

*Lackawanna
Susquehanna*

Mental Health
Mental Retardation
Program

MENTAL RETARDATION

ANNUAL
PROGRAM PLAN
AND
BUDGET REQUEST

FISCAL YEAR 2010 - 2011

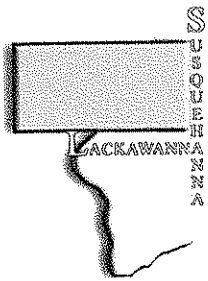
135 Jefferson Avenue
3rd Floor
Scranton, PA 18503

Submitted
December 1, 2009

LACKAWANNA - SUSQUEHANNA COUNTIES
MENTAL RETARDATION PROGRAM
ANNUAL PROGRAM PLAN
FISCAL YEAR 2010-2011

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**MENTAL HEALTH
MENTAL RETARDATION
PROGRAM**

Administrator's Office

December 1, 2009

Mr. Kevin T. Casey
Deputy Secretary for Mental Retardation
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675


Dear Deputy Secretary Casey:

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program is pleased to submit our Mental Retardation Annual Program Plan and Budget Request for Fiscal Year 2010-2011 to you for your review and endorsement.

To complete the County Planning process, this Program engaged a diverse group of constituents including; consumers receiving services, family members, service professionals and private citizens. Our requests are essential to adequately meet the needs of members of our community with disabilities.

This Program welcomes the support and guidance of the Office of Developmental Programs as we collectively work towards enhancing quality services for persons with mental retardation.

Sincerely,


Stephen Arnone
Administrator

SA:ds
Enclosure

cc: Mr. Robert Conklin

LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I /we have reviewed and approved the attached FY 2010-2011 County Mental Retardation Plan.

COUNTY 1: Lackawanna

Chairperson/County Commissioner:

Name: Corey D. O'Brien

Signature  **Date: 11/23/09**

County Commissioner:

Name: Michael J. Washo

Signature  **Date: 11/23/09**

County Commissioner:

Name: A. J. Munchak

Signature  **Date: 11/23/09**

FISCAL YEAR 2010 – 2011

**ANNOUNCEMENT OF
PUBLIC HEARINGS**

**LACKAWANNA-SUSQUEHANNA COUNTIES
MENTAL HEALTH/MENTAL RETARDATION PROGRAM
2010-2011 PLANNING PROCESS TIMETABLE**

- 1/07/09 2010-2011 Request for Proposals Mailed to Provider Agencies**
- 1/22/09. 11:00 a.m. – 1:00 p.m. - Mental Retardation Family Focus Group
(823 Jefferson Avenue, Scranton)**
- 1/28/09. 9:30 a.m. – 2:00 p.m. - Mental Health Individual's Focus Group
(Recovery Center, 825 Jefferson Avenue, Scranton)**
- 1/29/09 9:30 a.m. – 2:00 p.m. - Mental Health Individual's Focus Group
(New Beginnings Drop-In Center, 32 Public Avenue, Montrose)**
- 1/30/09.Return of Request for Proposal (RFP) to the Lackawanna-Susquehanna Counties
Mental Health/Mental Retardation Program**
- 2/05/09 9:30 a.m. – 1:30 p.m. - Mental Retardation Individual's Focus Group
(American Legion, RR4 Box 233C, Montrose)**
- 2/09/09. 3:30 p.m. – 5:30 p.m. - Mental Retardation Individual's Focus Group
(846 Jefferson Avenue, Scranton)**
- 3/11/09 Plan Hearings 12:00 p.m. Lackawanna County
(Department of Human Services, 135 Jefferson Ave, 3rd Floor, Scranton PA)**
- 3/11/09 Plan Hearings 6:30 p.m. Lackawanna County
(Center for Public Safety, 30 Valley View Business Park, Jessup)**
- 3/25/09. Plan Hearings 12:00 p.m. – 1:00 p.m. Susquehanna County
(Susquehanna County Commissioners' Meeting Room, Montrose)**
- 5/30/09.Plan Submission to the Office of Mental Health and Substance Abuse Services**
- 12/1/09.Plan Submission to the Office of Developmental Programs**

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, 2010 through June 30, 2011**. 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 11, 2009 at 12:00 P.M., in the Third Floor Conference Room, Lackawanna County Office Building, 135 Jefferson Avenue, Scranton, PA. and Wednesday, March 11, 2009 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 HEARINGS

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, 2010 through June 30, 2011. 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. Public Hearings will be held as follows:

1. Wednesday, March 25, 2009, 12:00 P.M. to 1:00 P.M., in Commissioners' Meeting Room, Susquehanna County Courthouse, Montrose

All residents in the two (2) county area are encouraged to take this opportunity to participate in the development of the 2010-2011 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 Thursday, March 19, 2009.

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, Third Floor, Scranton, PA 18503; fax them to (570) 963-6435; or e-mail them to ls@lsmhmr.org.

