

Pennsylvania Olmstead Plan
Luzerne/Wyoming Counties Mental Health and Developmental Services
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I. OLMSTEAD PLANNING PROCESS:

While Luzerne-Wyoming Counties has not submitted an Olmstead Plan since 2012, we have continued to use the planning process annually in an effort to recognize improvements and changes within our system. This process also allows us to analyze our system needs and identify gaps in our programming, not just our strengths. This plan reflects changes and improvements within the mental health and related systems since the submission of the Pennsylvania Olmstead Plan in 2012. The current and proposed progression of services described in this plan are consistent with broad-based stakeholder input and moves the mental health system toward greater choice, consumer empowerment, and increased opportunities for mental health recovery and full community membership for consumers of service.

The Community Mental Health system, comprised of three comprehensive Community Mental Health Centers, and a variety of residential, rehabilitative, support services, and advocacy providers/stakeholder groups, has established and continues to work closely with partnering county agencies inclusive of Children and Youth Services, Area Agency on Aging, and the Single County Authority Drug and Alcohol Services in an effort to sustain, and improve health and wellness services across the life-span. These agencies support local residents in meeting and successfully addressing illnesses, disabilities, and social challenges which may present risk factors to individuals and our community as a whole.

Our partnership with HealthChoices has proven valuable in developing and understanding outcomes data and obtaining consumer satisfaction information essential to support progress and planning for recovery-oriented services. Services such as Warm line, Psychiatric Rehabilitation, Certified Peer Specialists, Supported Housing, Supported Employment, Consumer/Family Satisfaction Teams (C/FST) and self-help/advocacy organizations such as the National Alliance on Mental Illness (NAMI) are in place throughout our system and represent identifiable strengths and resources by which our County Program can build upon in system transformation.

Planning of mental health services has consistently involved collaboration and input from consumers and families, advocacy organizations (NAMI), the Mental Health/Developmental Services Advisory Board, HealthChoices representatives, County Children and Youth, Aging, and Drug and Alcohol representatives, and our provider system to assure the opinions, desires, and advice of this larger stakeholder group remains the basis for system transformation. To ensure consumer and stakeholder input, we hold public hearings and meetings in multiple locations to lessen the burden of travel for consumers and family members. In-addition, our office established and maintains several ongoing committees including, but not limited to a Suicide Prevention Committee and the Mental Health Planning Committee, all of which have broad stakeholder membership to assure community input. Notably, the Mental Health Planning Committee has been active in providing input and holding our system accountable for inclusion of input in planning/service development for over twelve years. Over the past two years, we

have transitioned leadership of this monthly forum to a Certified Peer Specialist and a consumer acting as co-chairs of this important planning body.

Stakeholders were able to contribute to the development of this plan by the afore mentioned public hearings, committee meetings, staff interviews, Northeast Behavioral Health Care Stakeholder meetings, Community Support Planning meetings and the annual provider meeting. Luzerne-Wyoming Counties MH/DS Program staff attends weekly CSP's at Clark Summit State Hospital.

The Luzerne-Wyoming Counties MH/DS Program relies heavily on data to support stakeholder input and provide greater depth and validation to identify unmet needs, plan and implement opportunities and refine local services to reflect a true commitment to the principles of least restrictive services and mental health recovery. Local planning has and continues to incorporate service volume and outcome data from providers as well as our HealthChoices partners to assure parallel, accessible quality services are developed and maintained for persons with medical assistance/other insurance as well as persons who are largely or completely funded by Mental Health base dollars.

II. SERVICES TO BE DEVELOPED:

One of Luzerne-Wyoming Counties MH/DS' newest programs is the Intercept Model for Early Diversion (IMED) which will be provided through Northeast Counseling Services. (IMED) program is for individuals 18 years old and older who live in Luzerne-Wyoming Counties. IMED is designed to reduce the number of Mental Health individuals involved in the legal system and at risk for incarceration. It is a team delivered approach building upon existing community based resources, encourages local multidisciplinary teams to facilitate collaboration and remove barriers among the criminal justice, mental health, and substance abuse systems. IMED, which can serve up to 300 individuals, will focus on delivering support, intercepting needs before jail. They will be available for police, magistrates, and probation officers to provide support and linkage of mental health and community support before a person would need to be incarcerated.

Luzerne-Wyoming Counties MH/DS plans to continue expansion of Psychiatric Rehabilitation services by reducing our financial support of Partial Hospitalization programing and increasing our support for Psychiatric Rehabilitation programs. Psychiatric Rehabilitation services in Luzerne-Wyoming Counties provide services to adults 18 years old and up. Psychiatric Rehabilitation services have successfully been provided to over 382 people during calendar year 2016 with an expectation to serve 450 in the upcoming year by decreasing partial hospitalization numbers.

Psychiatric Rehabilitation providers have started discussing the possibility of developing a Mobile Psychiatric Rehabilitation program. Providers report by increasing site locations it will allow them to provide more choice to consumers. Traditional site based Psychiatric Rehabilitation often doesn't meet the needs of transition age adults. Frequently, transition age adults reject Psychiatric Rehabilitation services because they don't want to receive services at established Mental Health Centers.

Through CSP meetings, Mental Health Planning meetings, staff interviews and more recently public hearings our office has received input from individuals who want to live in the community but need supports to do so. As of October 2016 Luzerne-Wyoming Counties MH/DS has 79 consumers from Luzerne County and 1 consumer from Wyoming County receiving treatment at Clark Summit State Hospital. We remain committed to the recover process and assisting individuals in CSP discharge planning. Supported Living Programs are a valuable tool in addressing this need. It is our intent to maximize capacity of supported living support and intensive supported housing programs in Luzerne-Wyoming Counties by the end of 2017. Supported Housing or permanent supported housing is also available for individuals 18 years and older who are experiencing mental illness, and other chronic health issues including substance use issues, and/or multiple barriers to housing stability.

Based on the recent success of a Peer run/driven Drop-In Center in the Nanticoke area and consumer feedback, Luzerne-Wyoming Counties MH/DS plans to expand access to Drop-In Centers by developing one in lower Luzerne County by the end of 2017. The Drop in Center allows individuals to connect, share experiences and improve relationships. The Drop in Center is for adults 18 years and older.

A valuable resource in Luzerne-Wyoming Counties is a peer run service called Common ground. Common ground is an adult service available for individual's 18 years and older. It is a decision support center available at two community Mental Health Centers. This service provides consumers with a voice. Common Ground aids in the person's recovery by increasing their involvement and commitment to their own personal care and wellness. Common Ground Health Report enhances the person's overall experience by, rating how the person is progressing with medication, wellness, and overall recovery. The report generated provides the prescriber and treatment team with valuable information to aid in delivering quality care. It allows the person to collect their thoughts in a relaxed atmosphere, to prepare any questions they may have for the prescriber and then review their common ground report with prescriber. The goal of Common Ground is to assist individuals to learn, understand, and overcome obstacles that are keeping them from living a successful life.

a) **Prevention and early intervention services and supports:**

Luzerne-Wyoming Counties MH/DS offers 24 hour emergency services through Community Counseling, Northeast Counseling and Children Service Center. Emergency Services are available 24 hours per day, 7 days per week, including holidays. Emergency Services are available to all ages. A crisis intervention team is available to help determine an individual's level of need and can include evaluations within the community. Interventions and Consultations can be done by telephone with an appropriate referral by provider. In addition whether an individual is experiencing a mental health emergency or seeking non-emergency counseling, each person will first be evaluated by the intake department. The evaluation will assess the type of intervention required, focusing on levels of distress and need. Services are available for individuals 24/7.

