<p>Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.</p>	<p>The # of persons who will participate in community Employment will increase by 5% by December 31, 2010</p> <p>Baseline: July 1, 2007 -June 30, 2008 there were 111 people in community employment</p> <p>Target Objective to be achieved by December 31, 2010 = 117 people participating in Community Employment</p>	<p>Performance Indicator: # of persons participating in Community Employment</p> <p>Data Source: Community Employment Report</p> <p>Responsible Party: Deputy Administrator; Assistant Administrator for Administration</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant-centered planning and Delivery/Provider capacity and capabilities

Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.

Target Objective: The number of persons who participate in community employment will increase by 5% by December 31, 2010.

Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = $111 \times .05 = 5.6$
 $5.6 + 111 = 116.6$

Data Source(s): Fiscal year 2009-2010 Community Employment Report

Responsible Person : Deputy Administrator , Assistant Administrator for Administration

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Opportunities for movement into a community employment or supported employment work environment will be discussed during each age-appropriate persons Individual Support Plan (ISP) process or treatment planning process.	Supports Coordinators, Case Managers	On-going 12-31-2010		
2. Development of a community employment needs assessment provider survey to identify and explore any existing employment committees that can be used to expand community employment capacity in the Joinder.	Assistant Administrator for Administration	6-30-10		
3. Develop an information packet for high school youth, who may benefit from employment support prior to and following high school graduation.	Assistant Administrator for Administration	12-31-2010		
4.				

Quality Management Plan Early Intervention Services

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-centered planning and delivery Early Intervention

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children receiving Early Intervention Services, aged 0-3 years, will receive their services and supports in both their home and community settings.	Children and families who receive Early Intervention Services and Supports will have a sense of belonging in their communities and will be better prepared for transitioning to Early Intervention Part B (3-5) years and school.	<p>The # of children who receive their services ONLY in the home will be reduced by 5% by December 31, 2010</p> <p>Baseline: July 1, 2009 -June 30 2010 =99.6%</p> <p>Target Objective to be achieved by December 31, 2010 = 94.6% or fewer children will receive their services ONLY in the home.</p>	<p>Performance Indicator: % of children receiving services ONLY in the home</p> <p>Data Source : EIRS and HCSIS (PELICAN)</p> <p>Responsible Party: Early Intervention Coordinator</p>

Action Plan				
Administrative Entity Name:				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant Centered Planning and Delivery		
Desired Outcome: Children and families who receive Early Intervention services and supports will have a sense of belonging in their communities and will be better prepared for transitioning to Early Intervention Part B (3-5) years and school.				
Target Objective: For children and families who receive Early Intervention services and supports, decrease the percentage who receive services only in the home by 5% by December 31, 2010.				
Performance Measure(s): Percentage of infants and toddlers served who receive service delivery in both a home and community setting. Numerator: Total who receives Early Intervention services in both a home and community setting. Denominator: Total served in Early Intervention (aged 0-3).				
Data Source(s): EIRS and Pelican Databases				
Responsible Person: EI Coordinator, EI providers, SC Entities				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Provide training and technical assistance to EI providers and Service Coordination Entities regarding service delivery in community settings.	EI Coordinator	1-30-2010		
2. Provide training on reporting format to EI providers and SC Entities.	EI Coordinator	1-30-2010		
3. Implement reporting format.	EI Providers and SC Entities	1-30-2010		
4. Quarterly Data Analysis and feedback to EI Providers, SC Entities, and Quality Council.	EI Coordinator	4-30 - 2010		
5. Survey Family Satisfaction.	SC Entities	On-going 12-31-2010		
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access Early Intervention

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Children receiving early intervention services will have timely transition meetings, which will include all required participants.	Parents of children turning three will have information they need regarding the availability of early childhood program options, which will enhance their capacity to meet the developmental needs of their child.	<p>The % of children receiving early intervention services who have a transition meeting held not less than 90 days prior to the child's third birthday, which will include all required participants (Parent or Caregiver, County, NEIU).</p> <p>Baseline : This has not previously been measured. Baseline will be developed during this Calendar Year.</p> <p>Target Objective to be achieved by December 31, 2010 = 95% of children receiving early intervention services will have a transition meeting held not less than 90 days prior to the child's third birthday and involve all required participants (Parent/Caregiver, County Program, NEIU)..</p>	<p>Performance Indicator: 95% of children will have a transition meeting that occurs within required timeframes 95% of meetings will include all required participants</p> <p>Data Source : PELICAN database</p> <p>Responsible Party: Early Intervention Coordinator</p>
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Action Plan

Administrative Entity Name:

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Centered Planning and Delivery

Desired Outcome: Parents of children turning three will have information they need regarding the availability of early childhood program options, which will enhance their capacity to meet the developmental needs of their child.