FISCAL YEAR 2010 – 2011

**MR FOCUS GROUP
REPORTS**

The Advocacy Alliance

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program 2009 Susquehanna County Mental Retardation Focus Group



Lackawanna – Susquehanna Counties
Mental Health/Mental Retardation Program
2009 Susquehanna County Mental Retardation Focus Group

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsored a Focus Group, facilitated by the Advocacy Alliance, with adult individuals who receive mental retardation services and with family members of individuals who receive mental retardation services in Susquehanna County. The invitations were generated from the different agencies located in Susquehanna County who serve individuals with mental retardation. The Focus Group met on February 5, 2009 at the American Legion where opinions were solicited as to the needs, satisfactions, and dissatisfactions with mental retardation services and supports offered in Susquehanna County. Participants also discussed topics that affect their lives and self-determination. The feedback generated will be included by L-S MH/MR in their Program Planning Process for fiscal year 2010-2011.

There were three consumer participants in the focus group who were supported by one family member and two mental retardation services professionals. Below are consensus highlights:

- There are not enough service providers.
- Choice in housing options is limited.
- There are not enough opportunities for socialization/recreation.
- Lack of transportation options limits choices in all aspects of consumers' everyday lives.

Demographics (shown for consumers of services only)

- 2 participants live independently
- 1 participant lives with family
- 2 participants are registered to vote
- 1 participant is not interested in voting
- 0 participants work in the community
- 1 participant is seeking work through the Mobile Workforce
- 1 participant is seeking work through the Office of Vocational Rehabilitation
- 3 participants volunteer at organizations
- 3 participants have identification cards
- 0 participants belong to a self-advocacy group
- 3 participants would like to belong to a self-advocacy group and know of other individuals who would benefit from belonging to a self-advocacy group

Service Improvement

All participants reported that they know their supports coordinator's name, have an Individual Support Plan (ISP) in place, and have input into their ISP. All participants reported having their own copy of their Individual Support Plan.

All participants reported that there are no Day Programs or Pre-Vocational Centers in Susquehanna County. Additionally, all participants reported that they receive some form of support from Step-By-Step, from family members, from counselors, and from friends. All participants also reported that, while they like the Community Options Program, they would like more opportunities for socialization and recreation in Susquehanna County. One participant reported that his/her mother drives him/her to the Deutsch Institute located in Lackawanna County for recreation/socialization opportunities.

Employment

No participants reported currently working in the community, however, two participants reported that they are currently seeking employment through the Mobile Workforce Program or OVR. One participant reported baby sitting for a family member. All participants reported that they think there are enough employment options and reported feeling they could get a job if they want one. The most common concern relating to employment is the need for public transportation to get to work. All participants reported that transportation is a primary concern in Susquehanna County and two participants reported wanting to get their driver's licenses so they could be less dependent on others for transportation.

Housing

All participants reported liking where they live, but feel housing options are limited and some options are too rural. Additionally, participants reported that there is a two and a half year waiting list for housing in senior apartment programs and a lack of choice in HUD approved housing. Two participants reported that they toured some available apartments with Step By Step staff prior to choosing an apartment; however, they were only able to tour apartments that were HUD approved. Other comments were: I like the privacy I have now; I like living in a nice neighborhood that is close to town; the neighbors are nice; and I would like to be able to have a pet where I live.

Socialization and Community Involvement

All participants reported using email and two reported using social networking websites. One participant reported using the computers at the local library and has taken advantage of the free computer tutoring available at the library. One participant reported that a companion program would be beneficial, with two other participants reporting that they know of other individuals who would benefit from such a program. All participants reported enjoying opportunities to socialize (e.g., attending church, shopping, spending time with family and friends, going to the movies) but report such opportunities are limited due to both the rural nature of Susquehanna County and lack of transportation.

Summary

It appears from the reporting of this Focus Group that most participants are satisfied with their services and supports, but would like to have more choices of providers. Most participants like where they live but would like more options when choosing housing. All participants would like to have more opportunities for socialization/recreation. The focus group participants also want to report their concerns over the lack of public transportation.

All participants would like to thank L-S MH/MR for facilitating this Focus Group.

The Advocacy Alliance

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program 2009 Lackawanna County Mental Retardation Focus Group



Lackawanna – Susquehanna Counties
Mental Health/Mental Retardation Program
2009 Lackawanna County Mental Retardation Focus Group

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsored a focus group, facilitated by the Advocacy Alliance, with adult individuals who receive mental retardation services in Lackawanna County. The invitations were generated from the membership list of the self-advocates' group Speaking Out with Friends, located in Lackawanna County. The focus group met on February 9, 2009 at the Advocacy Alliance where opinions were solicited as to the needs, satisfactions, and dissatisfactions with the services and supports offered in Lackawanna County. Participants also discussed topics that affected their lives and self-determination. The feedback generated will be included by L-S MH/MR in their Program Planning Process for fiscal year 2010-2011.

There were ten participants in the focus group. Below are consensus highlights of the focus group conversation.

- Participants reported concerns with the infrequency of visits from their supports coordinators and with the lack of time their supports coordinators spend with them during visits.
- Participants would like more money for their work at the sheltered workshop and more choices in employment options.
- Some participants reported that they would like to live more independently and would like staff that "listen to them."

Demographics:

5 participants live in community group living
3 participants live with their family
2 participants live in a personal care home
7 participants are registered to vote
7 participants vote
8 participants had identification cards
8 participants get the newspaper
10 participants belong to a self-advocacy group
7 participants have jobs
1 participant would like a job
4 participants volunteer at organizations

Service Improvement

All participants reported that they know their support coordinator's name and seven participants reported that they have an Individual Support Plan (ISP) in place and have input into their ISP.

