Pennsylvania Olmstead Plan

Counties of Carbon, Monroe, and Pike

Clarks Summit Service Area

November 2, 2016 Original Submission

April 28, 2017 Final Submission

I. Olmstead Planning Process:

The Carbon-Monroe-Pike Mental Health and Developmental Services Program's (CMP MHDS) mission and vision focuses on promoting independence, resilience and recovery. Through ongoing partnerships with the local provider network, consumer groups (including Consumer Support Program, and individuals who attend the Recovery Centers), the County Criminal Justice system, local social service agencies, and the Behavioral Health Managed Care Company, CMP MHDS seeks to provide services and supports that are high quality, fiscally responsible and sustainable.

Through past Community Hospital Integration Projects Program (CHIPP) Bed Closures and the implementation of Behavioral Health Managed Care, CMP has developed a wide array of community based services for adults 18 and older with no insurance, Medical Assistance, Medicare, private commercial health insurance without behavioral health coverage or with behavioral health coverage when an individual is unable to afford co-payments.

In our three counties, we engage in ongoing planning through a variety of groups including, the Human Service Planning Committee, Consumer Support Program, Community Care Behavioral Health stake holder groups and human service forums in all three counties. These groups help us to develop our Mental Health Plan and our Housing Plan. Housing and forensic issues are always at the top of the list of priorities. We also utilize information from ongoing Treatment Plans, Goal Plans, and Consumer Support Plans completed by individual case managers and their support teams in conjunction with the individuals we serve.

Following the release of the Department of Public Welfare's Office of Mental Health and Substance Abuse Services *Olmstead Plan for Pennsylvania's State Mental Health System* in January 2011, the Clarks Summit Service Area Plan Group began discussing the services and supports that would be necessary to decrease the number of beds at that facility. This forum continues to work towards development of a plan that will encompass the entire region.

II. Services to be developed

Throughout involvement in 6 CHIPP Projects over the past 20 years and with the implementation of Health Choices, we have developed a healthy array of community support services. This continuum is outlined below.

CMP MHDS has an average of 29 youth in placement, including 9 in Community Residential Rehabilitation (CRR) and 19 in Residential Treatment Facilities. We have an active Child and Adolescent Support System Program (CASSP). The CASSP Coordinators for each county meet regularly with teams surrounding youth with complex needs to defer placement by meeting their needs within the communities. Monroe County Children and Youth partners with CMP MHDS to fund the CASSP Position in that county. The Coordinator is in the Children and Youth building 16 hours a week. Our staff work with CCBH monthly at a Complex Case Review meeting to discuss diversions and to strategize on how we can assist youth in returning to the community.

Since the inception of Health Choices, our counties have had two Family Based Mental Health Providers. Last year, one of those providers chose to discontinue this service. We have been working with CCBH to secure a second provider for this service. We plan to have this completed by the end of the 16/17 fiscal year. Additionally, CMP has worked with CCBH to develop the "Rapid Response" Behavioral Health Rehabilitation Services Program (BHRS). This is a modified version of BHRS where Behavior Specialist Services can begin immediately and focus on the family issues. CCBH reimburses the provider at a higher rate. This service proposes to reduce the need of out of home placement.

Our Community Hospital Integration Program Coordinators (CHIPP) are also very active in the communities. They meet with individuals in behavioral health units who have the potential to be referred to a State Hospital, their families, and their treatment teams to develop plans to divert these referrals and to get the supports in place in the community to assist the individual in moving forward in their recovery while remaining in the community. They are also highly involved in discharge planning for those individuals who are receiving treatment at Clarks Summit State Hospital. We currently have 22 people at Clarks Summit. Our current census at Clarks Summit State Hospital is higher than we would like it to be so we are working on both discharging people to the community with appropriate supports as well as using the complex case review process to address the needs of those living in the community to avert hospitalization. We utilize the Extended Acute Care Unit (EAC) for diversion regularly. Again, we utilize the Complex Case Review meetings to strategize outside of the Consumer Support Planning process, which we use for individuals in the community in State Hospitals.

There are also services that would enhance our ability to serve individuals with complex needs who will be returning to the community from state hospitals, state centers, and correctional facilities, as well as assist us in reducing the number of people in congregate or segregated living structures.

A. Overview of Existing County Mental Health Services

Case Management:

- **Administrative Case Management** services are provided by the county to any member of the community who needs assistance in navigating the mental health system. These case managers assist individuals of any age with identifying key issues, securing benefits, securing desired and necessary services to meet the individuals' recovery goals.

