

NORTHWEST BEHAVIORAL HEALTH PARTNERSHIP, CRAWFORD, MERCER AND VENANGO COUNTIES, OLMSTEAD PLAN FOR IMPLEMENTATION

The Northwest Behavioral Health Partnership formed by the counties of Crawford, Mercer and Venango have jointly responded regionally to update their input to the Olmstead Plan for Pennsylvania's State Mental Health System.

The Northwest Behavioral Health Partnership counties (NWBHP) are committed to the goal of ending unnecessary institutionalization of adults with serious mental illness and children with serious emotional disturbance, including those dually diagnosed with a substance use disorder, medical complications or an intellectual disability. The Partnership has worked together since 2007 to serve the behavioral health needs of the people living in our communities. This collaboration began with the development of the behavioral health managed care program in these counties to provide the highest quality services possible throughout this region within limited resources. This has included working together to provide a people first, community based support system that is based on common life span needs and has resulted in the development of several diversion and community based programs and services.

I. OLMSTEAD PLANNING PROCESS

NWBHP counties have both jointly collaborated on a regional basis to gather stakeholders' input as well as on a local basis.

Regionally this consisted of meeting together with our managed care provider, Value Behavioral Health, and encouraging participation in the Stakeholders' Committee and the Oversight Committee. Both of these groups meet regularly to discuss maintenance services, gaps and needs in services and service delivery. Various trainings and educational forums are held regionally for staff, consumers, family members and other stakeholders. Specific meetings were scheduled and held throughout this region at locations that ensured that those affected by the services would have the opportunity to provide input.

In Crawford County, this meant meetings of the Community Support Program, Warren State Hospital Community Support Program, and as Crawford is a Human Service model, several meetings and conversations were held with those who use mental health supports as well as additional service systems.

In Mercer County, the Community Support Program (CSP), named the "New Freedom Initiative"

(NFI), is a primary tool for eliciting ongoing consumer feedback on mental health and drug and alcohol services. The Olmstead Plan was specifically discussed at the September CSP/NFI meeting with the mixed stakeholder group. Data and input from the annual county Human Services Stakeholder meeting is also incorporated into Mercer's planning process, as is input from the Health Choices Stakeholder meetings.

In Venango County, the POINTE, is the consumer operated drop-in center that provides a basis for the participation of particularly mental health and drug and alcohol consumers, who may have other service system needs. The county planning process includes the POINTE as part of their public hearing process, including the Human Service Block Grant, where a formal needs assessment occurred. Since Venango is also an integrated Human Services model, the consumers of the various services involved in Life's Stages were represented at meetings, in surveys, and conversations.

Since Crawford, Mercer and Venango Counties had formed a partnership nine (9) years ago, this has led to a very cohesive and responsive system throughout the region to gain consumer input.

Each county also has developed various stakeholder input and planning mechanisms that include annual and update meetings for the Human Services Block Grant, the Community Support Program that meets monthly and is comprised of both mental health and drug and alcohol service consumers as well as provider staff members, the Consumer Family Satisfaction Team (CFST) that provides the survey information from consumers throughout the year that is used by the counties to evaluate and integrate best practices into the programs.

Collaboration is a main focus regarding behavioral health throughout the region. This includes working together with the various human service systems as well as with partners of the many systems affecting a person's life. Within the counties, these include groups such as Criminal Justice Advisory Board (CJAB), the Local Housing Options Team (LHOT), the Local Interagency Coordinating Council (LICC), the local Children's RoundTable, and the Systems of Care Advisory Board, as well as others.

As a result of these various collaborative efforts throughout the year, the NW Region is in a position to be responsive to the issues and needs of the stakeholders through the identification of the services, supports and infrastructures that are needed to support people transitioning back into the community as well as those who need and will benefit from individualized intervention.

