

OLMSTEAD PLAN FOR PENNSYLVANIA

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INTRODUCTION

Since the Olmstead Plan for Pennsylvania's State Mental Health System was first issued in 2011, Clarion County has been mindful of building the infrastructure needed to serve its hospital-eligible population in local community settings whenever possible. As part of the Warren State Hospital (WSH) catchment area, Clarion has typically been successful in keeping its state hospital population low. Currently there are six persons from the county hospitalized there.

In the past year, WSH has reduced its number of individuals receiving long-term care services from six to zero. Forensic admissions, however, have tended to fluctuate.

Because FY13-14 and 14-15 Community and Hospital Integration Projects Program (CHIPP) funds were made available, Clarion has created an increase in the array of services available for its residents living with serious mental illness. In addition, upgrades and enhancements were made to existing services, making them more accessible to consumers and more evidence based in approach.

I. OLMSTEAD PLANNING PROCESS

Clarion County Mental Health (MH) Administration operates with a perpetual open ear to its persons living with disabilities, family members, local and regional advocacy groups, providers, behavioral health managed care representatives, and cross-systems partners. That input is foundational and its collection not reserved for special meetings. This plan is derived from the ongoing, intentional, and sometimes unsolicited but powerful collaboration of stakeholders, always bearing in mind our state's commitment to preparing the community to serve its residents who are impacted by mental illness and developmental disabilities.

Individuals and their families exercise many opportunities to provide the valuable input that shapes services in our county. The consumer-lead Community CSP (Consumer Support Program) meets monthly in Clarion and participants also

attend the Regional meeting on a regular basis. Consumer/Family Satisfaction Team surveys, discussion groups at the Drop in Center, the supportive channels through the Behavioral Health Managed Care Organization (BHMCO), discussions with providers, and direct correspondence with county staff are several ways information regarding the County's services is conveyed to program decision-makers. Consumers who are employed in agencies with strong advocacy interests have often used the intrinsic nature of the relationship with their employer as a platform to discuss and relay the general need for change or expansion of services. More formal means by which input has been gathered came through consumer and family participation in Mental Health/Developmental Disabilities (MH/DD) and provider Advisory Board meetings, public meetings, and regional and state forums, such as the National Alliance on Mental Illness (NAMI), the Coalition for Suicide Prevention, or direct communication to the administrator or other county officials.

Regularly scheduled provider forums, routine monitoring of programs and frequent review of contracted work give opportunity for the county to examine the effectiveness of current programming and to promote the development of additional infrastructure needed to serve the consumer with complex needs. There is continual effort to amass the input that drives effective change.

Continuity of Care meetings are held regularly on WSH grounds. Each county in the catchment area reports on the progress made toward preparing for the discharge and subsequent care of their residents. The Community Support Plan prepares the individual for successful transition to community by identifying and putting into place the appropriate support(s) needed upon discharge.

Planning and implementation of services for complex needs has necessitated collaborations among the Western Region Office of Mental Health and Substance Abuse Services (OMHSAS) Field Office, Western Region Office of Development Programs (ODP), the Behavioral Health Administrative Unit (BHAU), the Pennsylvania Association of County Administrators of Mental Health and Development Services (PACA MHDS), Community Care Behavioral Health Organization (CCBHO), the CHIPP Consortium, the Western Regional Administrators, and the County Managers of Developmental Programs. This is accomplished through numerous and regular regional discussions, workgroups, and efforts drawing on the expertise of seasoned personnel. Engaging companies to bring service products to the community is usually done through the Request for Proposal (RFP) process, but in cases where a provider has demonstrated unique and exceptional service, the county has at times elected to assign that service to a provider or add it to an existing contract.

The CHIPP Consortium is a nine-county, solution-focused collaboration in which the Warren State Hospital beds assigned to those counties are pooled, allowing the participating counties to access the 53 beds between them without the restraint of a single county cap. The Consortium's current collective census is 35. At this writing, there are no voluntary commitments in the nine counties. Cameron/Elk County Administration provides fiduciary responsibility for the CHIPP funds. CHIPP pays for Emergency and Supported Housing, Psych Rehab transportation, Forensic/Hospital Liaison, Pre-Release (Forensic) Case Management for County Incarcerated, Prescription Gap Coverage, elements of Crisis Services, and the Drop In Center.