- **Targeted/Blended Case Management** services are provided by three providers in all three counties. CMP MHDS, Salisbury Behavioral Health, and Resources for Human Development-Crossroads all provide this level of care. These services assist individuals with managing their illness, to prevent hospitalization, to provide stabilization and to promote recovery. MHDS has identified one TCM Position as the Transitional Case Manager. This Case Manager serves individuals between the ages of 16 and 25 to help bridge the gap between the children's system and the adult system. CMP MHDS has recently expanded our program by 2 case managers. There are three providers for adults (over 18) and one provider for youth (3-21).

- **Forensic Case Management** has been provided to each county correctional facility and to the state correctional institutes. CMP MHDS created a Forensic Case Management Department. This was implemented following a successful completion of a two year Pennsylvania Commission on Crime and Delinquency (PCCD) Forensic Grant Program. This department consists of a Forensic Case Management Supervisor and three Forensic Case Managers. These case managers go into the facilities and the community to assist with evaluation of needed, developing transition/reentry plans, and assisting with benefit applications. In addition, we contract with ReDCo Group/Pathways to offer Cognitive Behavioral Therapy (CBT) in the county correctional facilities and in the community. The community CBT groups are opened up to the non-forensic population. These services are for adults age 18 and up.

Crisis Services:

- CMP contracts for crisis services with RHD. These services include the following:
  - Telephone Services, 24 hours a day, 7 days a week. Serves all ages.
  - Mobile Crisis-Serves all ages.
  - Medical Mobile-Serves all ages.
  - Crisis Residential (New Perspectives)-an 8 bed facility-Serves adults 18 and over.

- Crisis Intervention assists individuals who are experiencing a mental health emergency and provides immediate intervention for suicidal, depressed and anxious individuals with home visits/outreach being top priority.

- Individual Assertive Community Treatment (ACT) Teams and Blended Case Management (BCM) Programs also provide a 24/7 crisis component.

- Crisis staff assists individuals in accessing county services.

- Crisis staff facilitates the voluntary or involuntary hospitalization process if crisis intervention cannot eliminate the risk of harm to self or others. County Administration and Management serve as the Delegates.

Treatment Services:

- **Outpatient Services** are available in all three counties. The ReDCo Group is available in all three communities and provides co-occurring treatment. They utilize methods from Personal Medicine and the "Tool Box" from Pat Deegan. NHS Human Services serves both Monroe and Pike Counties. They also provider Co-occurring treatment and use the Common Ground Decision Support Center within their clinic. Behavioral Health Associates and The Intermediate Unit #21 also provides outpatient services in Carbon County. Two additional Outpatient Providers in Monroe County include Orchard Behavioral Health and the Rose Resiliency Center. All of these providers serve youth and adults. In addition to these clinic type settings, there are many independent therapists, social workers, and counselors in the counties who are contracted with CCBH and provide treatment to our residents. ReDCo, Orchard Behavioral Health, and NHS are funded by CCBH and by County Base.

  Over the past few years, CMP has worked with CCBH to develop school based outpatient programs in three of our school districts. One in Monroe and two in Carbon. These programs improve access to services for youth and their families. They are designed to primarily serve school aged youth, but will also provide services to family members of any age.

- **Assertive Community Treatment Teams (ACT)** There are two Act Teams that serve our three counties. NHS Human Services (NHS) and Salisbury Behavioral Health (SBH) provide services to residents 18 or older, who are diagnosed with serious and persistent mental illness. Services are targeted for those individuals who have experienced a poor outcome with more traditional outpatient services, have not been effectively served by traditional mental health services, have had frequent use of crisis services, are at risk for long term placement at a State Hospital, and those who would continue to experience hospitalization, incarceration, psychiatric emergencies, and/or homelessness without team services. These services are funded by CCBH and by County Base.

- **Partial Hospitalization Services** are available in Carbon County through Blue Mountain Health Systems Acute Partial. These services provide individual, group, milieu therapy, and psychiatric care on site to individuals 18 and older. The psychiatrist oversees the treatment. These services are often used to step down from acute hospital stays or to avoid hospitalization and are funded by CCBH.

- **Extended Acute Care (EAC)** NHS operates a community based EAC to support consumers, 18 and older, in need of extended acute care services after receiving services in a traditional acute care setting. This service provides assistance to individuals to develop, enhance, and/ or retain emotional, behavioral, social, and physical wellness, improve quality of life, and community re-integration in lieu of a more restrictive setting.