Participants reported their support coordinators should come to their home to visit more frequently; several participants reported that, when support coordinators do visit their home, they should "stay more than five minutes to see what we want." One participant reported that his/her support coordinator helped him/her with respite services.

Employment

Seven participants reported that they have a job, but most reported not being paid enough at their job. One participant reported that when there is no work at his/her supported employment workplace, they "read or color." In addition to concerns with inadequate pay, several participants reported that there are not enough job choices if they want to change jobs. Several participants reported that they would like a job in the community and several reported that they need help to find and/or maintain a job. One participant reported that he/she likes her job in the community and that Goodwill assisted him/her in finding the job. One participant reported that he/she wants to retire and one participant reported that he/she would like to be able to go to school to get a better job.

Socialization

Most participants reported having active social lives, which include shopping, going to the movies, playing bingo, playing basketball, going to concerts, and going to parties. Several participants reported that they would like to be able to visit family more frequently and go on vacations to Atlantic City, Florida, and Canada. Most participants reported that there are enough people in their life to help them get to where they want to go including, provider agencies, family members, and public transportation. Two participants reported that they would like to learn how to use a bus pass.

Housing

Nine participants reported liking where they live, but four participants would like to move. One participant reported wanting to move into a family living arrangement. Some participants would like to get their own apartment and live independently or use supported living services. Two individuals who live in personal care homes reported that there are too many fights at the personal care homes. Several participants from a variety of living situations reported that there are always issues among roommates at their homes, that there are too many "bosses" at their homes, and that they would like residential staff who listen to them.

Summary

It appears from the reporting of this Focus Group that most participants are satisfied with many of their services and supports; several, however, reported concerns with the infrequency of visits from their supports coordinators and with the lack of time their supports coordinators spend with them during visits. Additionally, participants would like more money for their work at the sheltered workshop and more choices in employment options. While several participants reported that they like where they live, some participants would like to live more independently and would like staff who “listen to them.”

All participants would like to thank L-S MH/MR for facilitating this Focus Group and providing dinner for this meeting.

The Advocacy Alliance

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program 2009 Lackawanna County Mental Retardation Family Focus Group



Lackawanna – Susquehanna Counties
Mental Health/Mental Retardation Program
2009 Lackawanna County Mental Retardation Family Focus Group

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsored a Family Focus Group, facilitated by the Advocacy Alliance, with family members of individuals from Lackawanna County who receive mental retardation services. An invitation list was generated by the Alliance with names from family support groups, COPS and PODS, and Scranton Counseling Center's Mental Retardation Department. The focus group met on January 22, 2009 at the Alliance office. Opinions were solicited from family members as to needs, satisfactions, and dissatisfactions with mental retardation services and supports offered in Lackawanna County. The feedback generated will be included by L-S MH/MR in the Program Planning Process for fiscal year 2010-2011.

The Family Focus Group consisted of six family members (three siblings and three parents) of consumers of mental retardation services.

Below are consensus highlights:

- There is a lack of funding for services and supports.
- There is a high rate of staff turnover.
- There are too few staff persons to support consumers.
- There is a lack in employment options.
- There are limited transportation options, especially in rural areas.

Demographics (shown for consumers of services only)

- 1 participant's family member lives a community living arrangement (CLA)
- 1 participant's family member lives independently
- 3 participant's family members live with family
- 3 participant's family members are registered to vote
- 4 participant's family members work in the community
- 3 participant's family members volunteer at organizations
- 3 participant's family members have identification cards
- 1 participant's family member belongs to a self-advocacy group

All family members reported challenges and successes and offered their opinions as to what would be helpful to individuals and their families. It was also reported by the family members that this Family Focus Group discussion was helpful to them in planning for their family members.

Service Improvement

Four participants reported that their family members know their supports coordinator's name and four participants reported that their family members have an Individual Support Plan (ISP) in place and have input into their ISP. One participant reported that his/her family member does not have an ISP in place because he/she lives and works independently and does not need an ISP. Some participants expressed that their family members' supports coordinators are constantly changing.

Participants reported that several providers and agencies have been helpful to them and their family member, including provider support staff, respite staff, the YMCA, the Deutsch Institute, the ARC's parent support group, and the Advocacy Alliance's Representative Payee program.

Participants reported the following as unmet needs and/or problems regarding supports and services for persons who have developmental disabilities:

- Termination of therapies/services due to lack of funding;
- Inadequate number of staff helping consumers meet their goals, ultimately disqualifying them from continuation of services (e.g., speech and physical therapy);
- Limited transportation in rural areas, thus limiting opportunities for consumers;
- Difficulty in finding support staff, activity aides and respite providers;
- Increasing paperwork; and
- Increasing rates of staff turnover.

Employment

Four participants reported that their family member has a job, but most reported that their family members would like more variety in their jobs and less repetition. Overall, participants reported that options in employment are not being presented to them or their family members, there is inadequate funding for employment programs (which limits employment options), and employers in the community are reluctant to hire individuals who have disabilities.