Jointly conceptualized services are also developed and implemented with the expertise of the Behavioral Health Administration Unit (BHAU), the entity that oversees the use of Health Choices Reinvestment Funds in the 23-county North Central Contract for Community Care Behavioral Health. The BHAU facilitates the regionalization of projects within our HC contract which are accessed by the 23 counties and paid for from savings realized by CCBHO.

II. SERVICES TO BE DEVELOPED

(a) Prevention and Early Intervention. Education and screening for presence of mental illness, domestic violence, substance use disorders, developmental delay, and suicidality will see increased presence in schools and the community for individuals age 5 to 18 as programs make themselves better known to the public. Operating outpatient services in five of the seven county school districts has improved access for the student-aged population. Providing therapy to the two remaining school districts is a goal for the near future. Early intervention delivered by means of peer support, case management prior to release from prison, gap prescription coverage, use of call center and mobile crisis intervention, mobile and site-based psych rehab, and NAMI family support will all be optimized to the extent county funding allows.

Expansion of Peer services to the adolescent population is in the works (discussed later under Peer Services) and will come under medical spend for members. Children's service dollars and base funds will be used for under- or uninsured adolescents. Since there is no history to compare to, it is difficult to estimate the expected number to be served, but 30 to 35 per year does not seem unreasonable.

Utilization of Residential Treatment Facility (RTF) services for children in Clarion County is trending upward with the increasing rates of drug abuse in families and homes. In addition, providers of Behavioral Health Rehabilitation Services (BHRS) report finding it very difficult to hire and retain employees who have the educational and licensing requirements for

service delivery in schools and community because the staffing of student needs is sporadic and rates are stagnant, especially for Therapeutic Support Staff (TSS). The county is currently working with the BHMCO to strengthen providers of BHRS services, to put In-school outpatient services in all elementary and secondary county schools, and to increase the use of Parent Child Interaction Treatment (PCIT) as means of increasing community treatment and support and decreasing the need for RTF placements.

b) Non-institutional Housing. Clarion County currently has the capacity to provide housing for up to one year to 5 families or 6 individuals at a time through the newly created Hope Homes. The program is funded by CHIPP dollars and participants are supported by a BSU staff who assists in connecting with professional supports, budgeting and saving, applying for employment, and general self-sufficiency. Each participant is asked to put a portion of income into a savings account that will allow for first month's rent and utility hook ups when they transition to permanent housing, usually within one year. Hope Homes housing is used following hospitalization, incarceration, or homelessness when immediate permanent housing is out of reach.

The Nonprofit Development Corporation (NDC) has been approached to study the feasibility of building or rehabbing up to four additional dwellings in the county that could be supported by MH housing dollars, CHIPP, and/or base funds once readied. Housing in these units would be designated for persons 18 years old and older, and be transitional in nature – the duration being up to two years, the strategy being program-assisted stability, and the outcome being education, training, and/or employment toward self-sufficiency. NDC's concept is to approach the Clarion County Vo-Tech School, or one of the several modular home builders in the county to partner in the effort.

Programs in Transition from Homelessness (PATH), and Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Funds, administered by Community Action, are tapped for services to the MH population although the latter isn't specifically for the individuals living with mental illness. Adult Services' Homeless Assistance Program (HAP) provides rental assistance and payment of security and utility deposits for persons over age 60 in order to prevent homelessness. Support Services for Veterans Families (SSVF) provides housing supports for vets and their families. All utilize a Housing First Approach that recognizes stable permanent housing as a foundation to health, recovery, and a deterrent to crime and recidivism.

Master Lease and Bridge Subsidy through Northwest 9 (NW9), a reinvestment project and joint venture with Community Care BHMCO, the BHAU, and Clarion County Housing Authority, has provided rent subsidies for persons with criminal histories who are not eligible for a Housing and Urban Development (HUD) voucher. Sustainability is an issue as reinvestment funds expire in 2017. A second and separate PHARE grant application has been

submitted with hopes to assist in reducing the impact of losing the NW9 housing program. The county is also well-supported by landlords who participate in Housing and Urban Development (HUD) programs. They excel at finding or creating an open unit when one is needed. A BSU Housing Specialist coordinates the most rapid, expedient, and permanent housing solution possible that will promote stability and adequacy in local communities for the homeless or displaced.

Lastly, as a member of the Northwest Regional Housing Alliance (NWRHA), MH maintains two funding slots available for housing in Clarion County. This pays 100% of rent for persons who meet chronically homeless criteria. These are available to persons living with serious mental illness as long as they meet the income criteria, have a clean credit record, and do not have a history of destructive or criminal behavior.