Mobile Crisis Team is an assessment and intervention modality for adults, children, adolescents and their families experiencing psychiatric emergencies throughout Luzerne and Wyoming Counties. It is the preference for the Mobile Team to provide intervention in the community, at the site of the crisis. The Mobile Team develops a treatment plan consistent with the consumer's level of stress and severity of crisis. The plan will include necessary referrals, utilization of family or other community support systems.

Family Service Association of Wyoming Valley provides the helpline services for Luzerne- Wyoming counties. Helpline is a resource available to all ages. Helpline can be accessed by children, adolescents and adults. Helpline is used as the answering service for most county mental health agencies crisis service. Helpline is a valued resource guide for the community for available social services and emergency services in this county joiner. Luzerne-Wyoming Counties Mental health intends to continue its support to Helpline as it is a valuable resource to the community.

The Crisis Response and Recovery Center (CRRC) located at Wilkes-Barre General Hospital in Wilkes-Barre is a unique program offering a single point of access for anyone experiencing emotional or psychiatric crisis 18 years or older. The Center is an alternative to the Emergency Department or hospitalization. It is the first of its kind in our region and provides immediate triage, intervention and stabilization for individuals or families in crisis. Services are available 24-hours-a-day, 7-days-a-week. Case Management and Peer Support are available on site. The CRRC provides support and care for individuals in crisis or those looking to begin or return to a life of recovery. Immediate assessment, brief intensive treatment and referral services are provided. Services include:

- Assessment and Triage
- Assistance with voluntary and involuntary evaluations
- Case management and peer support
- Crisis counseling
- Referral to appropriate community resources Evaluation and Treatment

Luzerne-Wyoming Counties MH/DS will continue to financially support a Warm-line. Warm-line is available to anyone 18 years old and older. The Warm-line is a peer-run listening line staffed by people in recovery. The Warm-line has hired 2 consumers who can answer non-emergent calls. This service is designed to assist consumers and the general public to gain information about MH services and is comprised of a support system distinctly separate from the MH Crisis Service System.

b) Non- institutional housing options:

Volunteers of America's Manna House Apartments, located in Wilkes-Barre, offers transitional housing for homeless young adults, ages 18-25 years old. The program provides eight units of safe, affordable housing as well as support services so that residents can build skills, obtain employment and transition to permanent housing within two years.

In partnership with Luzerne-Wyoming Counties MH/DS, Luzerne Counties Mental Health Court, the Public Defender's office, and Volunteers of America's Master Leasing Program for those 18 and older. Master Leasing assists individuals with serious and persistent Mental Illness, in securing safe, affordable housing options. This service is intended for those who are incarcerated and expected to return into the community. Individual housing options may not be otherwise available due to legal difficulties and costs. The Master Leasing Program receives referrals from the Mental Health Court and the Public Defender's office. The Housing Specialist works closely with the individual along with the legal system, landlords, housing authorities, counseling agencies (mental health, substance abuse, financial) and other human services providers in order to assist the individual in successfully achieving self-sufficiency and independence in the community.

Allied Services Behavioral Health provides Intensive Supportive Housing to the residents of Luzerne and Wyoming Counties ages 18 years old and older. Intensive Supportive Housing assists consumers in securing decent, safe and affordable community-based housing. This service provides voluntary and flexible support and services designed to meet each consumer's unique needs and preferences. Intensive Supportive Housing provides sufficient wraparound supports to allow consumers to remain in the housing they have chosen.

Step By Step, Inc.'s Supported Living services provide active support, assistance and advocacy to individuals living on their own in a home or apartment for persons 18 years old and older. The goal of the program is to help individuals maintain their community independence. This service promotes community integration while providing opportunities to enhance skills needed to maintain long term self-determined independent living. We currently serve approximately 87 individuals with our supported living programs. Our goal is to increase this number to at least 150 to best support individuals in the community to monitor their mental health and physical needs. We hope to accomplish this goal by the end of 2018.

Luzerne/Wyoming Counties are committed to Mental Health resiliency and support to our youth and adolescents. On average, we have had approximately 86 youth served through residential treatment programs. We are using our CASSP system to reduce these numbers by wrapping services around our youth, to allowing them to be served in the community. Our goal is to work collaboratively with Children and Youth Services as well as Developmental Services to divert and explore all options prior to making a referral to a Residential Treatment Facility.

c) Non- residential treatment services and community support:

Luzerne-Wyoming Counties has a large population of individuals who receive benefits through Medicare and Social Security. Medicare and social security continue to provide support for medical services and residential services to individuals with SMI and in-home

care. CCBHO or Community Care Behavioral Health continues to be a valuable resource to Luzerne and Wyoming Counties MH/DS, funding all levels of community mental health care. As we begin our 11th year with CCBHO our county joinder continues to be committed to this relationship and supporting this valuable level of funding for individuals in our community. County/State funding is a mixture of State allocation and County match (up to 10%) to provide various mental health clinical services for people ineligible for Medical Assistance, residential services through MH funded group homes, non-clinical supportive services such as rep payee, advocacy, etc.

The development of sufficient and ongoing services to responsibly support people with serious mental illness is an ongoing and evolutionary process. The provision of sufficient quantities of residential, clinical, psychiatric, case-management, transportation has been an ongoing challenge. The availability of clinical and supportive services has been growing based upon the increasing numbers of people recognizing the existence of mental illness and support to obtain treatment has been supported by Medical Assistance and Managed Care insurances available to unemployed and underemployed people of limited and very low income.

The table below show non-residential treatment and support provided in Luzerne-Wyoming Counties MH/DS. The services are Evidence Based and Recovery Orientated. The Counties of Luzerne-Wyoming MH/DS diligently strive to transform our mental health care system to a system that addresses the needs of the people in the community we serve. We continue to refine services which assist individuals with their right to live in the community and have productive lives. The development of sufficient and on-going services to meet the need of individuals with serious mental illness is an on-going process. The Counties of Luzerne-Wyoming MH/DS strive to develop Clinical services which support individuals' right to live in the community. Our county joinder provides services such as ACT, FACT, and JPT that support individuals in the community as well as their natural setting. Supportive services such as supported living and intensive supported housing allows service providers to work with community housing resources to foster an individual's choice to remain in the community in safe affordable housing and have access to clinical based services. The availability of clinical and supported services has increased over the past few years. One factor we have noticed is that people are recognizing the existence of mental illness and the importance of recovery.