One participant reported that he/she is not happy with the current workshop where his/her family member is employed because the workshop is more of an opportunity to socialize as opposed to an opportunity to earn money.

Socialization

Most participants reported that their family members have active social lives, which include attending church, attending family gatherings, going out to eat, and bowling. Several participants also reported that their family members enjoy computer games, reading, and playing music. Many participants reported that there are enough people in their family members' lives to get them where they want to go, including provider agencies, family members, and public transportation; however, one participant whose family member lives in a rural setting reported not having enough access to transportation. Three participants

reported that their family members can use a computer to navigate the internet, use online encyclopedias, and play games.

Housing

Three participants reported that their family members live with a family member and like where they live because it's all they've ever known. One participant reported that his/her family member lives in a Community Living Arrangement (CLA) and, although non-verbal, expresses happiness when returning to his/her CLA. One participant reported that his/her family member lives independently in his/her own home. All participants reported that their family members had choice in their living situation, with two reporting that their family members choose their residence with assistance from family and supports coordination. One participant reported that his/her family member, while happy in his/her current residence, expressed an interest in spending six of twelve months with other family members in Canada. Finally, two participants reported that their family members have keys to their homes; one participant reported that his/her family member would lose a key; and one participant reported that his/her family member never travels alone and, therefore, does not need a key.

Summary

It appears from the reporting of this Focus Group that most participants are satisfied with many of their services and supports; several, however, reported concerns with lack of funding for services and supports, high rate of staff turnover, too few staff to support consumers, lack in employment options, and limited transportation options in rural areas.

The Family Focus Group was much appreciated by family members and they hope their suggestions will be helpful.

FISCAL YEAR 2010 – 2011

GOALS AND OBJECTIVES

I. FISCAL YEAR 2010 – 2011 GOALS AND OBJECTIVES

A. Joint Mental Health/Mental Retardation - Goals and Objectives

The Lackawanna County Mental Health/Mental Retardation Program, in an effort to highlight cross-system issues, is presenting system-wide goals and objectives. These goals and objectives are reflective of system needs identified by both Mental Health and Mental Retardation stakeholders and are organized as joint Mental Health/Mental Retardation goals and objectives followed by program specific objectives.

The Lackawanna County Mental Health/Mental Retardation Program's goals and objectives are based on consumer input, family involvement, an ongoing consumer satisfaction process, public input through pre-plan hearings, focus groups, public hearings, proposals submitted by provider agencies, and state priorities. As a result of this stakeholder input, the Lackawanna County Mental Health and Mental Retardation Program is proposing the following cross-system goals and objectives for Mental Health and Mental Retardation:

GOAL: *To enhance the positive quality of individual, family and community life by providing services that are consistently available, accessible and responsive to the needs of individuals and families seeking assistance and to work with the community to facilitate and promote solutions for the enrichment of all.*

OBJECTIVES:

- To promote continuous quality improvement in services offered to persons with mental health and mental retardation by encouraging provider collaboration to insure the availability of a qualified workforce:
 - System-wide training focused on recovery initiative, systems change, alternative models of services, and best practice

- Direct care professional staff initiatives i.e., improve job satisfaction of paraprofessionals, and the creation of desirable career paths within the direct support profession and from direct support to other human service positions,
- Cultivate leadership development programs,
- Stabilize and improve the recruitment and retention of direct-care workers
- Staff development and cross-systems training experiences targeted at enhancing staff skills, ex. The College of Direct Support
- To promote the effective and efficient provision of services and supports by engaging in systematic data collection and analysis of program performance and impact.
 - Measuring consumer satisfaction i.e., child, families and adult; outcomes, and quality of services
 - Enhancing fiscal management and risk management, including the health and safety of all persons receiving supports
 - Responding to automated reporting requirements at the local, state and federal level to include compliance with the Health Insurance Portability & Accountability Act (HIPAA).
- To promote supports and services that are accessible, effective and driven by best practices:
 - Integrate research, training and the dissemination of information on best practice
 - Active involvement of consumer and/or their family in planning, program

development and evaluation.

- To provide supports that enable persons to engage in activities in community settings that are consistent with personal goals and preferences by:
 - Promoting thoughtful identification and planning for supports and services
 - Encouraging conscientious monitoring and revisions of support/service plans
 - Teams aligning resources and strategies that enhance personal independence and productivity
 - Increasing opportunities to acquire skills and direction that enable consumers to take greater control of their lives.
- To enhance the quality of services for children/adolescents including those who are Dually Diagnosed and their families through the ongoing interagency collaborative process and the use of the following service options:
 - Individualized supports such as Home-Based Services
 - School linked options (classroom support, after school programming, peer mentoring, support groups, and summer recreation/employment programs)
 - Family support services (family aid, respite, recreation)
 - Transition support services for adolescents age 16 to 26 (OVR, Education)
- To facilitate participation in consumer-directed activities such as the Community Support Program/self-advocacy initiatives on a local and/or regional basis, and peer specialist initiatives.
- To develop a variety of support options, that are consumer directed in Lackawanna County.