Seventy-five to 100 individuals or families are expected to be served by existing and anticipated housing supports annually in Clarion County's MH system.

c) Non-Residential Treatment and Community Supports

Outpatient and Mobile OP. Crisis, Mobile Crisis, Outpatient Therapies, Intensive Outpatient, Blended Case Management, and Psych Rehab and Mobile Psych Rehab Services are provided in Clarion County for adults, age 18 and over. Outpatient Therapies include but are not limited to Cognitive Behavioral Therapy, Trauma Informed Care, and Eye Movement Desensitization and Reprocessing (EMDR). Several independent providers in the area are trained and credentialed to work with persons whose mental health is adversely affected by traumatic experiences, as well.

Children's Mobile Therapy, Family Based, Children's Outpatient Therapy, and Blended Case Management, including specializations such as Parent Child Interaction Therapy, Trauma Informed Care, and Registered Play Therapy, are available for ages 2 and up. Crisis response for children and adolescents is managed first through an existing provider when an individual participates in a service. If not, Crisis Intervention and Mobile Crisis provide response for the child. Multi-Systemic Therapy (MST) is available in Clarion County. Functional Family Therapy is not currently available.

The Children's Resource Coordinator has been approached to look into the feasibility of strengthening therapeutic services specific to the adolescent and young adult population, commonly referred to as Transition Age Youth (ages 16-26). Since the provision of and coverage for services is age specific, creating continuity of care is challenging.

All eligible participants are enrolled in Medical Assistance by the BSU if not already enrolled at intake. CHIPP and base dollars are used to provide for those whose insurance does not cover Case Management, Peer, and Forensic Services. The county anticipates using about \$180,000 to cover the uninsured with community-based services.

Trauma Informed Care (TIC) for OP by 2017. Family Psychological Associates is currently training fifteen therapists and case managers in Trauma Informed Care. TIC is the focus of a four year System of Care (SOC) Initiative in the North Central Contract. The training will complete by 2019 and will broaden the expertise of adult, child, and adolescent therapists and support staff. Veterans suffering from Post-Traumatic Stress Disorder (PTSD) will also benefit from the specialized preparation of staff. This training is part of the System of Care grant awarded to the BHARP and the resources and support for staff are being paid for with mini-grants from the SOC. Once the teams are trained, TIC will be offered to all appropriate persons affected by trauma, which is estimated to be at least half of those in MH services. In addition to training, a \$2500 grant was used to put Resource Library materials in two outpatient clinics, two children's providers and the county Veterans' Affairs Office.

There are also a number of private practitioners in Clarion County who already provide Trauma Informed Care.

Crisis Services. There is a full range of crisis services in Clarion County provided by the Center for Community Resources and funded with base dollars. Call Center, Crisis Phone Contact, Mobile Crisis Workers, Walk-In Crisis Service, and Delegate Function are fully staffed. Hospital Emergency Department (ED) staff and Pennsylvania State Police (PSP), Borough Police, Sheriff Department and Campus Police operationalize the service in the community. The Student Assistance Program (SAP) Liaison usually responds to persons in school setting. When necessary and appropriate, the family, the residential provider, or a constable will transport. In-network providers are required to give crisis contact information to their consumers. Crisis Services are purchased with base dollars and follow up supports by CHIPP funding at a cost of \$298,000.

Psych Rehab. PR in Clarion County got a much-needed upgrade when CHIPP funds were available in 13-14. Mobile PR was added to site-based and both are now operated by the Community Guidance Center. Transportation is available and when necessary, paid for with CHIPP funds. Life skills, computer skills, cooking, communication, budgeting, emotional support and artistic expression are encouraged under the Philadelphia Model, striving for autonomy, tolerance, and rehabilitation. Transportation was an impediment until CHIPP funding was available to purchase some transportation services and a program vehicle for

mobile services. Base and CHIPP dollars provide PR for about 10 persons, age 18 and older, per year at a cost of just under \$51,000.

ACT. There is interest in the treatment community to create an ACT team, however the cost of a full-fledged team is prohibitive in a county the size of Clarion. Instead, we have recently begun a conversation with Roads to Recovery, our lead peer agency to provide a Partial ACT team for ages 16 and up. Details are not yet developed and the feasibility is not yet researched, however this is an excellent example of how the County and its providers work together to identify, plan, and eventually implement new services.