Target Objective 95% of children receiving early intervention services will have a transition meeting held not less than 90 days prior to the child's third birthday, which will include all required participants (Parent or Caregiver, County, NEIU).

Performance Measure(s): Percentage of meetings which occur within required timeframes and include all required participants

Data Source(s): PELICAN database

Responsible Person EI Coordinator, SC Entities, NEIU.

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Meet with the SC Entities and NEIU to develop guidelines for transition meetings	EI Coordinator and SC Entities	1-30-2010		
2. Provide Transition training for Early Intervention Service Coordinators	EI Coordinator and SC Entities	1-30-2010		
3. Develop and implement transition survey to assess family satisfaction with the transition process	EI Coordinator and SC Entities	1-30-2010		
4. Gather Baseline Data on percentage of transition meetings that meet OCDEL requirements.	EI Coordinator	4-30-2010		
5. Conduct follow up training based on data analysis and family survey results	EI Coordinator	On-going 6-30-2010		
6.				

Quality Management Plan Behavioral Health Services

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-centered planning and delivery or Provider Capacity and Capabilities Employment-Shared MR and BH goal

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
<p>Persons who receive Mental Retardation and Behavioral Health services have access to employment options.</p>	<p>Persons will have opportunities to explore their employment potential and experience job satisfaction and self-respect.</p>	<p>The # of persons who will participate in community Employment will increase by 5% by December 31, 2010</p> <p>Baseline: July 1, 2007 -June 30, 2008 there were 111 people in community employment</p> <p>Target Objective to be achieved by December 31, 2010 = 117 people participating in Community Employment</p>	<p>Performance Indicator: # of persons participating in Community Employment</p> <p>Data Source : Community Employment Report</p> <p>Responsible Party: Deputy Administrator, Assistant Administrator for Administration</p>

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant-centered planning and Delivery/Provider capacity and capabilities		
Desired Outcome: Persons have opportunities to explore their employment potential and experience job satisfaction and self respect.				
Target Objective: The number of persons who participate in community employment will increase by 5% by December 31, 2010.				
Performance Measure(s): Percent increase of individuals in community employment programs. Total in previous year = 111 x .05 = 117				
Data Source(s): Fiscal year 2009-2010 Community Employment Report				
Responsible Person : Deputy Administrator , Assistant Administrator for Administration				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Opportunities for movement into a community employment or supported employment work environment will be discussed during each age-appropriate persons Individual Support Plan (ISP) process or treatment planning process.	Supports Coordinators, Case Managers	On-going 12-31-2010		
2. Development of a community employment needs assessment provider survey to identify and explore any existing employment committees that can be used to expand community employment capacity in the Joinder.	Assistant Administrator for Administration	6-30-10		
3. Develop an information packet high school youth, who may benefit from employment support prior to and following high school graduation.	Assistant Administrator for Administration	12-31-2010		
4.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access State Hospital -Lengths of Stay

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
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 at risk for relapse	Persons who have been in a State Mental Hospital longer than two consecutive years and are discharged will experience a successful transition into the community	<p>The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 4% by December 31, 2010</p> <p>Baseline: July 1, 2008 -June 30, 2009 59 % of the total patient population at Clarks Summit State Hospital from the Lackawanna-Susquehanna County Joinder Program had been at the hospital longer than two years.</p> <p>Target Objective to be achieved by December 31, 2010 = The percentage of individuals at CSSH who are in the hospital longer than two years. will be reduced to 55%.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties at CSSH longer than two years.</p> <p>Data Source : Clarks Summit State Hospital Report</p> <p>Responsible Party: Deputy Administrator; County QM Coordinator</p>
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Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

CY 2010

Desired Outcome: Persons who have been in a state mental hospital longer than two consecutive years and are discharged will experience a successful transition into the community.