<i>Services</i>	<i>Provider Name</i>	<i>Location of Services</i>	<i>Service capacity</i>	<i>Specialty Area</i>
Inpatient Psychiatric Hospital	<ul style="list-style-type: none"> • First Hospital Wyoming Valley 	<ul style="list-style-type: none"> • Kingston 	100 49	For adults with SMI/SA 18 years old and older Children and Adolescents with SMI 3 to 18 years
Partial Hospitalization Program	<ul style="list-style-type: none"> • Community Counseling • Northeast Counseling Services 	<ul style="list-style-type: none"> • Wilkes-Barre • Nanticoke/ Hazelton 	50 50	MH&SA 18 years and older
Crisis Intervention Services Crisis Response and Recovery Center (CRRC)	<ul style="list-style-type: none"> • Community Counseling Services • Northeast Counseling Services • Community Counseling Center 	<ul style="list-style-type: none"> • Wilkes-Barre/ Tunkhannock • Nanticoke/ Hazelton • Luzerne- Wyoming Counties 	unlimited 8 bed unit- Goal to serve 125	All ages All ages 18 years and older
Psychiatric Outpatient Services	<ul style="list-style-type: none"> • Community Counseling Services • Northeast Counseling Services 	<ul style="list-style-type: none"> • Wilkes-Barre/ Tunkhannock • Nanticoke/ Hazelton 	3,000 per year 2,500 per year	Ages 3 and above Ages 3 and above
Psychiatric Rehabilitation Services	<ul style="list-style-type: none"> • Community Counseling Services • Northeast Counseling Services 	<ul style="list-style-type: none"> • Wilkes-Barre • Nanticoke/ Hazelton 	225 225	18 years and older
Forensic Assertive Community Treatment Team	<ul style="list-style-type: none"> • Northeast Counseling Services 	<ul style="list-style-type: none"> • Luzerne- Wyoming Counties 	75	SMI/SA 18 years and older
Assertive Community Treatment Team	<ul style="list-style-type: none"> • Northeast Counseling 	<ul style="list-style-type: none"> • Luzerne- Wyoming Counties 	75	SMI/SA 18 years and older
Dual Diagnosis Treatment Team	<ul style="list-style-type: none"> • NHS Human Services 	<ul style="list-style-type: none"> • Luzerne- Wyoming Counties 	20	SMI/ID 18 years and older
Multisystemic Therapy	<ul style="list-style-type: none"> • Community Solutions 	<ul style="list-style-type: none"> • Luzerne- Wyoming County 	6	SMI/ Youth Ages 12 to 17 years

Blended Case-Management	<ul style="list-style-type: none"> Community Counseling Services Northeast Counseling Children Service Center 	<ul style="list-style-type: none"> Wilkes-Barre/Tunkhannock Nanticoke/Hazleton Luzerne/Wyoming Counties 	800 500 40 undefined	Ages 3 and older Ages 3 and older Ages 3 to 18 years of age
Certified Peer Specialist	<ul style="list-style-type: none"> Northeast Counseling Community Counseling 	<ul style="list-style-type: none"> Nanticoke/Hazleton Wilkes-Barre/Tunkhannock 	40 40	18 years and older 18 years and older
Social Rehabilitation	<ul style="list-style-type: none"> Green House center 	<ul style="list-style-type: none"> Wilkes-Barre 	unlimited	18 years and older
Advocacy	<ul style="list-style-type: none"> NAMI Advocacy Alliance 	<ul style="list-style-type: none"> Luzerne-Wyoming Counties Luzerne-Wyoming counties 	unlimited unlimited	All Ages
Warm- Line/ 211 Service	<ul style="list-style-type: none"> Family Service Association of Wyoming Valley 	<ul style="list-style-type: none"> Luzerne-Wyoming Counties 	unlimited	All ages
Community Employment	<ul style="list-style-type: none"> Step by Step Goodwill Industries Community Counseling Services 	<ul style="list-style-type: none"> Luzerne-Wyoming Counties Luzerne-Wyoming Counties 	Goal to serve 50 per year Goal to serve 50 per year Goal to serve 50 per year	18 years and older 18 years and older 18 years and older
Joint Planning Team (JPT)	<ul style="list-style-type: none"> Northeast Counseling 	<ul style="list-style-type: none"> Luzerne-Wyoming Counties 	25	SMI Ages 5 to 21
First Episode Psychosis Program	<ul style="list-style-type: none"> Children Service Center 	<ul style="list-style-type: none"> Luzerne-Wyoming Counties 	35	SMI 15 to 25 years of age
Intercept Model for Early Diversion (IMED)	<ul style="list-style-type: none"> Northeast Counseling 	<ul style="list-style-type: none"> Lackawanna-Luzerne Counties 	undefined	SMI/Forensic 18 years and above

d) Peer support and peer-run services:

In addition to the numerous Certified Peer Specialists employed by our county Mental Health providers, we at the county office are committed to this service and it's growth, which can be evidenced by the following.

Luzerne-Wyoming Counties MH/DS allocates funds for the operation of a Warm Line. The service is housed at Family Service Association of NEPA.

Northeast Counseling Services opened a Peer run/driven Drop-In Center. This program is run by ACT and FACT team consumers. As previously stated, Luzerne-Wyoming Counties MH/DS is committed to expanding access to Drop- In Centers for the community. Northeast Counseling Services is in the process of developing of a Drop in Center in the Hazelton area for adults 18 years and older with SMI.

Advocacy Alliance provides our county residents with Illness Management and Recovery. This service focuses on consumer and family driven and directed advocacy support and education activities. This service is available to individuals and their families. Illness Management and Recovery assists consumers/families through the provision of local resource information and assists in a supportive role in areas requiring advocacy, quality or when other concerns arise with local service providers. Advocacy services also involve groups of interested consumers, families and others who establish strategies to assure stakeholder input in local, state and federal policy making and development of self-directed services consistent with consumer and family self-direction focusing on principles of recovery and resiliency. This service also includes an educational component targeting consumers, families, caregivers, agencies, police and other criminal justice personnel, educators, businesses, other identified groups or the community at large ranging from small targeted training activities to larger community awareness events such as walks, public forums, and anti-stigma campaigns. Also includes establishing and implementing strategies to assure outreach to, and inclusion of, a broad-based representation of the greater community; formal and informal partnerships with local government, the business community, and other groups to promote greater acceptance and opportunities for persons with mental illness to fully participate as valued members of their local communities. There are currently 12 certified peer specialists in Luzerne/Wyoming counties. These 12 peers have provided support for 77 individuals who suffer from mental illness. We are hoping to increase the number of certified peer specialist by 10 by the end of fiscal year 17/18. With increasing the peer specialists we anticipate seeing tremendous growth in the individuals they mentor.

e) Supported Employment Services:

Mental Health Supported Employment (SE) is an evidence-based service for individuals 18 years of age and older to promote rehabilitation and the return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational

services from intake through follow-along. Job placements are: community based (i.e., not sheltered workshops, not onsite at SE, or at other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE individuals, but open to the public), in normalized settings, and utilize multiple employers. The SE team has a small client: staff ratio. SE contacts occur in the home, at the job site, or into the community. The SE team is assertive in engaging and retaining individuals in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. Supported employment services are frequently coordinated with the Office of Vocational Rehabilitation.

Luzerne-Wyoming Counties Mental Health and Developmental Services have adopted the Supported Employment Evidenced-Based Practices to establish fidelity as best practice for individuals who suffer from mental illnesses. By utilizing EBP our county will be able to assess and track outcomes based on the EBP fidelity models. Evidenced –based practices have consistently demonstrated their effectiveness in helping people with mental illness achieve their desired goals. Supported Employment helps people with mental illnesses find and sustain meaningful jobs in the community which aides in sustaining their recovery in the community. All individuals who want to work are eligible for supported employment. Individuals are not excluded because of severity of symptoms, substance abuse, diagnosis, or recent hospitalizations. People with mental illnesses do want to work and can work in competitive jobs. Luzerne-Wyoming Counties supported employment providers follow the evidence-based principles of Supported Employment which result in better outcomes. Our supported employment providers address financial and organizational barriers that would otherwise be a hurdle to success. Our county joinder is an “Employment First” county and strive with our supported employment providers to support individuals who suffer from SMI obtain and maintain employment in the community which supports their recovery. It has been our expectation that our supported employment providers follow the SAMSHA Evidenced –based supported employment model. The use of this model will be added to the contractual agreement for providers of the supported employment program which include Step-by-Step, Goodwill industries, and Community Counseling services. . Being employed is an essential component of independence in the community and aides in the recovery process.