(Update) FEP. On May 8, 2017, Clarion County applied for a SAMHSA grant through OMHSAS to build a First Episode Psychosis (FEP) treatment team in the county to serve persons 16-30 who are experiencing first episode and early psychosis. Conceptually, the team will serve up to 15 persons in the first year with the intent of greatly reducing the long-term effects of serious mental illness. Family Psychological Associates will provide the team membership and the psychiatrist. Roads to Recovery will provide Peer Services.

Expanding BSU to accommodate growing caseloads. Clarion County Base Service Unit has recently expanded to cover broader MH crisis, local and state hospitalization, emergency and transitional housing, forensic case management and reintegration, and school based needs through SAP. Rep Payee Services assist nearly all persons discharged from the hospital through to stabilization. Summer SAP activities, collaborative effort in response to community mental health crisis response, DCORT participation, and increasing housing capacity for persons in transition are on slate for coming year.

AOP. Assisted Outpatient services are not widely used in Clarion County at present. The success of the Drug Treatment Court, established in 2008, gives rationale for creating a similar MH Treatment Court or, at a minimum, for increasing the use of Involuntary Outpatient Commitments for persons age 18 and up following local IP or state hospitalization. Our President Judge, District Attorney, Public Defender, Law Enforcement, Treatment Providers, and Drug and Alcohol and Mental Health Administrations comprise the Criminal Justice Advisory Board (CJAB), which was founded on the principles of a Sequential Intercept Model, and born out of Cross Systems Mapping training. CJAB meets monthly to review the community's needs, the responses of justice and human service systems, and to assist in implementing new services, such as mobile Vivitrol injection. Crisis Intervention, Forensic and Blended Case Management (MH and D&A), Psych Rehab, the Drop-In Center, Peer Programs, Housing and employment supports are all utilized as early intercepts in Clarion. When individuals are not insured or temporarily ineligible for Health Choices, the county

pays for supports, including Forensic Case Management prior to release from county prison.

d) Peer Support and Peer Run Services.

Peer Support. Clarion has two Certified Peer Specialists Programs for MH, Roads to Recovery (R2R) and Service Access and Management, Inc. (SAM). Additionally, Armstrong Indiana Clarion Drug and Alcohol Commission (AICDAC) provides Certified Recovery Specialists for the Substance Use Disorder (SUD) population in the county. These respective programs are growing to meet the non-therapy recovery needs of the community and are diligent about accessing innovative approaches to recovery supports such as Certified Older Adult Peer Specialist (COAPS) training. Training and certification in peer supports for adult veteran, geriatric and crisis (age 18 and older) are in the plans for the near future.

Peer Support for adolescents is in its own infancy in Pennsylvania. R2R is currently following the OMHSAS lead in the process of obtaining license to provide from ages 14 through 17. A mid-March OMHSAS directive will set into motion the writing of a service description; Clarion County plans to be one of the first to provide Adolescent Peer supports.

Roads to Recovery, our larger peer provider, was recently approached by Temple University to pilot the Peer Facilitated Community Inclusion Tool Kit, geared to better determine the recovery needs of consumers in the communities in which they live. When such needs as housing, transportation, meals, education, and communication with government offices are lacking, traditional psychotherapies do not thoroughly address an individual's recovery needs. The pilot will study the use of digression from traditional psychotherapy toward a needs-based recovery model. Peer is a covered service with some ineligible persons utilizing base funds.

Peer Run Services. The consumer operated Drop In Center, named the Victory House, has recently expanded its hours of operation from four to six days per week. Adults access the center for social, educational, recovery support, skills acquisition, tax prep, and special events. The Center is entirely staffed by recipients of MH services who have established healthy recovery. The menu of various activities is decided upon with input from all the attendees. The center frequently lends their space to other agencies whose use would benefit the constituents overall. The Drop In Center is a 13-14 CHIPP project, serves well over 200 persons annually and costs the county \$150,000 a year to operate.

Consumer Driven Psychsocial Rehabilitation. The Community Guidance Center operates the consumer driven Psych Rehab (PR) service for adults age 18 and up. Consumers identify their strengths and skills deficits. Programming is then set based on those preferences and needs. The service is MA billable with transportation paid for by CHIPPP (see report above). Some mobile PR is available, but with limited staff, is not highly utilized.

e) Supported Employment Services.