II. SERVICES TO BE DEVELOPED

A. Prevention and Early Intervention Services

a) The current system of care throughout the Northwest region provides crisis intervention and mobile crisis services by each county and does not plan any significant expansion. However, the counties have taken suggestions from stakeholders to continue to revise services to meet community needs. Crisis Intervention includes access to the 24/7 mobile crises and office based support system available throughout the region. The continual revision and updating of the integration of service systems throughout the region and among the counties focuses on prevention and early intervention services being delivered based on the holistic approach to service delivery.

In July 2015, the mobile psychiatric nurse service in Crawford County expanded to include wellness checks at each patient visit. The wellness check includes tracking the person's vital signs (blood pressure, temperature, pulse, weight, and girth circumference) and providing education on how medication impacts mental and physical health. In addition to the nurse passing any unusual or questionable results on to the patient's Psychiatrist, the patient is encouraged to do so as well. Seventy-one (71) individuals with mental illness were served last year by the mobile psychiatric nurse service and plans are to maintain or expand that as needed. This program is available to adults living with a mental illness.

Mercer County plans to expand mobile psych nursing service to those individuals incarcerated due to behaviors related to their mental health and who are pending release from jail to be based on coordinated data from the criminal justice and behavioral health systems. They expect an additional twenty five (25) to thirty (30) consumers to be served through this expansion. Throughout the region, peer support services are engaged to assist and support those individuals being released from jail. This is accomplished through collaborative relationships with the various in-jail services

Venango County currently has a mobile medication program that has had limited use. Plans include increasing outreach efforts to expand the program to at least fifteen (15) additional referrals in calendar year 2017. Venango County has stated their intention to work with their current provider to increase their capacity, and if they are unable to meet the increased service level by September of 2017, an alternate provider will be sought. This increase will include outreach efforts with the community criminal justice programs as well as community hospitals and Warren State Hospital. Venango will continue to provide collaborative strength-based support services to reduce recidivism for those affected by behavioral health issues.

An additional program that is being used by Venango County to support individuals discharging from Warren State Hospital is a Community Habilitation Program. The provider visits the identified individual at Warren State Hospital, learns his or her housing preferences, helps locate housing, then provides 10-20 hours of support after discharge. Currently two individuals are participating in this program and it is projected that one more may be served during calendar year 2017.

An additional service that recently became available to all three counties is the Extended Acute Program at University of Pittsburgh Medical Center (UPMC) Northwest. This program is a diversion option for individuals who need a longer stay than traditional acute care, enabling them to stay in the community-based hospital for up to ninety (90) days. Previously, these longer admissions were

typically sent to the state hospital.

B. Non-Institutional Housing Options

b) The Northwest Region has recently developed a shared living home in Venango County with Community Hospital Integration Project Program (CHIPPP) funds. One resident from each county resides in this shared living home. Ongoing discussions will focus on the development of additional shared living homes to assist and support individuals living in community residential neighborhoods. Projections include the development of the shared resident housing across the region for one or two individuals from each county. Shared expense planning will begin with the counties.

Housing First strategies and approaches are used in many of the housing programs in the region. Housing is one of the very basic needs that must be addressed in order for a person to move on to meeting other needs. Keeping this requirement in mind when serving people who have many needs has resulted in many services and supports. When housing is identified during assessment in behavioral health systems, our responsibility is to respond to that need in spite of barriers. One of the main successes has been to provide education and support to the various housing programs regarding the Housing First option. There are many low income designated housing developments both profit and not for profit, as well as Section 8 voucher programs that can and do provide housing to our consumers, but many times there are regulated requirements that make them ineligible.

Coordination and collaboration by program staff with the housing programs has resulted in reviewing cases on an individual basis and having more consumers reside in these programs. Plans are to continue this throughout the region and with Federal, State, and Local housing programs. Also, community wide events will include the education of the Housing First approach to the public.