III. HOUSING IN INTEGRATED SETTINGS:

a) Housing inventory

<i>Services</i>	<i>Provider Name</i>	<i>Location of Services</i>	<i>Service Capacity</i>	<i>Specialty Area</i>
Residential Treatment Services CRR	<ul style="list-style-type: none"> • Step By Step • Community Counseling • Institute for Human resources 	<ul style="list-style-type: none"> • Luzerne-Wyoming Counties 	67 4 8	SMI 18 years and older
Housing Support-Specialized Personal Care Homes	<ul style="list-style-type: none"> • Community Counseling • Northeast Counseling 	<ul style="list-style-type: none"> • Luzerne-Wyoming Counties 	8 17	SMI 18 years and older
Supported Housing/ Intensive Supported Housing	<ul style="list-style-type: none"> • Volunteers of America • Step By Step • Allied Services 	<ul style="list-style-type: none"> • Luzerne-Wyoming Counties 	30 12 40	SMI 18 years and older
Master Leasing	<ul style="list-style-type: none"> • Volunteers of America 	<ul style="list-style-type: none"> • Luzerne County 	15	Forensic Population 18 years and older

b) Integration of housing services

Most consumers prefer to return to their own apartment or with family. The Olmstead Plan relies upon the updated Housing Plan focusing on the “Housing First” model with less dependence upon traditional “group homes” to assist individuals in their recovery. Luzerne-Wyoming Counties MH/DS provide supported living and intensive supported housing for skill building and housing support to empower consumers with their goals such as being able to return home to love ones or living on their own. Supported living is contracted with Step by Step and intensive supported housing is contracted with Allied services. The hours of service provided is determined by the needs of the consumer. The support is provided in their natural setting and in the community. One of the primary goals or focus is to provide life skills and housing support so that consumers can live in their natural setting. Luzerne-Wyoming Counties Mental Health and provider agencies access housing resources through Luzerne County Housing Authority, HUD and CEO to link consumers with housing resources in our county joinder. The BCM play a critical role in assisting consumers with housing applications and apartment applications in the community. Master Leasing programs through Volunteers of America provide supported housing in the community. Luzerne-Wyoming Counties MH/DS intends to keep and build on the current housing supports to give consumers more options in Luzerne and Wyoming County. Housing continues to be a critical need in Luzerne-Wyoming

Counties. We continue to research options to improve housing and supports for those in the community.

c) Community Residential Rehabilitation Plans

Luzerne-Wyoming counties currently have 104 community residential slots for individuals suffering from an array of levels of mental illness. These 104 slots are located throughout our county joinder and embody the concept of recovery. It is these residential programs that individuals who suffer from mental illness are taught the necessary skills which enable them to meet their individually specified goals and move on to a more productive life while still dealing with a major mental illness. While living at these sites, individuals work on issues such as money management, budgeting, social/conflict resolution, vocational and educational needs along with any other area the individuals needs in an effort to achieve their full potential to become a productive member of the community. Our providers of this service include Step-by Step, The Institute of Human Resources, Community Counseling, and Northeast Counseling services. Northeast Counseling, Community Counseling, The Institute of Human resources and Step By Step, Inc., will not deny admission, the provision of services, and referral of individuals on the basis of race, color, religious creed, disability, ancestry, national origin, age, sex, actual or perceived sexual orientation, actual or perceived gender identity or actual or perceived gender expression.

The aforementioned providers are committed to exhaust every possible avenue to achieve our desired goal which is to help individuals suffering from mental illness live in dignified residential settings while continuing their journey to Recovery. Provider sites are located in mainstream society and they offer access to the community resources around them. Our mission is to provide housing, supportive services, and living skills training to enable residents to lead more independent lives in the least restrictive setting. Providers give individuals choice in their daily activities and have the opportunity to interact with others who do not have disabilities to the fullest extent possible. A written service plan is developed upon admission to the program. Collaborative meetings between mental health blended case managers and community rehabilitation providers occur regularly to review progress and develop new goals to prepare residents for a more independent living arrangement in their own apartment or other residence of their choice with the supports needed to successfully live in the community. Community Providers work diligently to locate units that are accessible and barrier free.

Trained professional Residential Rehabilitation Counselors are utilized in the development of community living skills with the residents and some typical areas of instruction include:

- Personal Care
- Socialization Skills
- Community Integration Activities
- Community Awareness
- Transportation Skills
- Safety and Life Management

- Budgeting and Money Management
- Shopping and Meal Preparation
- Recreation
- Medication Management
- Symptom Management

Staff assists residents with coordinating mental health, dental, and medical services. Independent living skills instruction is provided to residents to assist them in being able to live with a minimal amount of assistance. Staff is available twenty-four hours a day, seven days a week and all holidays. There is always a trained Mental Health professional on call in the evenings.

It should be noted that our county joinder has recognized the necessity to ensure providers of this service are preparing the residents of their residential programs do not become permanent residents unless absolutely necessary. More and more individuals coming out of Clark Summit State Hospital need a supervised setting such as these to transition back into the community without setbacks. Our newly developed Intensive supportive housing program is and will be instrumental in identifying individuals with our current providers who are ready to move to a lesser restrictive setting thus creating openings for individuals coming out of the state hospital. We see this as an asset in reducing recidivism back to the state hospital. Our contractual agreement with this provider (Allied) is to move 2 individuals from these settings into a lesser restrictive setting every six months. Our providers of this service are committed to utilizing an evidenced based practice while providing this service.

d) Describe strategies used to maximize resources to meet the housing need of individuals including

Luzerne-Wyoming Counties MH/DS continues to struggle with choice of providers and housing options. Providers are reluctant to develop smaller homes due to cost. Providers continue to report difficulty maintaining staff because of low pay. We continue our commitment to personal care home integration, assisting individuals to live in smaller settings which can meet their needs. Despite our commitment, we suffered set-backs over the last several years due to decreasing numbers of small personal care homes. This has severely compromised the system's ability to offer settings consistent with OMHSAS's preference to personal care home placement to settings of 16 or less. For this reason, Luzerne-Wyoming Counties MH/DS has been focusing on improving housing resources separate from personal care homes and CRR's.

Joseph Ross NEPA Center for Independent Living is the local lead agency for individuals with SMI in Luzerne County. Bob Fox of NEPA center for Independent Living for Wyoming Valley is the local lead agency contact for Wyoming County. Luzerne-Wyoming counties MH/DS continues to strengthen the established relationships with community organizations and individuals who suffer from SMI. We have an array of services available to those in need of housing support. In addition Luzerne-Wyoming Counties MH/DS provider network assists with providing linkage of housing resources to individuals in our county joinder. Our local Agency and its stakeholders meet on a regular basis and keep its members, partners and advocates informed of progress that is

being made on the DHS housing strategy efforts. Luzerne-Wyoming Counties MH/DS housing strategy concentrates on individuals who live in institutions but could live in the community with housing support. In addition Luzerne-Wyoming Counties focus on assisting individuals who are homeless and at risk for homelessness. Data shows 15,421 Pennsylvanians experienced homelessness in January of 2015. We continue to develop ongoing relationships with designated lead county agencies and county leaders to promote local state plans and strategies to assist in increasing our housing infrastructure. We recognize the need to promote networking across counties to ensure a coordinated approach to creating greater access to housing opportunities at a regional level. Luzerne-Wyoming counties support the current efforts of the Pennsylvania's Interagency Council on Homelessness. Our MH/DS office is represented at the Local Housing Options Team and participates on various committees including the Luzerne County Homeless Coalition. Our county is committed to assisting residents in finding safe, affordable housing.