Target Objective: The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced by 4% by December 31, 2010 from 59% to 55%.

Performance Measure(s): Percentage of individuals at CSSH longer than two years.

Numerator: Total persons in state hospital longer than two years. Denominator: Total persons from L-S Joinder in CSSH.

Data Source(s): Clarks Summit State Hospital Report for FY 2009-2010

Responsible Person: Deputy Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Facilitate a consistently used consumer-to-consumer connection program via the WARM line, prior to discharge from the state hospital.	Deputy Administrator, Advocacy Alliance WARM line supervisor	On-going 12-31-2010		
2. Collect utilization data, analyze trends, report quarterly to Quality Council	County Quality Management Coordinator	Quarterly 12-31-2010		
3. Participate in the Consumer Support Plan (CSP) process which focuses on assessment and planning for individuals residing in CSSH.	Deputy Administrator	On-going 12-31-2010		
4.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access State Hospital -Lengths of Stay			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Persons will receive the Behavioral Health Support that they need in the community	<p>% of persons who are referred for State Hospital admission during Calendar Year 2010 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 - April 2009, 30% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by December 31, 2010 = 35% of persons referred for State Hospital admission will be diverted.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties who are diverted from a state hospital</p> <p>Data Source: OMHSAS quarterly reporting form, BSU report on community hospitalizations</p> <p>Responsible Party: County QM Coordinator</p>

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant Access		
Desired Outcome: Persons will receive the Behavioral Health Support that they need in the community.				
Target Objective: For persons who are referred for state hospital admission during CY 2010, increase the percentage who will be diverted to community supports and services by 5%.				
Performance Measure(s): Percentage of individuals referred for state hospital admission and diverted to community supports will increase to 35% by December 31, 2010.				
Data Source(s): OMHSAS Quarterly Reporting Form, BSU Report on Community Hospitalizations				
Responsible Person: County QM Manager				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Track the number of individuals who were diverted from a state hospital to community services.	BSU, County QM Manager	Quarterly 12-31-2010		
2. Analyze and report diversion data to the Quality Council.	County QM Manager	Quarterly 12-31-2010		
3. Track the number of individuals who are placed voluntarily and involuntarily in a community hospital on a monthly basis to identify any trends in community hospitalizations.	County QM Manager	Monthly 12-31-2010		
4. Track the names of individuals who are re-admitted to a community inpatient hospital to identify those individuals who are at risk for a state hospital placement.	County QM Manager	Quarterly 12-31-2010		
5. Provide a listing of individuals with 2 or more readmissions in a 6 month period to the person's BSU for follow-up readmission survey completion by BSU.	County QM Manager	Semi-Annual 12-31-2010		
6. Review, analyze, and report readmission survey information to Quality Council.	County Quality Manager	Semi-Annual 12-31-2010		
7. Conduct individualized surveys with persons who were re-admitted more than two times in a six month period to evaluate possible readmission issues, and systemic issues.	CST	On-going 12-31-2010		

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Rights and Responsibilities ROSI- Recovery Oriented Systems Inventory

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
The Development of a leadership model in which recovery oriented values are permeated throughout the Behavioral Health Community	The input of persons receiving services, related to system services and supports will be increased	<p>1). At least 10% of all persons on governing boards will include persons in recovery or persons with mental illness in CY 2010 Baseline : 2% Target Objective to be achieved by June 30, 2010</p> <hr/> <p>2). 65% of Providers will have an Affirmative Action Hiring Policy Baseline: 42.3% Target Objective to be achieved by June 30, 2010</p> <hr/> <p>3). 60% of Providers will have a recovery oriented mission statement Baseline: 37.5% Target Objective to be achieved by June 30, 2010</p>	<p>Performance Indicator: % of persons in recovery or persons with mental illness on Provider Governing Boards</p> <p>Data Source: ROSI Survey</p> <p>Responsible Party: Deputy Administrator, County QM Coordinator</p>

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Rights and Responsibilities		
Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.				
Target Objective: The percentage of persons in recovery on governing boards will increase to 10% of all persons on governing boards by June 30, 2010.				
Performance Measure(s): Percentage of individuals in recovery that make up provider governing boards. Numerator: Individuals in recovery on governing board. Denominator: Total persons on governing board.				
Data Source(s): ROSI Survey				
Responsible Person: Deputy Administrator, County QM Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Add expectation to county contracts and send a follow-up letter to highlight expectation to providers.	Deputy Administrator	1-30-2010		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	1-30-2010		
3. Collect, analyze and report provider responses to ROSI Survey.	County QM Coordinator, NBHCC, CCBHO	6-30-2010		
4. Develop a system to provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator	9-30-2010		
5.				
6.				