Existing programs and approaches throughout the region include:

- Emergency Shelters—Crawford County has two (2) shelters for adult women with children. Both can support eighteen (18) adults and children. One shelter gives priority to survivors of domestic violence and consistently has a waiting list. The other is solely dedicated to homeless individuals and does not have a waiting list. The homeless shelter in Crawford County for men has a capacity to house eight (8) men ages eighteen (18) and older. Although there is no waiting list, beds are available on a first come first serve basis. The family shelter is able to support five (5) families at a time, and there is a waiting list.
- Transitional apartments for those released from jail with a mental illness—Crawford County has three (3) apartments available to adults with a mental illness being discharged from the jail to the community. There is a waiting list for this housing option.
- Transitional apartments for those in need—Crawford County has two (2) temporary

apartments available for transitional age youth (18-26) with a mental illness. There are six (6) temporary apartments that are dedicated for families in transition to a permanent living solution. The adult in the apartment must have a mental health diagnosis. Four (4) temporary apartments are dedicated to support an adult living with a mental health illness.

- Regional CHIPP funded house and other apartments—The Northwest three partnership shares a three (3) person CHIPP house in Venango County. This CHIPP house is open to adults who have a mental illness and are transitioning from Warren State Hospital (WSH) into the community and need a high level of support in order to have a successful transition. The house is staffed twenty four (24) hours a day, seven (7) days a week. Crawford County also has three (3) temporary CHIPP apartments in Meadville that are available to adults with a mental illness who need an extra level of support while transitioning to the community from the state hospital or as a diversion from the state hospital. In Crawford County there are nine hundred and sixty six (966) low income apartments available. All are open to individuals eighteen (18) and older with or without a mental illness.
- Fairweather Housing—There are two (2) Fairweather Lodges in Crawford County with a maximum capacity to support twelve (12) adults living with a mental illness.
- Permanent Supportive Housing—In Crawford County there are twenty six (26) Shelter Plus Care vouchers, eleven (11) Housing NOW vouchers and five (5) family housing vouchers. All of the above support is dedicated to adult individuals living with a mental illness.
- Domiciliary Care (Dom Care)—There are seven Dom Care homes in Crawford County supporting a maximum of ten (10) adult individuals who have a mental illness or intellectual disability.
- Therapeutic Family Care (Community Residential Rehabilitation/CRR)—Crawford County currently contracts with two (2) agencies to provide this level of care in the county. At this time, there are no licensed CRR homes in Crawford County.
- Diversion beds—Adults living with a mental illness in Crawford County have access to short term (3-5 days) diversion stays at a Personal Care Boarding Home (PCBH). Two (2) Diversion beds are available to use at any given time.
- Private apartments—Adults with a mental illness also have the opportunity to seek out living independently in a private apartment. No numbers are kept regarding the number of units that are available in Crawford County.
- Development of Fairweather Housing for Veteran
- Representation of staff on the Land Banks for development of low/moderate income housing
- Development of Housing Services Coordinator Positions and a Plan for Housing Permanency with the use of a County Lease Program

C. Non-Residential Treatment Services and Community Supports

Throughout the region, varied non-residential treatment and community support services have been developed and revised according to stakeholders' input. Some common needs that were identified during the planning input sessions that must be in place for each person returning to the community include Transitional Housing, Transitional Planning, Peer Supports, Medication Management, Child Advocate Services, and access to the entire System of Care. These supports are being provided in differing levels throughout the region and planning includes the continual review through the mechanisms such as the CSP and CFST identified in this plan that services are meeting current needs.

Additional services that have been identified and are planned for development include the following:

a) Assertive Community Treatment (ACT) team model to support consumers needing intensive assistance by multiple and mobile team members. We are planning for an ACT-like forensic team program to assist individuals languishing in the local jail with mental health/drug and alcohol disorders to be piloted by Mercer County in 2016-17.

b) Throughout the region, efforts for integration of the services and support that are provided to individuals with serious mental illness and children with serious emotional disturbance and often times this includes a dual diagnose of substance use, medical disorder or intellectual disability are being realized within the human services system. The Northwest region continues to integrate human services both locally and regionally that make good sense and provide for the best service delivery system to consumers. In Venango County Human Services, a Life Coach position was recently added to assist individuals to gain employment as well as safe and affordable housing. This position serves all individuals regardless of identification of need. Efforts in the future will continue to focus on continuing this integration and collaboration with our community partners such as child care, physical health, spiritual and educational in new and different ways.