- To provide services and supports in a manner that demonstrates respect for individual dignity, personal preferences and cultural differences.
- To enhance the quality of services by ensuring that services and supports are tied to meaningful and measurable outcomes for persons with mental retardation or mental illness through:
 - Quality Management Plan
 - MIS development
 - Performance indicators
- To promote access to employment and the training necessary to sustain employment.
 - Ensure access to information on employment options and the opportunity to consider employment as part of individualized planning
 - Target funding for employment services for young adults ages 16 to 26, in transition to adult life.
 - Maximize available employment resources by collaborating with other employment agencies (OVR, PA Career Link, MAWD).
- Foster excellence in the design and administration of services and supports:
 - Practice continuous quality improvement
 - Advance organizational structures that enable individual support needs to be addressed in an efficient and equitable manner
 - Improve programs and operations by actively seeking and responding to the input of consumers/families/other stakeholders
 - Address gaps in quality management and satisfaction with services

through the development of performance outcomes and satisfaction measures.

- To ensure appropriate services for aging consumers which promote:
 - Full community participation
 - Integrating service systems
 - Home adaptations
 - End of life decisions
 - Quality of life

B. MENTAL RETARDATION GOALS AND OBJECTIVES

GOAL: *To enhance the quality of life for individuals, and their families and community life by providing services that are consistently available, accessible and responsive to their needs; of individuals and families seeking assistance at the same time working with the community to facilitate and promote solutions for the enrichment of all.*

OBJECTIVES:

- To implement appropriate business processes which support self-determination:
 - Adopting Financial Management Services including Vendor Fiscal and Agency with Choice
 - Implementing the Supports Intensity Scale (SIS) and PA Plus
 - Adoption of a single planning and assessment document
- To provide consumer/family directed services by:
 - Ensuring information and support is available to assist participants to make informed selections among service options
 - Ensuring each participant services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.
 - Ensuring participants and other stakeholders' activity in program design, performance appraisal, and quality improvement activities.

- To ensure individuals with intellectual or developmental disabilities and their families receive supports and services delivered in a culturally competent manner.
 - o Respecting ethnic and cultural diversity in the design and delivery of services
 - o Engaging different communities in effective consultation processes and reflecting their needs in policy development
 - o Building skills and providing diversity awareness training to all employees
- To strengthen communication with consumers, caregivers and other stakeholders thereby, enhancing the distribution of health and safety information provided by:
 - o Health Care Quality Units
 - o Independent Monitoring Teams
 - o Incident Management
 - o Annual Consumer and Family Focus Groups
- To enhance consumer administrative supports which may be necessary to exercise choice and control over services:
 - o Refocusing of existing services/resources (i.e., consumer driven services)
 - o Implementing State contracted Participant Directed Services by offering Vendor Fiscal services to individuals and their families
- To expand and improve competitive integrated employment opportunities through the provision of consumer directed services and supports, thereby increasing the number of people with developmental disabilities who are actively employed in their community.

- To enhance the provision of transition services for students with developmental disabilities as they prepare to leave school and access post school outcomes including employment, postsecondary education, vocational services and inclusive meaningful adult community services.
- To ensure early intervention services for infants and toddlers, including those with emotional needs, which are routine based and outcome orientated and sufficient in intensity and quality to promote positive development.
- To develop and enhance community residential options for persons which include Life Sharing, home ownership and supported living, prioritizing:
 - Persons transitioning into adult services (i.e., from EPSDT; Children and Youth Services)
 - Persons residing with elderly caregivers
 - Special needs populations (dually diagnosed; criminal justice system)
- To enhance active involvement of individuals with developmental disabilities and/or their families as the primary decision makers regarding the services and supports they receive including informed choices about inclusive community services.
 - Empower individuals/families to speak out for themselves, initiate ideas, make decisions about supports consistent with available resources
 - Improve dissemination of quality information
 - Increase understanding and use of consumer directed services
 - Improve effective partnerships with professionals to achieve positive outcomes

- To bolster the proactive partnership between consumers, families, advocates county government, the provider network, and the Lackawanna County Mental Health/Mental Retardation Program as we strive toward system improvement and enhancement.
- Promote consumer's self-governance opportunities for active expression and achievement of goals and expectations in decisions regarding:
 - Health care
 - Family supports
 - Sexual expression
 - Housing
 - Employment
- To promote a systemic approach to continuous improvement of quality in the provision of services and supports, thereby improving consumer outcomes and service quality.
 - Increase provider focus on achieving consumer outcomes through quality assurance reviews and quality improvement initiatives.
 - Engaging in systematic data collection
 - Analyzing program performance and impact
 - Ensuring services and supports lead to positive outcomes for each participant.
- To ensure quality supports and services by implementing best practices through positive approaches to behavior management, and the progressive use of least restrictive alternatives.

- To support all stakeholders to utilize financial management via HCSIS and PROMISe billing.
- To ensure the smooth transition of Home and Community Based Waiver Services to the uniform application of statewide standards.
 - Assessment/Intake
 - Support Coordination
 - Role and Function of the Administrative Entity
 - Rate Setting

C. MANAGEMENT GOALS AND OBJECTIVES

The management goals and objectives for the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program are presented as system objectives for both mental health and mental retardation.