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Rights and Responsibilities

Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.

Target Objective: The percentage of providers who have an Affirmative Action Hiring Policy will increase to 65% by 6-30-10.

Performance Measure(s): Percentage of providers who have an Affirmative Action Policy.
 Numerator: Number of providers with Policy. Denominator: Number of providers in survey.

Data Source(s): ROSI Survey

Responsible Person: Deputy Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Add expectation for Affirmative Action Policy to county contracts and send a follow-up letter to highlight expectation.	Deputy Administrator, NBHCC, CCBHO	1-30-2010		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	1-30-2010		
3. Collect, analyze and report provider responses to ROSI Survey.	County QM Coordinator, NBHCC, CCBHO	6-30-2010		
4. Develop a system to provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator	9-30-2010		
5.				
6.				

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Rights and Responsibilities		
Desired Outcome: The input of persons receiving services, related to system services and supports will be increased.				
Target Objective: The percentage of providers who have a recovery-oriented mission statement will increase to 60% by June 30, 2010.				
Performance Measure(s): Percentage of providers with a recovery-oriented mission statement. Numerator: Number of providers with a recovery-oriented mission statement. Denominator: Number of providers in the survey.				
Data Source(s): ROSI Survey				
Responsible Person: Deputy Administrator, County Quality Management Coordinator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Add expectation for recovery-oriented mission statement to provider contracts and send a follow-up letter to highlight expectation.	Deputy Administrator, NBHCC, CCBHO	1-30-2010		
2. Survey all providers of Behavioral Health Services in the L-S County Joinder.	Deputy Administrator, NBHCC, CCBHO	1-30-2010		
3. Collect, analyze and report provider responses to ROSI Survey.	ROSI Subcommittee, County QM Coordinator, Deputy Administrator, NBHCC, CCBHO	6-30-2010		
4. Develop a system to provide feedback to agencies regarding their performance on the objective in relationship to overall joinder progress.	County QM Coordinator,	9-30-2010		
5.				
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-centered Service and Delivery Housing

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and are homeless live in an environment of their choice	Persons are happy and supported in their recovery and in their living environments	<p>Develop a new housing option that provides independent and longer term living situations for persons that supports them in their recovery efforts.</p> <p>Baseline: currently there isn't any independent, long term supportive housing for persons who have a mental illness and are homeless</p> <p>Target Objective to be achieved by December 31, 2010 = 5 persons will benefit from this housing option.</p>	<p>Performance Indicator: Purchase and renovation of structure, identification of Provider, identification of consumers.</p> <p>Data Source: Periodic Agency Reporting</p> <p>Responsible Party: Deputy Administrator</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant-centered service and delivery

Desired Outcome: Persons are happy and supported in their recovery and in their living environments.

Target Objective: A new housing option that provides independent, long-term living situations for persons and that supports them in their recovery efforts will be developed by December 31, 2010.

Performance Measure(s): At least 5 persons will benefit from an independent, long-term living situation.

Data Source(s): Periodic Agency Reporting

Responsible Person: Deputy Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Purchase and renovate a structure that can be used for this housing option.	Deputy Administrator, NBHCC, Regional Housing Coordinator (UNC)	6-30-2010		
2. Continue to provide direction to the provider regarding delivery of services and supports.	Deputy Administrator, NBHCC, Regional Housing Coordinator (UNC)	Ongoing 12-31-2010		
3. Identify persons who can benefit from this living situation.	Deputy Administrator, NBHCC	12-31-2010		
4.				
5.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-Centered Service and Delivery Mental Health Problem-Solving Court Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and who are charged with crimes will have access to services and supports that facilitate the recovery process	Through the recovery process persons become more community oriented and productive.	<p># persons who will participate in the treatment court process will increase by 10%</p> <p>% persons who graduate from the treatment court process will increase by 5%</p> <p>Baseline: 32 participants, 9 graduates</p> <p>Target Objective to be achieved by December 31, 2010 = # participants=35, # graduates=10</p>	<p>Performance Indicator: # participants % graduates</p> <p>Data Source: Court Records</p> <p>Responsible Party: Deputy Administrator, Lackawanna County Problem Solving Court Administrator</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant-centered service and delivery

Desired Outcome: Persons who receive Behavioral Health services and are charged with crimes become more community-oriented and productive.