D. Peer Support and Peer-Run Services

Peer support and recovery specialist support services will continue to be enhanced. The region includes several Drop-In Centers, including those operated by peers, as well as Warm Lines, Certified Peer Support Specialists and wellness and recovery support groups. Mercer County had recently added one full time individual to their peer support program this past year. Ongoing efforts include the prioritization of funds each year to permit additional individuals to be trained and prepared for vacancies and expansion. Peer and recovery support specialists have been a referral source to aid an additional ten (10) consumers in the jail, as part of Mercer County's pilot project in working with significantly mentally ill individuals in the county jail facility.

E. Supported Employment Services

Supported employment is encouraged and made available through various providers in the community. Referral and coordination efforts include collaborating with the Office of Vocational Rehabilitation and the Career Link Office. Recently, Labor and Industry has identified the particular special populations such as young adults who have dropped out of school, and individuals who have been incarcerated as being a priority to receive funding for job skill training and job placement. Plans include working to collaborate with the agencies and businesses for training and placement.

The Journey Center Clubhouse in Crawford County supported Thirty eight (38) individuals who were employed at twenty (20) businesses. The newly created position of Life Coach in Venango provides support for employment and training opportunities. Plans include the continued review and updating of this service.

III. HOUSING IN INTEGRATED SETTINGS:

A. HOUSING INVENTORY

The Northwest Region has developed and coordinated with other partners a varied and supportive system of housing options that are available and accessible to consumers throughout the region. Resources have been utilized to their most productive level by collaborating with the varied funding and program services available to individuals and working together to support and integrate opportunities for those consumers we serve.

The Housing Inventory includes the following:

1. Section 8 subsidized Housing is available to all eligible low income individuals. Case managers collaborate across the region with the Housing and Urban Development (HUD) housing authorities to increase accessibility.
2. Sugar Valley Lodge is a personal care home that has recently built three (3) new fifteen (15) bed units in Venango County. The Human Service program was involved from the beginning in the engineering and design of these homes. The previous large institutional fifty plus (50+) bed setting was replaced with smaller, modern, all handicapped accessible buildings. This is in addition to the existing fifteen (15) bed unit that Sugar Valley Lodge operates in Polk, Pa. Sugar Valley Lodge has served eight (8) consumers from Mercer County, in addition to referrals it received from its home county of Venango. The Northwest Region refers individuals from the community, those who have been diverted from State Hospital stays, as well as those returning from Warren State Hospital. In addition to this personal care home, there are more than six (6) personal care boarding homes that accept Social Security Income (SSI)/Social Security Disability Income (SSDI) and work closely with case managers to divert individuals from more restrictive housing and support those in need.
3. A provider in Venango operates two (2) CHIPP funded houses that each serve three (3) individuals. Both are located in residential areas and are part of the neighborhoods. The second house was funded cooperatively by the Northwest counties and serves an individual from each county in

the home.

4. There are also three (3) CHIPP funded apartments.

5. Transitional housing apartments in the community for those returning from jail who with behavioral health issues.

6. Six (6) Fairweather Lodges in the region with an additional one to be opened for those veterans experiencing mental illness.

7. Homeless Shelters are available throughout the region for those who are homeless as well as those who fit categories of special needs such as women, men, and families who have suffered abuse. There are currently five adult shelter beds in Venango County. It is anticipated that there will be nine beds by April, 1, 2017, when construction will be complete on two (2) additional units. In addition, there are currently two (2) apartments that serve only families with children.

These shelters are temporary housing and provide an opportunity to address long-term housing needs. Emergency Shelters are also part of this category.