GOAL: *To enhance active community integration and to support recovery by assuring the availability of community services while ensuring service quality, measurable outcomes, cost effectiveness, and efficiency.*

OBJECTIVES:

- To enhance the ongoing partnership with all stakeholders in the design, implementation, and ongoing evaluation of services.
- To encourage maximum utilization of natural community supports and self-help networks.
- To promote flexibility in services by pursuing regulatory relief in order to address customer needs.
- To increase the availability of service alternatives and options by redirecting existing resources based on individual needs/outcomes through:
 - Performance-based contracting
 - Less restrictive levels of care
 - Individualized, self-directed, and person-centered pathways to recovery
 - Strengths based approaches

- To increase community capacity to serve persons receiving multiple systems supports by:
 - Developing a variety of recovery-based and person centered training opportunities for staff
 - Promoting collaborative cross-systems training and supports
- To promote choice and empowerment by assuring that persons are made aware of the availability of all services through the utilization of established procedures that both guarantees conflict-free choice and promotes access.
- To strengthen the existing collaboration with the criminal justice system, education, providers of physical health care, managed care organizations, vocational rehabilitation, human service agencies, community acute care hospitals, county assistance offices, and state operated facilities, in the planning, development, and implementation of services.
- To promote holistic activities which will improve access to quality health care for individuals with mental disabilities including:
 - Hope and motivation about recovery
 - Analyzing health care data/trends
 - Responding to automated reporting requirements at the local, state, and federal level to include compliance with the Health Insurance Portability & Accountability Act (HIPAA)
 - Training on effectively promoting, accessing and utilizing physical and behavioral health care services

- Coordination with physical health providers, including managed care entities, for the provision of health care services, including medications
 - Effective management of the Lackawanna-Susquehanna Counties MH/MR medication program.
- To encourage program, service, and administrative integration and consolidation, in order to maximize resources and eliminate duplication.
- To aggressively seek new, innovative and non-traditional sources of funds for the provision of recovery-based/person centered services.
- To develop methods of partnering with the Lackawanna-Susquehanna Counties' Managed Behavioral Health Care Organization in the provision of Behavioral Health Care Services for all persons within Lackawanna-Susquehanna Counties.
- To develop a prominent community presence through:
 - Enhancing outreach efforts which increase awareness of services and supports to culturally diverse groups
 - Increasing awareness and recognition of consumers as responsible, contributing members of their local community
 - Emphasizing the positive impact of the mental health/mental retardation service delivery system on the economic community.
- To promote culturally competent services which recognize:
 - The role of the family
 - Culture
 - Historical context
 - Socioeconomic status and Geographic location

- To enhance system integrity and provider stability through:
 - Joint venturing and provider alliances
 - Progressive rate setting
 - Marketing
 - Risk management

FISCAL YEAR 2010 – 2011

PLANNING CATEGORIES

II. LACKAWANNA-SUSQUEHANNA PLANNING CATEGORIES

A. WAIVER CAPACITY MANAGEMENT MODEL OF PRACTICE

The Lackawanna-Susquehanna MH/MR Program has been overall successful in implementing *Waiver Capacity Management (WCM)*, Model of Practice. The following narrative addresses several areas associated with the implementation of WCM including: (1) policy development, (2) communication with provider agencies & the regional waiver capacity manager, (3) presenting challenges & local achievement and (4) ongoing development.

Policy Development

The Program developed and implemented a procedure for the supervision of capacity management activities including: waiver capacity management, vacancy management and emergency capacity management. These management functions were incorporated into procedure following activities associated with the Spring 2009 Administrative Entity (AE) Academy and the fiscal year 2009-2010 Administrative Entity Agreement. Within the Program, point persons and backup staff have been identified and trained in the WCM procedures.

Table 1 represents five (5) years of historical data of the Lackawanna-Susquehanna MH/MR Program's admissions, discharges and annual turnover within the Person/Family Directed Waiver. The data included is from 2004-2009 and consists of totals and averages. The range for *admissions* (15, 64) was 15 individuals in FY 2006-2007 to 64 individuals in FY 2007-2008 with a 5-year average of 33.2 admissions. The range for *discharges* (16, 37) was 16 individuals in FY 2006-2007 and 37 individuals in FY 2004-2005 with a 5-year average of 25.2 discharges. The range of *annual turnover*

(admissions + discharges) (31, 91) was 31 individuals in FY 2006-2007 and 91 individuals in FY 2007-2008 with a 5-year average of 59.4 annual turnovers.

Table 1. Person/Family Directed Services (P/FDS) Waiver – Admissions, Discharges and Annual Turnover

Year	Admissions	Discharges	Annual Turnover
2004-2005*	30	37	67
2005-2006	21	23	44
2006-2007	15	16	31
2007-2008	64	27	91
2008-2009	36	23	59
Total	166	126	292
5-Year Average	33.2	25.2	59.4

* Data from Lackawanna-Susquehanna-Wayne Counties

Table 2 represents five (5) years of historical data of admissions, discharges and annual turnover associated with the Consolidated Waiver. The data included is from 2004-2009 and consists of totals and averages. The range for *admissions* (13, 36) was 13 individuals in FY 2006-2007 to 36 individuals in FY 2007-2008 with a 5-year average of 26.8 admissions. The range for *discharges* (19, 22) was 19 individuals in FY 2007-2008 and 22 individuals in FY 2005-2006 with a 5-year average of 25 discharges. The range of *annual turnover* (admissions + discharges) (33, 55) was 33 individuals in FY 2006-2007 and 55 individuals in FY 2007-2008 with a 5-year average of 46.8 annual turnovers.