Luzerne County Administrative staff participates in OMHSAS's Regional housing meetings to expand resources to share at the local levels with our service providers and stakeholders. Luzerne Wyoming Counties have an array of housing specialists from various aspects of service providers which include but not limited to:

- Blended Case Management
- Certified Peer Specialist
- ACT team
- Fact team
- Master leasing
- Homeless Advocate Program
- Local housing Authority
- Intensive Supported living
- Supported living

We currently partner with the following agencies to reduce homelessness: Ruth's Place (women's Shelter), Mary Theresa's Haven (formerly Vision men's shelter), CEO, HUD, and Community Counseling services.(CCS employs a homeless case manager).

IV. SPECIAL POPULATIONS:

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

In 2016 Luzerne-Wyoming Counties MH/DS in conjunction with NBHCC developed the Dual Diagnosis Treatment Team (DDTT) for individuals 18 years and older. This service was developed to serve individuals with severe and persistent Mental illness and Developmental Disability. DDTT supports high risk individuals, who are at risk for losing placement, have frequent in-patient hospitalizations or high use of emergency services and/or at risk for homelessness. DDTT focuses on teaching consumers and staff skills to promote stabilization, recovery, decrease challenging behaviors and assist consumers in maintaining lesser restrictive housing settings in the community.

Luzerne-Wyoming Counties MH/DS is committed to developing residential and community supports which support this special population. The biggest area of need is housing and independent skill development. The team is halfway to capacity. We expect the provider to increase psychiatric time by the end of 2017.

- b) Individuals with co-occurring disorders (mental health/substance use disorders):**
Luzerne-Wyoming Counties MH/DS focus on recovery based services including certified peer specialist and recovery specialist. Community Counseling Services of Wilkes-Barre continue to provide services for co-occurring disorders. Out-patient services for co-occurring disorders are available at Community counseling, Northeast Counseling and now Pathways in the Hazelton area. Luzerne-Wyoming Counties MH/DS community provider services support co-occurring disorders in the Wilkes-Barre, Nanticoke, Hazelton, and Tunkhannock area. Luzerne-Wyoming Counties ACT and FACT teams have substance abuse specialists on the team who provide support to individuals needing substance abuse treatment. For individuals who require inpatient service to address their illness; First Hospital of Wyoming Valley has a specialized unit that provides more intensive treatment than outpatient treatment.
- c) Individuals with both behavioral health and physical health needs:**
Luzerne-Wyoming Counties MH/DS community mental health centers have incorporated practices which promote and support consumer's physical health and behavioral health while receiving mental health services. Physical health care assessments are being completed during the CSP process and traditional services such as intake and crisis assessments. Holistic approaches are being reviewed and incorporated into community service plans to support the whole person. Dual Diagnosis Treatment Team, Psych Rehab, ACT and FACT provide support to the whole person and provide comprehensive physical health assessments in their service delivery.
- d) Individuals with traumatic brain injury:**
Our county joiner has traditional services which provide support to individuals with traumatic brain injuries, but are not specifically designed for persons with TBI. We see the need for increased system education and awareness on/for the needs of this population. Luzerne-Wyoming Counseling in 2017 will outreach for cost effective trainings for staff, providers and the community to increase awareness and knowledge of individuals with traumatic brain injury.
- e) Individuals with criminal justice/juvenile justice history:**
Mental Health Specialty Court is available in Luzerne County. This service provides alternate sentencing and services to individuals with SMI who are otherwise at risk of incarceration. The Luzerne County Court, the Luzerne County Corrections System, our local Criminal Justice Advisory Board (CJAB), Mental Health providers and our local NAMI chapter have extended support toward the development of a Mental Health Court similar to the successful efforts of Allegheny County. Our Mental Health Court works closely with the County Probation Offices, County Prisons, Drug and Alcohol System, local and State police departments and the Court System to reduce incarcerations of people with serious mental illness. With the support of the County Council and judiciary of both Luzerne and Wyoming Counties, our MH/DS Program currently contracts a Doctorate Level Psychologist as our Mental Health Court Forensic Coordinator. Plans are in process to expand this specialty court to include a Veterans Court. At the present time individuals coming into Mental Health court are evaluated and screened, those who are

veterans are identified and connected to the VA. The president Judge of Luzerne County Court plans to have the program available by the end of 2017. Once established, the Veteran's Court will run similarly to the Mental Health, however Veteran's will be linked to the Veteran's Administration and will be assigned a Veteran Peer.

Luzerne/Wyoming Counties established a Forensic Assertive Community Treatment Team for 18 years old and older. Northeast Counseling Services has been providing Assertive Community Treatment for the residents of Luzerne- Wyoming Counties for approx. three years. In June of 2015 Northeast Counseling was awarded the contract for the Forensic Assertive Community Treatment Team for those 18 years and older. The Forensic Assertive Community Treatment Team is a community based program providing comprehensive mental health, addictions treatment, rehabilitation, and support services to persons 18 years and older with serious and persistent mental illness and co-occurring disorders. This trans-disciplinary team includes a psychiatrist, registered nurses, mental health professionals, and specialist in the fields of chemical dependency, vocational rehabilitation, housing and peer support. The program stresses multisystem collaboration with a priority emphasis on the court system, prison staff, probation/parole and Clark Summit State Hospital Staff. In Luzerne County the use of the Sequential Intercept Model (SIM), has been implemented in order to divert and provide alternate sentencing, treatment and support to individuals with SMI. Luzerne county has seen positive outcomes using this model. In 2016-2017 the Intercept Model for Early Diversion (IMED) is being developed by Northeast Counseling. It is a team which delivers service that builds upon existing community based resources which foster local, multidisciplinary teams to facilitate collaboration and remove barriers among the criminal justice, mental health, and substance abuse systems.

Multisystemic Therapy (MST) is an intensive family and community-based treatment model that addresses multiple aspects of serious antisocial behavior in juvenile offenders. The Multisystemic approach addresses the many factors that are known to contribute to delinquency across key settings or systems, within which youth live, work and play. MST is an evidence-based treatment modality for 12 to 17 year olds which support the vision and goals of Luzerne-Wyoming County Mental Health and Developmental Services. The provider who delivers MST for our county joinder is Community Solutions.

f) Individuals who are deaf or hearing impaired:

MH/DS is committed to the use of interpreters and communication surveys to improve support to those who may be deaf or hearing impaired that are in need of services. Recovery based services for Persistent and severe Mental illness, in traditional and non-traditional services such as out-patient, partial, psych rehabilitation, ACT team, FACT team and multiple crisis services available in Luzerne and Wyoming counties all have interpreters available for their staff.

g) Individuals who are experiencing homelessness:

Luzerne-Wyoming counties providers work with local homeless shelters, Ruth's Place, women's shelter, Mary Theresa's Haven (men's homeless shelter) soup kitchen and food pantries to provide support to those who are in need of shelter support. Luzerne- Wyoming

Counties Community Counseling services employee's a homeless advocate worker to provide linkage to consumers who are experiencing homelessness. Provider agencies coordinate services with the local Office of Medical Assistance for accessing benefits and will assist in engaging homeless individuals who suffer from mental illness with appropriate treatment. Case Management staff will ensure that individuals have timely access to psychiatric and counseling services. This county needs specialized and community housing for individuals with severe and persistent mental illness. Family and participants have stated in CSP meetings many individuals need specialized housing or step down from an inpatient setting for success. Due to lack of placements individuals are staying longer in in-patient units and jails. The number of beds vs needs continues to diminish. The county joinder continues to use additional resources to support housing such as low-income housing (HUD), supported living and intensive supported living programs(Allied Services and Step by Step). Northeast Counseling Services' ACT and FACT teams utilize a housing specialist to assist individuals with severe and persistent mental illness with their housing needs and skills. In addition Community Counseling Services provides a homeless advocate to our county joinder and facilitates shelter for those who require housing assistance. Families with children often utilize the Salvation Army and Kirby Center who provide shelter and assist with obtaining safe and affordable housing. These programs act as a transitional housing support to keep families together and promotes resiliency.