8. Community Residential Rehabilitation (CRR) Homes. Four (4) homes in Mercer County are being reviewed for possible conversion to Enhanced Personal Care Boarding Homes (PCBH), to better accommodate those who could potentially come out from Warren State Hospital. Many of the individuals are older adults, do not wish for the intensive programming provided in a CRR home, and would require some enhancements to keep them within a PCBH. Mercer County has been advised and is aware that a conversion of CRR beds to Personal Care Boarding Home beds requires final approval by the state. Conversion to Permanent Supportive Housing may also be considered, as well as a combination of processes whereby one to two homes is converted to an Enhanced Personal Care Home with an RFP released for additional permanent supportive housing. Enhanced PCBH beds are being considered due to the fact that several of the individuals who could be discharged from Warren State Hospital will require enhancements due to issues with aging and physical health. Perhaps a combination of housing options is a better solution.

9. Transitional housing for Youth.

10. Domiciliary Care Homes.

11. Medically Needy Homes for Aging Adults.

12. Apartments for Families in Transition.

13. Various Housing Voucher Programs for individuals with a mental illness.

14. Housing and Urban Development (HUD) funded Public Housing Units.

15. County owned houses for individuals served by Human Services.

16. Mercer County specifically contracts with Community Counseling Center (117

unduplicated consumers served) and Youth Advocate Programs (71 unduplicated consumers served) to provide housing supports for those with significant mental health issues which push into the residences in order to help individuals live independently. Support can be as basic as assisting and mentoring an individual in shopping and cleaning as well as connecting them to local community resources (such as basic fitness classes) to link behavioral and physical health awareness.

B. PROGRESS TOWARD HOUSING SERVICE INTEGRATION DESCRIBED IN TITLE II OF ADA

Title II of the Americans with Disabilities Act (ADA) requires that reasonable modifications be made to enable people with disabilities obtain equal access to and equal benefits from public activities and services. It also forbids needless segregation in institutions and congregate settings. The Northwest Region has recently been involved in the relocation of Sugar Valley Lodge. A personal care home that recently moved from a large, institutional setting to three (3) newly built homes that are modern, handicapped accessible and integrated by and into the community.

CHIPP Housing is part of residential neighborhoods, and where possible has been renovated to provide handicapped accessible living quarters. The Northwest Region counties' staff work with local housing authorities and advocates to ensure that housing is neither segregated nor discriminatory. Local peer group member of groups such as National Alliance on Mental Illness (NAMI), are encouraged to join staff as advocates on various housing boards and authorities throughout the region to ensure integration occurs as needed.

C. PLANS FOR CRR CONVERSION

In the Northwest Region, Mercer County is the only county that has four (4) CRR homes and is currently working with the provider to convert these into less restrictive housing options that would provide support to individuals currently in Warren State Hospital. A number of individuals are in need of housing options with enhancements for their health and safety needs but do not wish to enter the structure of a CRR. Many are elderly or have medical needs. Efforts have been made since budget meetings at the beginning of the fiscal year and plans are to have homes converted in the coming months.

D. STRATEGIES TO MAXIMIZE RESOURCES TO MEET THE HOUSING NEEDS OF INDIVIDUALS

In the Northwest Region, the Community Action Partnership (CAP) is the Local Lead Agency for housing needs for Mercer County. Mercer County Behavioral Health Commission has an Memorandum of Understanding (MOU) in place with the CAP for referrals and supportive services. The two other counties do not have an agency designated, however, the Human Services Departments include Housing Coordinators who work very closely to address the housing needs and to collaborate with housing agencies in their counties and throughout the region.

Crawford County has reached out to the Department of Human Services for assistance in identifying a Local Lead Agency (LLA) in our community.

Venango County does not have a Local Lead Agency although Venango County Human Services does have a housing department who serves as a leader for various housing programs within the county and accesses federal grant funding such as Shelter Plus Care. The Human Service Administrator will discuss the possibility of identifying a Local Lead Agency with the county Commissioners who have the final decision making authority for the creation of those types of entities within the county.