MH and DD supported employment programs for adults age 18 and over are currently undergoing administrative review to ensure that persons in the programs are transitioning from supported work to competitive employment in the community. MH Housing Support and Case Management will give greater attention to assisting individuals in connecting with job prep services. Clarion County will participate in programs developed between the Office of Vocational Rehab and the Office of Developmental Disabilities to create, promote, and support jobs for persons with intellectual disability. Advanced Supported Employment and Benefits Counseling are two service definitions in the Waiver Renewal that our Supports Coordinators will be trained to in the coming year. MH base funds pay for six individuals in supported employment at a cost of \$30,000 per year.

If Clarion County is successful in developing a First Episode Psychosis Team, employment supports for individuals age 16 and up will be built into the process of

III. HOUSING IN INTEGRATED SETTINGS

- a) Housing Inventory.** Numerous housing opportunities are available in Clarion and surrounding counties. Edenburg Court (30 units for the elderly, disabled and handicapped), Liberty Towers (49 units), Medardo Estates (20 units), Broadwood Manor (65 units, primarily elderly), Drake's Crossing (30 units), Liberty Hills (10 units, primarily for MH and DD population), Riverview Apartments (24 units), and Hillside Apartments (64 family units) are located in mainstream areas and offer individuals access to community resources. Typically, housing costs are 30% of gross annual income, with the remainder paid federally. In addition, independently acquired rentals are supported by HUD and require inspection to ensure safe and healthy habitability. Community Action and the PHARE program provide rental assistance and weatherization. PATH funds are used to support persons with rent and housing needs on their way to self-sufficiency and are supplemented by base dollars for MH

consumers. NW9 housing supports (entirely covered by reinvestment dollars) have been used primarily to house those who are ineligible for federal funding. That source will be exhausted in 2017. The local Housing Authority is applying for a PHARE grant to continue the program.

b) Title II of Americans with Disabilities Act (ADA). Individuals with disabilities can access all levels of county programming, including housing. Apartments are equipped with ramp access, handrails, and curb ramps. Programming is accessible or made available in settings that would allow for accommodation of individuals with disabilities, including in-home. Public buildings, sidewalks, and parking lots are accessible to those with disabilities and who are mobile. Persons with disabilities have access to a full array of services, including housing, and are not excluded on the basis of physical disability.

c) CRR conversion. Clarion County does not have a Community Residential Rehabilitation service. Funds have been diverted to the DIC and Supported Housing apartments where Blended Case Management (BCM), Peer, and OP are promoted for individuals with MH needs.

Recently, the use of Venango County's Extended Acute Care (EAC) facility became available to Clarion County with one admission in February 2017.

d) Strategies to Maximize Resources for Housing

1. LLA. Clarion County Housing Authority is the Local Lead Agency for Housing supports for persons who are not eligible for Section 8 Housing Support. The next round of PHARE will be a source of housing support in lieu of the diminishing reinvestment dollars from the BHMCO.

2. Existing partnerships. PATH, CHIPP Consortium, Community Action, Regional Housing -- Region 2, and PHARE are all currently existing partnerships in Clarion. County MH has an excellent relationship with the Nonprofit Development Corporation (NDC), an agency that acquires/purchases real estate, renovates the property and provides program sites for local governmental agencies. CHIPP funds in 14-15 were used to renovate and provide 5 housing units (2 apartments and a home for 3 persons in shared living). Currently, housing for persons no longer eligible for HUD, often due to criminal offense, is paid for with reinvestment funds. We anticipate that those funds will eventually be unavailable. The county MH administration plans to continue tapping NDC for a workable solution to the need for affordable housing.

IV. SPECIAL POPULATIONS:

a) Dual Diagnosis Mental Health/ Intellectual Disability Following a request by the County Administration for inpatient treatment for individuals with dual diagnoses in MH and DD, Clarion Psychiatric Center has plans for a future expansion. The proposed plan for this community based inpatient facility will expand its capacity from 74 to 110 beds. Additional beds will accommodate specialized inpatient treatment for individuals with Dual Diagnosis (DD and MH). The program will promote wellness through greater inpatient sensitivity to those who live with DD and experience acute MH issues. In addition, aftercare will address collaborative recovery work with the residential or Shared Living provider. This support will be designed to increase the likelihood the individual will return to his or her previous home and decrease the likelihood that a provider will give a 30-day notice to discontinue serving that individual. Beds in the expansion are not solely dedicated to persons with intellectual disabilities and acute mental health illness but will decrease the frequency with which all persons are being denied services due to lack of capacity.