h) Older Adults:

The office of Area on Aging and Luzerne-Wyoming Counties MH/DS has a MOU agreement to provide the support and assessment of services to those older adults who may need mental health support. The assessment and services are provided through Northeast Counseling and Community counseling. The Community provider's offers services specifically geared to older individuals.

i) Individuals who are medically fragile:

Luzerne-Wyoming Counties MH/DS program provide needed services to those who are medically fragile and suffer from SMI. While each situation is unique services are tailored to meet the needs of our most fragile individuals in the least restrictive setting possible. Supporting individuals in their home is our top priority by wrapping needed services around them. Services may include but not limited to: skilled nursing, homemaker chores, home health, and personal hygiene assistance. Nursing home care is an option as well.

j) Individuals with Limited English Proficiency:

Luzerne-Wyoming Counties' providers all have some type of interpreter service on staff. Our county joinder will work to ensure quality of language access to all individuals who suffer from mental illness. Limited English Proficiency can cause a barrier to the right treatment one might receive. Accuracy and communication are critical in the treatment of SMI. Luzerne-Wyoming Counties hosted a Spanish class for county staff as well as our provider network. Those who participated in this 6 week course learned conversational skills to communicate more effectively with the increasing Spanish population. This class will be offered annually to our provider network.

k) Transition Age Youth Including Young Adults:

Luzerne-Wyoming Counties MH/DS has partnered with PA System of Care and have become System of Care Counties. System of Care is a philosophy on how care should be delivered. Luzerne-Wyoming Counties have adopted the Eight Standards set by the PA System of Care Partnership which are: County Leadership Team, Youth Driven, Family Driven, Integration of Child-Serving Systems, Natural and Community Supports, Cultural and Linguistic Competence, Youth & Family Services & Supports Planning Process, and Evaluation & Continuous Quality Improvement. The PA System of Care Partnership is funded through a cooperative agreement with the Substance Abuse & Mental Health Service Administration. To carry out the Eight Standards, we have been building a collaboration of partners between youth & families, County Agencies, Private System Partners, Community Care Behavioral Health, Judiciary and Education.

Although we are relatively new to the System of Care Community, we have established a leadership team which meets monthly and have begun to develop subcommittees to tackle ongoing barriers present within the counties as it relates to accessing and/or delivering mental health and/or drug & alcohol services. Luzerne-Wyoming Counties' Leadership Team continues to develop with the focus on diversifying the team.

Our System of Care supports the High Fidelity Wraparound process. Through the Cooperative Agreement, Luzerne-Wyoming Counties MH/DS and Northeast Counseling Services, Inc., have developed the Joint Planning Team. This team is a youth guided and family driven planning process that follows a series of steps to help youth and families realize hopes and dreams and allows more youth to grow up in their homes and communities. It is a planning process that brings people together (natural supports and providers) from various parts of the youth and family's life. It allows the youth and family to identify their unique needs and develop an individualized plan guiding them to recovery. This process, also relatively new to Luzerne County, has demonstrated success by diverting inpatient hospitalizations and other out-of-home placement.

The following are the Eight System of Care Standards, a brief description of each standard, and Luzerne/Wyoming Counties adaptation of each standard.

- **Standard I** - County Leadership Team (CLT), this team governs the System of Care process. The CLT develops policies and regulations that assure implementation and sustainability of an effective System of Care. The CLT members have a commitment to what they are doing to implement System of Care and understand why System of Care is being promoted. The CLT will be made up of an equal number of youth and family members, who are representative of the population of focus. The CLT will also include leaders from child-serving systems. Luzerne/Wyoming Counties have had the existence of a CLT since January 2016. The team includes five family members, four youth members, along with leadership from Luzerne County's Mental Health, Juvenile Probation, Drug & Alcohol, and Children & Youth offices. The team also includes the Family Court Justice, several private service providers from both mental health and drug & alcohol, and two Cultural Brokers.

- **Standard II - Youth Driven**, this standard calls for a minimum of 25% of the CLT to be youth members, who share equal responsibility as each of the other CLT members. This standard also ensures that the Counties have mechanisms in place to provide support for youth participation which includes stipends, transportation assistance, travel reimbursement and child care. The standard also ensures that youth are prepared, trained, supported and valued. Luzerne/Wyoming Counties currently have four committed youth members. Each member's voice remains valued. Luzerne/Wyoming Counties adhere to the stipend value and have recently adjusted the rate to an increase of 20%. Luzerne/Wyoming Counties have supported training for the youth members which has included lodging for a training which occurred in June 2016.
- **Standard III - Family Driven**, this standard calls for a minimum of 25% of the CLT to be family members, who share equal responsibility as each of the other CLT members. This standard also ensures that the Counties have mechanisms in place to provide support for family member participation which includes stipends, transportation assistance, travel reimbursement and child care. The standard also ensures that youth are prepared, trained, supported and valued. This standard also means that families have a primary decision making role in the care of their own children as well as in the policies and procedures governing the care for all children in their counties, in their communities, and in the state. Luzerne/Wyoming Counties currently have five committed family members. Each member's voice remains valued. Luzerne/Wyoming Counties adhere to the stipend value and have recently adjusted the rate to an increase of 20%. Luzerne/Wyoming Counties have supported training for the family members which has included lodging for a training which occurred in June 2016. Luzerne/Wyoming Counties ensure through the CASSP process that families have a primary decision making role in the care of their own children.
- **Standard IV - Integration of Child-Serving Systems**, this standard ensures that the mission, vision and desired outcomes of each child-serving system are clearly incorporated into the System of Care planning. This standard also calls for the utilization of a cross-system training process. Luzerne/Wyoming Counties have utilized several CLT meetings to address cross-system trainings. The need for further development and training remains evident.
- **Standard V - Natural and Community Supports**, this standard addresses the personal associations and relationships, independent from formal services that exist in the community that enhance the quality and security of life for youth and families. Luzerne/Wyoming Counties continue to promote this standard at all System of Care meetings. This standard is also utilized by the Counties High Fidelity Wrap-Around Team.
- **Standard VI - Cultural and Linguistic Competence**, this standard is the integration and transformation of knowledge, behaviors, and attitudes from and about individuals or groups that enable policy makers, administration, youth, families, service providers and system partners to work effectively in cross-cultural situations. Luzerne/Wyoming Counties have prioritized the need to educate and strengthen our workforce in regards to this standard. A subcommittee has been

developed and is in the process of developing training videos to be utilized by system providers along with community service providers. The committee is also responsible for developing training classes to address the Spanish speaking population within the community.

- **Standard VII** - Youth & Family Services & Supports Planning Process, this standard addresses the planning model that facilitates integrated services and supports planning among youth, families and key child-serving systems. Luzerne/Wyoming Counties ensure this standard is followed through all CASSP meetings. This standard is also utilized by the High Fidelity Wrap-Around Team. Members from both CASSP and the High Fidelity Wrap-Around Team are represented at the CLT and promote this standard during meetings.
- **Standard VIII** - Evaluation and Continuous Quality Improvement, this standard ensures that the CLT, partnering agencies, and providers collaborate to gather data for the purpose of continuous quality improvement. It also strives to have the CLT to collaborate with child-serving systems to collect data related to cost effective services and supports. Luzerne/Wyoming Counties have utilized this standard through the CLT to prepare applications along with reports to SAMHSA. CLT members including Community Care Behavioral Health, Mental Health, Juvenile Justice, and Children & Youth have shared data for these reports.