E. EXISTING PARTNERSHIPS WITH HOUSING AUTHORITIES, REDEVELOPMENT AUTHORITIES AND LOCAL HOUSING OPTIONS TEAM

Memorandums of Understanding agreements are in place with the County Housing Authorities to make referrals and to coordinate individual needs. Throughout the region, the Human Services Housing Coordinators and staff are part of the Housing Teams that meet regularly. These include the Local Housing Option Team, the Affordable Housing Program, the County Land Bank, the Housing Coalition Meeting, Emmaus Haven, a homeless shelter board, local LINK, Focus on Our Future Collaborative Board, close relationships with the Self Determination Housing Project and the Mercer County Community Counseling Center's staff is an active member of the Western Region Continuity of Care (COC). The Human Services work very closely with the County Housing Authorities in coordinating services such as Weatherization and Energy Assistance support to keep families in their homes. Also, staff works together with the Housing Authorities to locate affordable and accessible housing that is eligible for Section 8 voucher subsidy. This includes working with landlords and local municipalities. Crawford County Mental Health Awareness Program (CHAPS) is an agency in Crawford County that assists individuals with housing support as well as housing advocacy.

These varied partnerships are the basis of very supportive and accessible housing programs in the region to meet the needs of individuals and families.

IV. SPECIAL POPULATIONS

A. Individuals with a dual diagnosis of mental health /intellectual disability

Across the region, different and creative solutions have been developed to serve the needs of these individuals. These include:

1. A skills group specifically designed for individuals who are diagnosed with an intellectual disability and have a secondary component of Borderline Personality Disorder or tendencies.
2. Contracts with providers of intellectual disability services to serve individuals with mental illness with Companion Care Support. This has been found to be very beneficial to those individuals who have a mental illness and are in needs of additional assistance due to their intellectual disability.
3. Child and Adolescent Service System Program (CASSP) meetings are held for all individuals served by human service staff with needs involving cross systems. With client consent, meetings include those staff members who have an expertise in a particular field and can address the

consumer and the family as identified in one cohesive setting.

4. Human service staff from mental health and intellectual disabilities are co-located in one area so support and collaboration can occur easily (with consumer consent).

5. Staff teams meet regularly together with an individual to develop a coordinated plan of service. Current review of services includes the development of Mental Health (MH)/Intellectual Disabilities (ID) treatment teams and modalities with a provider that is interested.

B. Individuals with co-occurring disorders of mental health/substance use disorders

Collaboration for these co-occurring disorders is provided at many different levels and access points throughout the service delivery system in the region as follows:

1. Intake/assessment staff are trained to complete a dual assessment of mental health and substance use disorders. This occurs so referral to treatment can begin simultaneously, if identified, and it reduces any barriers of additional appointments and the repeating of the information by the individual seeking treatment. These dual assessments are also provided to those incarcerated in the jail.

2. Ongoing case management is provided either by two case managers from each of the systems who collaborate routinely or by a blended case manager who is identified for those with a co-occurring disorder based on the individual's preference.

3. Drug and alcohol case management is co-located at the mental health offices of Human Services in some cases and is available for team planning and used as a resource for individuals with mental health and substance abuse disorders.

4. Human Services Development Funds (HSDF) are used for those individuals addicted to heroin/opiates who are interested in group counseling through Dialectical Behavior Therapy (DBT) and other evidence based counseling techniques.

5. Agencies are available that provide both drug and alcohol and mental health treatment and accept individuals with dual needs.

6. There are various drug and alcohol residential programs that provide treatment services to those with a co-occurring disorder that are referred to throughout the region and across the State. When an individual return to the community an aftercare plan for both mental health and drug and alcohol services has already been developed while in residential treatment and services can be provided upon return.