Table 2. Consolidated Waiver – Admissions, Discharges and Annual Turnover

Year	Admissions	Discharges	Annual Turnover
2004-2005*	32	20	52
2005-2006	20	22	42
2006-2007	13	20	33
2007-2008	36	19	55
2008-2009	33	19	52
Totals	134	100	234
5-Year Average	26.8	25	46.8

* Data from Lackawanna-Susquehanna-Wayne Counties

Overall, this data suggests there are greater turnover rates in the management of the P/FDS Waiver. The annual turnover rates for the combined waiver programs ranged from 64 individuals in FY 2006-2007 to 146 individuals in FY 2007-2008 during the five (5) year span, with a total annual turnover rate of 596 individuals.

Communication with Providers and Regional Waiver Capacity Manager

The Lackawanna-Susquehanna MH/MR Program met with local agencies at the beginning of July 2009 to provide training on recent policy changes. The Program provided an overview of Waiver Capacity Management and discussed key elements with agency leadership. In addition to provider training, the Program has been maintaining consistent contact with residential providers when a vacancy (planned or unplanned) is identified. Since the implementation of the waiver capacity management process, the Regional Waiver Capacity Manager has been accessible and supportive in assisting the Program to address changing needs including emergency and residential vacancy planning.

Achievements and Challenges

Several achievements and challenges have been observed since the implementation of waiver capacity management. One achievement experienced relates to the Program accessing additional resources outside of the local provider network as a response to a consumer's changing needs. Several challenges include the limited local expansion opportunities for individuals in need of specialized services (ie. one-person sites). This challenge is further compounded when the lack of local development brings family members out of the area; creating distance and hardships for families that remain local. Another challenge faced by the Program has been the management of the influx of

county to county transfers. Finally, the rigidity of the criteria for emergency waiver capacity, in circumstances limits an AEs ability to effectively address an emergency situation when access to waiver services are needed.

On-going Development

The Program is committed to continuing to develop collaborative strategies with systems stakeholders to address local capacity needs including: Supports Coordination Organizations, Health Choices, probation, Children & Youth Services and local & statewide providers. The Program will review the need for the development of additional protocols related to WCM. For example, with an observed increase of waiver participants accessing statewide services (primarily residential services); what protocols should exist for the AE and SCO when an individual moves to another part of the state via WCM and have family members remaining in the local area.

B. SEPARATION OF SUPPORTS COORDINATION ORGANIZATION FROM ADMINISTRATIVE ENTITY

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program, specifically, the Mental Retardation Program continues to create a model of service delivery which embraces individual choice in a competitive provider environment. This has been accomplished by incorporating the vision of Everyday Lives, Positive Approaches, and Self-Determination into the foundation of decision-making for the consumers served by the Joinder Program. The Program has successfully maintained separate Administrative Entity and Supports Coordination Organizations for a number of years. Therefore, the Program was not tasked with the separation of supports coordination organization (SCO) from Administrative Entity (AE).

The Program evaluated several business practices for compliance and increased efficiencies as a response to the Office of Developmental Program's redefinition of the roles and functions between SCOs and AEs. Several processes have been impacted, notably the Individual Service Plans (ISPs) approval and service authorization process. The Program has revised internal protocols to ensure that ISPs are approved, services are authorized prior to implementation and delivered in accordance with the approved ISPs.

C. ACCESS TO WAIVER ELIGIBLE SERVICES

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program receives information on the adequacy of consumer access to waiver eligible services in a number of ways. The following outline highlights several of the Program's activities:

- As part of the Program's continuous quality monitoring activities, individuals and families receive a supports coordination **satisfaction survey** at least annually. During the previous survey cycle, a question was added to address access to services.
- On an annual basis, the Program conducts **focus groups** which solicit feedback from the community about the overall service delivery system. Three (3) groups were convened for families and individuals with intellectual or developmental disabilities in Lackawanna and Susquehanna Counties. Summaries of each of the focus groups are included in the beginning of this Plan.
- The Program **fields calls and e-mails from family members** and surrogates regarding access and availability to services. The Program takes action when warranted to address inquiries regarding service access.

- In addition to the valuable feedback provided during **public hearings** as required by the Mental Health and Mental Retardation Act of 1966, another system safeguard for ensuring individuals and their families gain access to the services they need is ongoing participation in The **Provider Association** of Lackawanna-Susquehanna Counties. By maintaining an ongoing relationship with the local provider network, the Program is poised to more readily address gaps in services when they are identified.

Based on feedback and input from the above listed processes, the following areas impact individuals access to services: (1) high turnover rates for Supports Coordinators, (2) limited access to transportation in rural settings, (3) limited competitive employment opportunities and (4) limited choices of service providers in rural settings. Despite these limitations in the abundance of services, the Program remains committed to increasing access in a cost effective manner and continues to provide the full breadth of waiver services to people in Lackawanna and Susquehanna Counties.