In the community, Clarion County utilizes the Health Care Quality Unit (HCQU) for consultation, specialized training, and behavioral supports. In-home nursing is employed to check vitals, draw blood, monitor feeding tubes, and so on. Behavioral Specialists are contracted to providers and the Dual Diagnosis Treatment Team (DDTT) is available to help residential providers address the complex needs of individuals with DD and MH/Behavioral for up to 30 days while the individual is IP or for 6-8 months while in residence. When the complex case cannot be adequately managed in the community and if an inpatient bed is not available or has not successfully stabilized the person, the closest dual diagnosis inpatient program is the Merck Unit at Western Psychiatric Institute and Clinic, 90 miles south of Clarion. At times, a Clarion resident has been able to access a 30 to 90 day stay the Community Stabilization and Reintegration Unit (CSRU), located in McClure, PA, about 150 miles east of Clarion.

b) Co-Occurring. There are two SUD providers in Clarion: ARC Manor and CenClear. Both are sensitive to the MH needs of SUD consumers of all ages. Referrals for Certified Peer Recovery Specialists, Case Management, and Physical and Psych Med Support are built into their treatment systems for adolescent and adult populations. Medication Assisted Therapy is making its way into the treatment protocols of Clarion County with the recent addition of a mobile Vivitrol Van. Armstrong Indiana Clarion Drug and Alcohol Commission (AICDAC) is in the process of determining a location in which the van will stop at two week intervals. Program costs are covered by DDAP grants and funding. The program was instituted in December 2016.

c) BH/PH and the Wellness Nurse. The Patient Centered Outcomes Research Initiative (PCORI) project brought the first Wellness Nurse into Clarion County in 2012, as a function of Family Psychological Associates. The Wellness Nurse

provides the linkage between MH OP (BH) services and the physical health (PH) condition of the consumer. The project was an immediate success when the nurse accurately identified a cardiac related health issue in a consumer whose life was spared with open-heart surgery. AICDAC has also explored the possibility of a Nurse Navigator in SUD services, but due to lack of funding, the position was not viable. Future plans to add PH supports to D&A treatment for all ages are always under consideration.

d) Traumatic Brain Injury. TBI is always a challenge in rural counties. An individual who has experienced a traumatic brain injury will rely heavily on medical staff, nursing homes, and in home care, such as is provided by Community Resources for Independence, Inc (CRI). PR services are available to help rehab skills. OP and IOP are utilized to support individuals with co-existing MH or D&A issues. BCMs reinforce healthy practices and can help to coordinate appointments. Currently concussion protocols, especially for the school-aged, are handled nearly exclusively by Primary Care Physicians, many of whom will also prescribe psychotropic meds if necessary.

e) Criminal Justice (CJ)/Juvenile Justice (JJ) background. Individuals with CJ and JJ backgrounds in Clarion County have excellent support from Human Service agencies. Resiliency is promoted throughout the services of Probation, CYS, Justice Works, and school-based outpatient therapies in the districts where there is a strong Children and Adolescent Service System Program (CASSP) presence. Drug Treatment Court encourages the successful use of treatment in lieu of time served. Treatment needs are becoming a priority, whether delivered in the community or during a necessary incarceration. Clarion County has a Criminal Justice Advisory Board (CJAB) that provides a vital collaboration between Pennsylvania Commission on Crime and Delinquency (PCCD), MH, D&A, CYS, Courts, Probation, Corrections, Law Enforcement, Victim's Services, businesses and the faith based community. CJ and JJ serve adults, adolescents, and pre-teens.

f) Deaf and Hearing Impaired. Technology becomes best friend in the event of the need to communicate with a person living with a partial or complete hearing loss. Everything from paper and pencil to electronic tablet, depending on the individual, may be employed to assist. American Sign Language (ASL) interpreters are frequently available through Clarion University staff or student population. The BSU uses the Touch Teletype (TTY) and TTY Relay phone service to communicate with a caller. Providers of MH services are required to have means to serve the deaf and hearing impaired of any age.

Clarion County has three individuals who have been referred to the state Case Worker for Communication Assessment under the Harry M Settlement. From that evaluation, an appropriate means to serve the DD individual is determined. Training on serving the deaf and hearing impaired DD population is available through ODP.