C. Individuals with behavioral and physical health needs

All case management staff are trained to be sensitive about the physical needs of individuals and assessment questions focus on these needs. Specific services included:

1. Mobile Psychiatric Nursing program has been in existence for a number of years and there has been a positive impact in the community due to the program. This program has started to offer individuals the option to participate in a monthly wellness check. Vital signs are checked as well as weight and abdominal inches. The feedback from individuals who participate is very positive.

2. A contract between the Human Services Department in Crawford County and a pharmacy is in place that now permits the payment of physical health medications when extenuating circumstances occur.

3. There are two Federally Qualified Health Centers in Mercer County that provide physical, dental and behavioral health services in a variety of locations throughout the County.

4. Community Care Network is a relatively new agency in the community and Crawford County has recently partnered with them. The agency is a single point of contact for the individuals to whom they serve and is adept at increasing communication between the family and treating doctor of both physical and behavioral health services.

D. Individuals with a Traumatic Brain Injury

Although the behavioral system has had limited contacts with individuals presenting with a traumatic brain injury, training is available on an ongoing basis to case management staff as well as treatment providers. If an individual presented, he/she would be linked to an appropriate service. Contracting with a specialized service would be made available as indicated.

E. Individuals with criminal justice/juvenile justice histories

Collaboration and coordination of services occurs throughout the region between behavioral health and the criminal justice system. There are various mechanisms in place that ensure that individuals who are, or have been, involved in the criminal justice system as an adult or juvenile receive services that clearly identifies and considers the criminal justice history along with the needs for mental health services as well as provides the support of both systems. These include the following:

1. Criminal Justice Advisory Boards include behavioral health staff members who are involved in the problem solving and development of services for individuals who have criminal justice histories. This has resulted in the receipt of Pennsylvania Commission on Crime and Delinquency (PCCD) grants to develop and provide specialized services in the areas of prevention, intervention, and treatment services.

2. Behavioral Health staff are involved in pre-release assessment in the jails, and they provide recommendations for the receipt of services while in the jail and recommendations for support and treatment services upon release. The court system uses these recommendations for parole and probation orders to support individuals in the community upon release.

3. There are ongoing referral and coordination efforts between the juvenile and adult probation and parole offices throughout the region. These relationships increase the likelihood that

individuals will receive the treatment and supports that are needed upon entry into the criminal justice system and reduce recidivism.

4. The provision of medications is available to those released from the jail who have been provided a very limited supply of medications. Since this is shown to increase the likelihood of recidivism, a contract with a local pharmacy is in place to meet this need.

5. Various drug and alcohol and mental health group and individual treatment is available in the local jails.

6. Jail Service Coordinator is a newly developed position in Venango County designed to provide the assessments in the jail, set up treatment and support services in the jail as well as upon release. This staff person is also the liaison between the criminal justice and behavioral health systems.

7. A Jail Pilot Project program is being developed to decrease the length of incarceration for those individuals whose mental illness behaviors were directly related to their criminal activity and are interested in a structured program that is based on recovery and community integration supports.

8. Collaboration by behavioral health case management staff occurs for individuals who are being transferred to State Correctional Institutions (SCI) and discharge and community re-integration plans are coordinated with SCI staff prior to release to the community. There are also ongoing partnerships with State Probation and Parole Offices.

9. Crawford County Human Services looks forward to partnering with our local correctional facility to expedite Medical Assistance applications for individuals being released from the local jail.

F. Individuals who are deaf or hearing impaired

There are various programs in place to address the needs of individuals who present with a deaf or hearing impaired problem in addition to a mental health issue. These include referral agreements with providers of this specialized service as well as training of staff to be sensitive to this need.

A regional resource center for individuals who are deaf or hearing impaired is provided by a community mental health center in Mercer County. This organization collaborates with state, community and professional agencies, as well as provides community outreach and provide general information regarding deafness, advocacy and interpreter services. The following specialized services are provided: Behavioral Health Rehabilitation Services (BHRS) Mobile Therapy, Outpatient Individual and Family Counseling, Mobile Outpatient Individual and Family Counseling, Psychiatric services by a Psychiatrist who does signing, and sign language is offered in other venues as needed.