Target Objective: The number of persons who will participate in the problem-solving court process will increase by 10% by December 30, 2010 and the percentage of persons who graduate from the treatment court process will increase by 5% by December 30, 2010.

Performance Measure(s): Number of current participants in treatment court (32) x .10 = 3.5.
Number of current graduates from treatment court (10) x .05 = 0.5.

Data Source(s): Court Records

Responsible Person: Deputy Administrator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Continue to work closely with court personnel to identify potential participants.	Deputy Administrator	Ongoing 12-31-2010		
2. Review satisfaction surveys from participants to identify concerns and recommendations that they have had through their participation in the problem-solving court process	Deputy Administrator	Ongoing 12-31-2010		
3.				
4.				
5.				
6.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant-centered Service and Delivery Co-Occurring Problem-Solving Court Initiative

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and Drug and Alcohol Services and who are charged with crimes will have access to services and supports that facilitate the recovery process	Through the recovery process persons become more community oriented and productive.	<p>The development of a co-occurring (MH, D &A) problem-solving court</p> <p>Baseline: Persons with Mental Illness and Drug and Alcohol difficulties are currently using the traditional court system</p> <p>Target Objective to be achieved by December 31, 2010 = Functioning co-occurring problem-solving court</p>	<p>Performance Indicator: Full development of a single court report, identified core training needs</p> <p>Data Source: court report document, training curriculum</p> <p>Responsible Party: Deputy Administrator, Lackawanna County Problem Solving Court Administrator</p>

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant-centered service and delivery		
Desired Outcome: Persons who receive Behavioral Health services and Drug and Alcohol services and who are charged with crimes become more community-oriented and productive.				
Target Objective: A co-occurring (MH, D&A) Problem Solving Court is fully functioning by December 31, 2010.				
Performance Measure(s): A single court reporting format is fully developed and core training needs are identified.				
Data Source(s): Finalized Court Report Document. Training Curriculum.				
Responsible Person: Deputy Administrator, Lackawanna County Problem Solving Court Administrator				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Invite Lackawanna County Co-Occurring (MH/DA) Problem Solving Court subcommittee members to meet discuss and finalize a common participant reporting tool.	Deputy Administrator Lackawanna County Problem Solving Court Administrator	2-15- 2010		
2. Invite Lackawanna County Co-Occurring (MH/DA) Problem Solving Court subcommittee members to meet discuss and finalize a training institute.	Deputy Administrator Lackawanna County Problem Solving Court Administrator	3-15- 2010		
3.				
4.				
5.				

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Plan

Focus Area: Participant Access Garrett Lee Smith Initiative			
Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons between the age of 14-24 years who are at risk for suicide are given the necessary resources to gain access to Behavioral Healthcare	People between the ages of 14-24 years who are at risk for suicide will benefit from available services and supports and focus on recovery	<p>1). Develop a task force to oversee committee work involving; public awareness, Intervention, methodology and collaboration building Baseline: committees not formed yet Target Objective to be achieved by January 30,2010</p> <p>2). Collect data regarding the # of screenings and the # of referrals Baseline: new initiative no current data Target Objective to be achieved by December 31,2010</p> <p>3)Provide trainings on; -screening-(Scranton Primary Healthcare) -cognitive Behavioral training and Applied Behavioral family therapy (Behavioral Healthcare staff) -suicide prevention and early identification (Drug and Alcohol Program Staff) Baseline: new initiative no current data Target Objective to be achieved by January 30, 2010</p>	<p>Performance Indicator: development of working subcommittees to task force, collection of data on screenings and referrals, completed trainings</p> <p>Data Sources: task force meeting minutes, # of screenings,# of referrals , training logs</p> <p>Responsible Party: Deputy Administrator, Site Coordinator (Advocacy Alliance)</p>
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Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

Desired Outcome: People between the ages of 14-24 years who are at risk for suicide will benefit from increased identification and follow-up mental health and drug and alcohol treatments/support for children/adolescents and young adults and their families in Lackawanna County.