In addition to the above listed, the Program is receiving an increase in requests for community-based residential services to individuals with intellectual and developmental disabilities with complex behavioral health diagnoses including Autism Spectrum Disorder (ASD). Some families are requesting additional systems supports for children beyond the array of available in-home supports through Health Choices and Home and Community Based Services. Based on the increasing propensity for ASD and the shortage of appropriate residential options for individuals, the Program respectfully recommends ODP consider the appropriation of resources through future initiatives.

D. PLANNING CATEGORIES AND DESCRIPTION OF NEED

The following narrative reflects the Fiscal Year 2010-2011 County Plan Request; which is based on Priority of Urgency of Needs for Services (PUNS) data drawn on August 14, 2009. The data drawn included a total of ninety-four (94) individuals waiting for waiver program enrollment (base funded). Ten (10) individuals were listed in *emergency* status, thirty-eight (38) individuals were listed in *critical* status and forty-six (46) individuals were listed in *planning* status at the time of the data extraction. Of the forty-eight (48) individuals with PUNS in emergency or critical status, seventeen (17) met the criteria listed in the County Plan Request Guidelines for FY 2010-2011.

A. Special Education Graduates

An important and ongoing task is supporting individuals, families and surrogates to plan appropriately for post graduation. Upon graduating from high school, individuals with intellectual and developmental disabilities and their families are faced with questions about continuing education, employment, socialization opportunities, transportation, and housing. Individuals transitioning into adult life after graduating from high school need choices and options within their communities to be successful.

A primary focus of supporting Pennsylvania graduates is ensuring employment services have been fully explored within the scope of choice and ability. Such activities included the completion of a full employment supplement to the ISP, discussing community based employment options with supports coordinators and scheduling meetings with employment service practitioners. Employment provides

many individuals with secondary benefits; opportunities to become more independent, develop new relationships and expand on existing support systems.

The Program promotes employment services for graduates through strategic planning with stakeholders. This includes service providers, self-advocates, the Office of Vocational Rehabilitation (OVR), and school districts. Last year, we partnered with Lowe's Home Improvement and other stakeholders to develop a program in a local Distribution Center designed to support individuals with disabilities. The "Lowes Project" brought over one-hundred local jobs with competitive starting salaries of approximately fifteen dollars. This employment opportunity stands as an example of the importance of collaboration and will benefit graduates today and for the foreseeable future.

Based on PUNS data drawn from August 14th, 2009, the Lackawanna-Susquehanna MH/MR Program requests **ten (10)** waiver slots to address the needs of special education graduates in the upcoming fiscal year. (table 3)

B. Prison/Residential Treatment Facility (RTF) Age-out

The challenges associated with supporting individuals transitioning to the community from the prison system or aging out of residential treatment facilities require a high level of coordination, development and planning. The Program has developed local resources and relationships with the prison systems in both Lackawanna and Susquehanna Counties. Through this initiative, assessment of an individual's residential, employment and community needs will be addressed to combine public safety and support the principles of self determination.

When children meet their therapeutic goals within the RTF milieu, the need arises to rejoin the community. The Program has taken the approach of assessing an individual's needs and developing opportunities in a "least restrictive setting." This begins by identifying what services can be provided to the individual to return home.

Based on PUNS data drawn from August 14th, 2009, the Lackawanna-Susquehanna MH/MR Program requests **three (3)** waiver slots to address the needs of incarcerated persons and individuals aging-out of RTFs in the upcoming fiscal year. (table 3)

D. State Hospital

As with other special populations, individuals with an intellectual disability and a co-occurring mental health diagnosis residing within a state hospital setting present a multitude of challenges. Transition from a state psychiatric hospital to the community historically requires a high level of care including residential services with dense staffing patterns and additional community supports.

The Program has worked diligently with local stakeholder to divert individuals with a dual diagnosis from a commitment to a state hospital. This has been accomplished in several ways including:

- working closely with Supports Coordination Organizations to identify individuals that may be at risk for a commitment.
- developing working agreements with local in-patient hospitalization
- developing local providers to enhance capacity to meet the needs of this specialized population through innovative program development.

- accessing available statewide resources through the Positive Practices Resource Team (PPRT) when necessary.

In addition to diversion activities, the Program has been working with local stakeholders on community transition planning for the population of individuals with a dual diagnosis that currently resides at Clark Summit State Hospital (CSSH). In a fiscal year 2007-2008 initiative, the Program successfully transitioned three (3) individuals from Clark Summit State Hospital to the community. If approved, this initiative request will create opportunities to provide an *everyday life* for the remaining individuals in need of community services.

Based on PUNS data drawn from August 14th, 2009, the Lackawanna-Susquehanna MH/MR Program requests **four (4)** waiver slots to address the needs of individuals residing in a state psychiatric hospital in need of support to transition to the community in the upcoming fiscal year. (Table 3)

Table 3. Lackawanna-Susquehanna Counties FY 2011-2012 Planning Needs Overview

Special Population	Number of Individuals Identified on August 14, 2009 PUNS data
Special Education Graduates	10
Prison	1
Residential Treatment Facility (RTF) Age-Out	2
State Hospital	4