Value Behavioral Health (VBH) provides free aides and services to people who are deaf or hard of hearing. These services include qualified interpreters as well as written information in other

formats such as large print, audio, accessible electronic format and others.

G. Individuals who are experiencing homelessness

There are extensive services and a continuum of services available to those who are homeless as outlined in the previous sections. For individuals who present with a serious mental illness and also are homeless, various agencies provide emergency housing such as Salvation Army, Prince of Peace Center, Sugar Valley Lodge, other County and Provider owned homes and apartments in the community. However, not only do we refer and assist individuals in accessing these services, but we provide the supportive case management and other behavioral health services that are needed to intervene in their plight of homelessness and address it on a longer term basis. Housing Program Coordinators are part of the Behavioral Health programs and teams throughout the region and provide expertise in providing outreach and assistance.

H. Older adults

Collaboration exists throughout the region between the behavioral health and older care systems. Mental health and older care case managers are co-located, supervised by managers who are involved in both systems and work as teams on a regular basis to address these needs. This includes coordinating and collaborating so the older adult is seamlessly served by both systems of care. Our goal is to provide easy access and appropriate level of services to increase the success of the programs to increase the quality of life for older adults. Involvement with the LINK collaboration committee by human services has occurred since its inception. Human Service and Older Aging assessments and intake services can be offered as part of mobile intake unit and the corresponding plan of service coordinated immediately. Behavioral staff also is very involved with the Senior Centers providing education and information services and work towards reducing any stigma barriers in receiving mental health services.

I. Individuals who are medically fragile

The Northwest Region has available blended case management staff available who have previous experience in the physical disability waiver system. This staff assists those who are medically fragile as well as needing mental health services by providing case management and collaborates with other staff as needed. If individuals who are medically fragile and require mental health services and may benefit from mobile nursing support, they are referred to that support agency, Community Care Network. Case managers also collaborate with nursing staff as needed for additional support for those residents.

J. Individuals with limited English proficiency

The need to provide this service is limited in this area. However, there have been a few individuals with limited English proficiency. Translation programs are available on mobile devices as well as contracts with interpretation services such as Language Services Associates are either in place or

available to secure as needed. Individuals are also referred to educational and library programs that provide curriculums in English as a second language if appropriate for a longer term solution. Value Behavioral Health (VBH) provides services to people whose primary language is not English. Mercer County has, on occasion, purchased interpretation services for consumer evaluations through the Multicultural and International Institute in Erie, Pennsylvania.

K. Transition age youth including young adults

The integration of case management services at the Human Service department level in some counties provides a system that engages both the Mental Health and Children and Youth to integrate services to meet the needs of transition age youth. This has proven to be beneficial to the youth and young adults. In addition, there are several programs throughout the region that address the transitional needs of youth and young adults. These include the following:

1. Independent Living Apartments with supports and motivational programs funded by Human Services.
2. A "Transitions for Young Adults" program funded by Human Services that serves those young adults who have been involved in various systems throughout their lives and need assistance to reduce that involvement and successfully evolve into adult roles.
3. A Life Coach program that is primarily geared toward older teens and young adults to assist and support the attainment of work related skills and gainful employment.
4. The Career Link is in close touch with the case managers who serve these individuals in providing training, skill development and employment opportunities.
5. The Office of Vocational Rehabilitation is invited to attend Mental Health meetings both on a case management and an administrative level.
6. The Independent Living program of the Children and Youth program is referred to and coordinated per a team approach by Children and Youth and Mental Health.
7. The Student Assistance Program is active throughout the region's schools. Some schools have transitional council meetings that include mental health staff for coordination and collaboration. Services also include a Community Resource Coordinator position that assists youth and their families to attain needed resources.

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