Target Objective: Develop a task force to oversee committee work involving; public awareness, intervention, methodology and collaboration building and Garrett Lee Smith Grant in Lackawanna County.

Performance Measure(s): All committees will be formed and functioning by January 30, 2010.

Data Source(s): task force meeting minutes

Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance)

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Invite initial Task Force stakeholders to meet quarterly for updates and review of subcommittee work and Garrett Lee Smith Grant activities.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	1-30-2010		
2. Invite initial Task Force members to join one or more of the Subcommittees (public awareness, intervention, methodology and collaboration building).	Deputy Administrator, Site Coordinator (Advocacy Alliance)	1-30-2010		
3. Review essential membership in Task Force and Subcommittees.	Site Coordinator and Committee Chairs	6-30-2010		
4. Invite identified additional stakeholder(s) to join Task Force	Deputy Administrator, Site Coordinator (Advocacy Alliance)	9-30-2010		

Action Plan				
Lackawanna/Susquehanna County MH/MR Program		Focus Area: Participant Access		
Desired Outcome: People between the ages of 14-24 years who are at risk for suicide will benefit from increased identification and follow-up mental health and drug and alcohol treatments/support for children/adolescents and young adults and their families in Lackawanna County				
Target Objective: Collect data on referrals and follow-up treatment of individuals 14-24 years of age from the GLS Project at Scranton Primary Health Care.				
Performance Measure(s): All Data is collected and analyzed for calendar year by December 30, 2010.				
Data Source(s): Data from: the GLS project from Scranton Primary and community mental health and drug and alcohol agencies on number of individuals referred from Scranton Primary Health Care Center and number of individuals who continue with an evaluation and treatment.				
Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance)				
Action Item	Responsible Person	Target Date	Status	Completion Date
1. Gather monthly reports from: behavioral health agencies in Lackawanna County; Scranton Primary Health Care Center; and GLS Coordinators on mental health and drug and alcohol treatment referrals made from screenings at Scranton Primary Health Care Center.	Site Coordinator (Advocacy Alliance)	Monthly 12- 31- 2010		
2. Maintain ongoing communication with all mental health and Drug and Alcohol agencies and Scranton Primary Health regarding referral information.	Site Coordinator (Advocacy Alliance)	Ongoing 12- 31- 2010		
3. Work with all involved agencies and Lackawanna -Susquehanna Counties MH/MR Program to monitor and problem solve any barriers to effective reporting of referrals.	Deputy Administrator, Site Coordinator (Advocacy Alliance)	Ongoing 12- 31- 2010		
4. Report to Community Task Force.	Deputy Administrator, Site Coordinator	Quarterly Task Force Meetings 12- 31- 2010		

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

Desired Outcome: People between the ages of 14-24 years who are at risk for suicide will benefit from increased identification and follow-up mental health and drug and alcohol treatments/support for children/adolescents and young adults and their families in Lackawanna County.

Target Objective: Provide trainings on: screening tools and evaluation reports (Behavioral Health and Physical Health Providers; gatekeeper trainings (Primary Health Care); cognitive behavioral training (CBT) and applied behavioral family therapy (ABFT) (Behavioral Healthcare staff), Co-occurring disorders (Drug and Alcohol and Behavioral Health staff) suicide prevention (Drug and Alcohol Program Staff), and Overview of Suicide and Gatekeeper Trainings (Community Task Force)

Performance Measure(s): training is completed by December 31, 2010.

Data Source(s): training logs

Responsible Person: Deputy Administrator, Site Coordinator (Advocacy Alliance)

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Coordinate with Lackawanna County behavioral health care and Drug and Alcohol agencies for staff to attend trainings.	Site Coordinator (Advocacy Alliance)	1-30-2010		
2. Provide Task Force with Suicide Overview Training	Site Coordinator (Advocacy Alliance)	1-30-2010		
3. Dialogue with behavioral health care and drug and alcohol staff for requests for upcoming training needs.	Site Coordinator (Advocacy Alliance)	1-30-2010		
4. Review and prepare for training needs with Task Force.	Site Coordinator (Advocacy Alliance)	1-30-2010		