Lastly, the county has access to a list of available Master's Level and Certified interpreters on the judicial website, <http://www.pacourts.us/judicial-administration/court-programs/interpreter-program> .

g) Individuals who are experiencing homelessness. Immediate homelessness is addressed through several means in Clarion County. There is very limited access to men's shelter, but no women's shelter in the county. SAFE housing is available for women in crisis transition, but space for women and children is limited. SAFE homes provide housing with a host family during a crisis and are often located out of the area for the sake of safety. Emergency overnight accommodation is frequently made by the Clarion Area Ministerium or with emergency shelter funds. Short term emergency housing (30-60 days) is available for individuals and families with priority given to families with children. Six units are available and seldom without occupancy.

h) Older Adults. This population is served through the Area Agency on Aging and the Adult Aging Waiver. Residential services are provided for those with Developmental Disability given they meet waiver eligibility requirements. Waiver enrollment for those with aging care-givers is a priority that the state addresses annually. Older adults are fully served in the community as is any other age group. MH OP, PR, CM, Peer services, housing, and Rep Payee are all available under the same eligibility guidelines. Great attention is given to the aging MH consumer with failing health. At the time it becomes necessary, they receive the services of a nursing home, personal care home, assisted living home, or remain with family and are supported with in-home nursing care. BCMs and Peers with specialized geriatric training are available.

i) Medically Fragile. Visiting Nurses Association (VNA) of Clarion and Forest Counties and AseraCare provide in-home nursing care with a physician's prescription. Adult Day Care and Hospice services are also available through the VNA. Programs such as InHome Solutions and Community Resources for Independence provide in-home support and community accompaniment to disabled individuals of all ages. These services are provided to adults at the expense of base dollars when necessary and not otherwise covered. EPSDT covers school-aged children with who are medically fragile.

Family Psychological Associates outpatient service employs a Wellness Nurse, brought on board originally through the PCORI grant. Her expertise and care of individuals who are affected by both physical and behavioral issues has increased med compliance, identified serious underlying physical conditions, and supported clinicians by tending to the physical health of persons in outpatient treatment.

When persons can no longer be well-managed in their homes or in the community due to declining physical health conditions or aging concerns, they

have a choice of four nursing homes, two assisted living facilities, and one personal care home located in the county. Supports Coordination or Case Management services are available to assist in the transition.

Direct Care Staff can receive specialized training through the Health Care Quality Unit (HCQU) on a wide variety of issues that includes identification of physical health problems that mimic or complicate mental illness, medication compliance with autoimmune disease, dementia, conflict resolution, Bipolar disorder, dual diagnosis issues, MH treatment in the older population, and avoiding medication errors.

j) Limited English Proficiency. Although the population in Clarion County is slowly diversifying, the non-English speaking sector is extremely small. Persons with limited English could be served through the use of assistive technologies or translation apps. An interpreter may be obtained from the court list (see web site under Deaf and Hearing Impaired) or the individual may elect to bring an interpreter of his or her own choosing.

k) Transition Age Youth (TAY). Clarion County partners with CYC, Juvenile Probation, the School Districts, CASSP, and MH providers to bridge the span between Adolescent and Adult services. Education, employment, and housing are addressed in standard practices. CASSP Coordination addresses all of the adolescent to adult service shifts in the MH system. The Case Manager is often retained by an individual in service who passes his or her 18th birthday, allowing for continuity. For adolescents who launch from home early or who have been given legal independent status, but continue to need MH support, Pentz Run operates four Independent Living units for Clarion County CYC. Despite the array of services, Clarion County seeks to expand the options it can provide for persons age 16 to 26. MH planning and programming will respond to the state's direction, to C/FST survey results, and to the needs that our Transition Age Youth identify in the various leadership positions they take relative to service provision.

Conclusion

Clarion County is poised to serve the needs of its MH, DD, and D&A populations in community settings. As in all rural counties, attracting and maintaining a progressive workforce is challenging. Transportation for consumers who are not eligible for publicly supported transportation or whose income does not allow for use of taxi, will always challenge the administrative budget. There are occasions in which a person's decompensating mental health requires immediate or even involuntary inpatient treatment at various lengths of stay. However, Clarion County has prepared and can rely on the programming that has been developed by local and regional collaboration to serve its residents to the fullest extent that allocated funds and awarded grants will allow.