The System of Care Partnership serves the following Counties: [Allegheny](#), [Beaver](#), Berks, Bucks, [Chester](#), Crawford, Delaware, Erie, Fayette, [Greene](#), Lawrence, Lehigh, Luzerne/Wyoming, Montgomery, [Northumberland](#), Philadelphia, Schuylkill, Susquehanna, Venango, [Washington](#), Wayne, [Westmoreland](#), and [York](#).

Luzerne-Wyoming Counties is also in the process of developing a First Episode Psychosis Program Site to serve a minimum of 35 Transition aged youth (age 16-24) annually who are experiencing a first episode of psychosis, who meets serious mental illness or serious emotional disturbance criteria. This service would consist of a Senior Director with a MSW/LCSW who will serve as the Team Leader. Psychotherapy will be provided by two mobile therapists to see 16 to 18 year old individuals in their home. Those aged 18 to 24 will receive psychotherapy from two outpatient therapists. Case Management will be provided by 3 staff members for a total of 1 FTE. Family Education and Support will be provided by therapists involved in the program. The proposed provider will have a 24 hour crisis service with dedicated staff members, a drug and alcohol license with trained therapists. The provider will also use existing peer support specialists already available in the community. The provider will also provide a Psychiatrist and CRNP to be available to the program and all services will be coordinated with other providers, especially primary medical care providers and inpatient providers. The program team will also include a Supported Employment and Education Specialist. All staff will be involved in training and team meetings and coordinate services. Clinical Supervision and 24 hour crisis intervention services will be part of the program. We have already been in touch with Irene Hurford and training will be provided through herself and/or her team. The provider has twenty staff members are already trained in CBT, but dedicated program staff will receive specific training in CBT for psychosis.

Luzerne-Wyoming Counties Mental Health and Developmental Services
Administrator's Office

Annual Public Hearing

Tuesday, September 20, 2016

**Location: Wyoming County Emergency Management Agency (EMA) – 911 Center,
Tunkhannock, PA**

Attendance: Approximately 15 (please see attached).

Dave Wilson, Chairman of the MHDS Advisory Board, welcomed everyone. He indicated that the purpose of the hearing was to obtain input to include in the Mental Health Plan for submission to the State Office of Mental Health and Substance Abuse Services (OMHSAS). He introduced Tara Vallet, Deputy Administrator, and fellow Advisory Board members, Wyoming County Commissioner Chairman Tom Henry and Sandy Faux. He also introduced MHDS staff in attendance, Jean Noss and Gail Stredny. He welcomed Wyoming County President Judge Russell D. Shurtleff, Wyoming Commissioner Ron Williams as well as providers who were present. Joan Kaminski from the MHDS Office was present to record all public and provider testimony and comments. Ms. Vallet emphasized that this is the public's quorum to voice not only what is working well but what is not working regarding service delivery. Commissioner Henry noted that the testimony provided this evening in Wyoming County will be compiled with all input gathered from the Wilkes-Barre and Hazleton Public Hearings as well.

SMART 911 information was distributed by Commissioner Henry who encouraged everyone to enroll in this fantastic program that Wyoming County is proud to offer.

The following input was provided from the public regarding service enhancement and/or development:

- Develop Companion Services for individuals in the Mental Health system to enjoy socialization and recreational activities. Re-development of a Drop-In Center in the Tunkhannock area would also be beneficial for this purpose. Commissioner asked if there is a volunteer organization willing to assist such as a church. It was noted that Hazleton's Drop-In Center initially started in the basement of a church where there was a recreation and kitchen area in this donated space.
- Provide additional hours for a clinician to conduct psychiatric and psychological evaluations for intakes at least one day a month in Wyoming County. Ms. Vallet noted that MHDS staff, Luke Reynolds is available to conduct intakes for Developmental Services in Wyoming County. A provider commended Mr. Reynolds for being "very attentive and great to work with." Ms. Vallet asked that she be contacted if anyone knows of psychologists in the Wyoming County. It was mentioned that Psychiatrist, Dr. Chang, is at Tyler Hospital. A psychiatrist from Children's Service Center is available in Tunkhannock. It was noted that

the psychiatrists from the mental health centers in Wilkes-Barre can be made available in Wyoming County as well. Wait times need to be expedited for psychiatrist appointments in Wilkes-Barre. The difficulty in recruiting psychiatrists and psychologists to work in this area was noted. Agencies lose money for the amount of money spent to recruit psychiatrists.

- Assure all families are informed by Supports Coordinators of all resources available in the community. Parents were concerned that they are not fully informed of all options available for their loved ones especially if services are not dependent upon funding such as advocacy services. Ms. Vallet encouraged providers to forward their flyers to the County MH-DS Office to distribute.
- Develop additional services for the homeless population. Ms. Vallet offered various resources and contacts to begin discussions in order to better address the needs of the homeless population in Wyoming County.

Other discussion:

- The importance of updating of Individualized Support Plans (ISPs) was discussed in order for funding to be made available based on specific individual needs.
- Providers can forward referrals to the mental health centers regardless if a consumer is active with the mental health center.
- Judge Shurtleff noted his concern for the County incurring a large expense due to competency petitions if an individual is not incarcerated.
- Judge also asked for a list of mental health services that he can share with attorneys and probation officers in the event that a referral must be made for an evaluation or services.

Submitted by: Joan Kaminski
Administrative Assistant

Luzerne-Wyoming Counties Mental Health and Developmental Services
Administrator's Office

Annual Public Hearing
Thursday, September 29, 2016
Location: Catholic Social Services, Hazleton, PA

Attendance: Approximately 30 (please see attached)

Joe Knecht, member of the MHDS Advisory Board, commenced the hearing by welcoming everyone and introducing Tara Vallet, Deputy Administrator. Mr. Knecht explained that the County Office will be submitting a Plan to the State regarding information that addresses service needs. This will be reviewed by the State for funding to be made available. He noted the importance of including the needs of the Hazleton community in the Plan regarding what is and is not working well for the mental health and developmental services population. Mr. Knecht noted that the need for a homeless program was mentioned at last year's public hearing and is now operating this year.

The following input was provided from the public regarding service enhancement and/or development:

- Enhanced communication is needed between hospital social workers, hospital patient advocates, community agencies, county human services agencies and home health agencies regarding discharge planning for individuals with mental health needs to avoid homelessness.
- Verbal and written testimony was provided regarding the development of Mobile Showers, Care Farming, Hearing Voices Movement and Alternatives to Suicide Mutual Support Groups (attached).
- A request was made to pursue grants available through Housing First.
- The need to address Waiver funding issues was emphasized. Many of last year's students have not received services since graduating. The concern for lack of services in the Hazleton area for this transitional age population, especially newly graduating students, was voiced. The impact this has also had and will continue to have on their families was noted.
- Enhanced communication is needed from the Office of Developmental Programs (ODP). The Supports Coordination Organization (SCO) will continue to distribute information to individuals and their families once the SCO learns the details of the information being provided by ODP. A family member voiced her interest in becoming a member of ODP committees in order to address continuous concerns. The Arc will be sponsoring an NEPA

Disability Conference on October 21st at the Woodlands Inn and Resort in Wilkes-Barre where concerns will be discussed. Local family members were also selected to participate in an advisory committee for supporting families through the life span where 20 family members across the state will participate in training and mentoring families. This will then be shared with the ODP Deputy Secretary.

- Families noted that electronic communication of information and flyers has not been helpful as many families are not computer savvy. Ms. Vallet clarified that since there is much concern with lack of funding, the County Office has been disseminating information electronically in order to conserve money for needed services rather than utilizing money on postage and production of flyers. The Arc has internet capability available for individuals and families. The SCO will assure that they and providers are disseminating all informational flyers. Libraries can also be utilized for internet access, forums and posting of trainings.
- The possibility of pursuing grants for advocacy groups to expand services in the library was suggested.
- The difficulty in accessing mental health services due to long travel time for individuals residing near boarding counties was noted.
- The Forensic Assertive Community Treatment (FACT) Team was commended by individuals for assisting them in turning their life around from the struggles they face with mental illness. They voiced their gratefulness in being introduced to the FACT Team noting how the team members are “like our best friends for me and my wife,” especially having a psychiatrist visit at the home. Another individual noted that without the FACT team, he would be homeless. The individual noted that the smooth transition from Clarks Summit State Hospital to the community has assisted him in adapting to everyday life and is now married.
- The need for some type of ACT Team in the ID system was noted.
- The need for transportation services continues to be an ongoing issue. Additional funding for bus passes or other forms of transportation services was requested. Options for public transportation continue to be pursued as opposed to county transportation.
- The New Hope SAFE house was commended. Continued support was requested.
- Development of a Drop-In Center in Hazleton is needed. The County Office has received positive feedback regarding the Nanticoke Drop-In Center.
- The need for respite services was noted.

Submitted by: Joan Kaminski
Administrative Assistant

**LUZERNE-WYOMING COUNTIES MENTAL HEALTH AND DEVELOPMENTAL SERVICES
ADMINISTRATOR'S OFFICE**

**ANNUAL MENTAL HEALTH AND DEVELOPMENTAL SERVICES
PROVIDERS HEARING
Tuesday, September 20, 2016**

Attendance: Approximately 20 (please see attached).

Mr. O'Neill, long-time member of the MH-DS Advisory Board, commenced the hearing by welcoming everyone. He encouraged providers to offer input on service needs. Tara Vallet, Deputy Administrator, explained that this is the providers' forum. She encouraged providers to not only offer positive feedback, but more importantly, offer input regarding service needs, unserved populations and service gaps.

The following input was offered from providers regarding service needs:

- Address traffic issues at the Nesbitt Building in Kingston to assure consumer safety as individuals are walking to board vans from the day program.
- Alleviate extremely long wait times with the credentialing process for outpatient counseling providers of non-facility licensed agencies such as Family Service Association and Catholic Social Services. The process is taking upwards of six-nine months to obtain new credentialing. Agencies have continued to absorb costs until the credentialing is processed for clinicians. It was further clarified that the Promise enrollment process has caused such a delay with the overwhelming requests. With the Affordable Care Act, there are 10s of 1,000s being processed. There is strong concern that consumers will suffer if this process is not expedited. Other funding sources are unavailable in the interim and continuity of care has become a huge issue. Efforts to push this issue on a state level continue to be made as it is a challenge throughout the Commonwealth.
- Develop additional services to meet the needs of the dual diagnosed Mental Health-Intellectual Disability (MH-ID) population, transitional age youth population and the Mental Health-Drug and Alcohol (MH-D&A) population with the growing opioid epidemic. The need for housing is an ongoing issue for these populations. Providers are interested in serving these populations but the community does not always embrace that same concept.
- Enhance discharge planning of dual diagnosed (MH-ID) individuals in their 20's-30's transitioning from Residential Treatment Facilities (RTF's) into the community to better address independent living skills and avoid the risk of homelessness/danger for this vulnerable population. Developing and utilizing drop-in environments such as drop-in centers and/or the Arc was suggested.

Submitted by: Joan Kaminski
Administrative Assistant

Luzerne-Wyoming Counties Mental Health and Developmental Services
Administrator's Office

Annual Public Hearing
Monday, September 26, 2016

**Location: Luzerne-Wyoming Counties Mental Health and Developmental Services
(MHDS) Office, Wilkes-Barre, PA**

Attendance: Approximately 20 (please see attached)

Raelene Daring, Vice-Chair of the MHDS Advisory Board, opened the hearing by welcoming everyone. Ms. Daring and Tara Vallet, Deputy Administrator, welcomed and encouraged comments regarding services. They also mentioned that MHDS staff will be available to provide assistance regarding any individual concerns or issues following the hearing. Written testimony can also be submitted.

The following input was provided from the public regarding service enhancement and/or development:

- The Forensic Assertive Community Treatment (FACT) Team was commended by an individual recently discharged from Clarks Summit State Hospital. He noted that the FACT Team provides him much support with his transition into the community. Staff are always a phone call away if he has any concerns. He stated that his transition has been a positive experience thanks to the FACT Team. County Office staff thanked him for his feedback regarding ACT and for participating in tonight's hearing.
- The County Office was commended for developing additional community-based programs such as the Forensic Assertive Community Treatment (FACT) Team that has been operational for approximately a year.
- With funding being an issue across the state, a plan is needed to fund emergencies as there is currently no waiting list initiative for Waivers in the Intellectual Disabilities (ID) system. It was noted that the County Office has been supportive toward the continuation of collaborative efforts to assure natural resources are maintained as well as government funding sought.
- Healthy lifestyle programs are needed such as exercise, nutrition and cooking classes to promote nutritious, healthier eating habits. This is needed as individuals are transitioning to apartments as opposed to congregate settings.
- There is a need for peer mentoring programs and training in the ID system. There are models across the nation for peer mentoring. Mentors could be college students,

professionals or young people. Partnering with Luzerne County Community College's (LCCC's) culinary school was suggested for both peer mentoring and healthy cooking classes. It was noted that perhaps a waiver or reduced cost for the summer session could be explored through LCCC. It was also suggested that networking in the community be considered through social linkages, not based on hours or funding, in an effort to provide much needed companion.

- The need and interest to expand a Drop-In Center in Hazleton area was mentioned since the Nanticoke Drop-In Center has expanded to 20 people. This would also assist in addressing the need for Companion Services and health/wellness services.
- The need for the County Office's continued support of community services, Psychiatric Rehabilitation services and Case Management services in the prison was requested.
- An update was requested on testimony submitted last year regarding the concern for various medications not being dispensed when individuals are incarcerated. Ms. Vallet reported that with the start of the new company providing medical and behavioral health services in prison, this issue is being actively reviewed and discussed.
- The need for additional integration, coordination, collaboration and blending of dual diagnosed mental health and intellectual services was noted. Although the Dual Diagnosis Treatment Team (DDTT) has been established, there are some mental health diagnoses that do not allow for collaborated dual diagnosed services.
- Additional services for the transitional age youth population is needed. Ms. Vallet reported that the County Office was awarded funding to expand the System of Care that will assist in services for this age group.
- The need to expand diagnostic categories to include diagnoses such as adjustment disorder, generalized anxiety disorder, etc., was noted. Ways to change the current regulations to address these diagnostic categories should be explored. An individual with generalized anxiety disorder may be in as much need as someone with serious and persistent mental illness. Individuals may not be ready for employment but may still require life skill development. The importance of collaborating to address "out of the box" needs was emphasized. The majority of these needs can be addressed through Drop-In Centers and Peer Staff.
- The importance of developing safe, affordable housing was noted in order for individuals to focus on recovery. Pursuing grants through Housing First was suggested.
- The issue regarding the lack of psychiatric time was noted and the overall shortage of psychiatrists especially in urban areas.

Submitted by: Joan Kaminski
Administrative Assistant