Rehabilitation:

- **Psychiatric Rehabilitation Services.** Carbon and Monroe Counties have Psych Rehab Programs. Each program emphasizes skill development and provides structured activities that assist individuals, 18 and over, in their recovery process in the areas of life skills, education, vocational training, and socialization. The Carbon County Program, POWER, also has a mobile component. These programs are operated by SBH in Monroe County and RHD in Carbon County and they are funded by CCBH and County Base.

- **Employment Services** are available through Human Resources Center (HRC) and Via of the Lehigh Valley in the form of job training and supported employment. The Burnley Workshop provides sheltered workshop services for individuals in Monroe County. These providers serve predominately individuals who are 18 or older. However, they can begin to serve people at a younger age if appropriate.

Self Help:

- **Warm Line** is a telephone support service for residents of Carbon, Monroe, and Pike Counties who are challenged by loneliness, confusion and other mental health concerns, or who need information about available services, the system in general, or who just wish to speak with someone who has had similar life experiences. This service is designed for adults 18 and older, but since it is a telephone service, we can never be sure of the caller's age.
- **Drop-in Centers** are available in Carbon and Monroe Counties. The Drop-in center is a place where individuals are able to visit to seek support from their peers, participate in social activities, seek help in obtaining services and benefits, or simply relax and have fun. This service is funded by State Base Funds and is managed by Key Holders who are participants over seen by Fitzmaurice Community Services (FCS). This services is for adults, 18 and over.

- **Peer Support Services**. Certified Peer Specialists work in partnership with other mental health providers serving as role models through the sharing of personal recovery stories. Peer providers offer hope that recovery from mental illness is possible. These services are funded by CCBH and State Base for individuals 18 and older.

- **Consumer Family Satisfaction Team** (CFST) is an organization authorized by CMP to provide consumer satisfaction services. CFST was created out of the need for a reliable method of monitoring and reporting satisfaction within the mental health system. This is funded by Health Choices and State Base. This service is for consumers of all ages and their families.

Wellness/Prevention:

- All services offered by CMP MHDS and the provider network are designed to include a wellness and prevention component. Our network has a great deal of respect for Dr. Pat Deegan and integrates her ideas of Personal Medicine and Tool Box into all of the services, trainings, and interactions within our counties.

- CMP Targeted Case Management was invited to participate in a Pay for Performance Project through Community Care Behavioral Health. This project, the Behavioral Health Home Program is designed to have case managers act as wellness coaches for the individuals they serve. They assist with increasing healthy behaviors while assisting with reducing unhealthy ones. The main focus is on Hypertension, Diabetes, Metabolic Syndrome and Obesity. Some ways they have approached this is by encouraging exercise, healthy eating and sleeping, smoking cessation, and stress reduction. The

project is targeted for those 18 and over, but the case managers are also using the skills and techniques for the youth that they serve.

Basic Support:

- **Housing Support Services** are provided by FCS to assist individuals, 18 and older, who live independently with basic activities of daily living. This service is funded by State Base.

- **Family Support Services**

  - State Base is used to provide financial assistance for rental and mortgage payments, oil and heating, transportation assistance, and assistance with other hard goods. This service is for adults over 18 and for families of youth who are receiving services.

  - Flexible Funds is a program developed through Health Choices Reinvestment Plans which assists individuals with keeping their home of finding a new one. These funds are able to be used in very creative ways to help people maintain their home. This service is for adults over 18 and for families of youth who are receiving services.

  - Rental Assistance Program was developed using grant money received through The Emergency Food and Shelter Grant. This funding will not be available to our three counties this fiscal year. We hope that it will be available again in the future. Serves individuals 18 and older.

Rights Protection:

- CMP MHDS, providers, and CCBH have policies and procedures in place to protect the rights of consumers. There are internal complaint and grievance processes to ensure checks and balances. In addition, National Association for Mental Illness-Pocono and a list of advocates are available to support individuals and families. We also partner with many special interest groups and have worked cooperatively with The Disability Rights Network. Agency staff strives to ensure that the individuals they support are treated with dignity and respect. They are strong advocates for those we serve.

- CMP Mental Health has sponsored the certification of 15 trainers in Mental Health First Aid (Youth, Adult, and First Responder). These efforts will continue in order to decrease stigma promote treatment and intervention in the least restrictive setting. We have trained more than 300 people over the past six years. We also sponsored a trainer certification for Question-Persuade-Refer (QPR) Suicide Prevention and have trained approximately 500 people using this method.

- CMP Mental Health, The Local Criminal Justice Advisory Board (CJAB) and RHD have partnered to develop Crisis Intervention Team Training for police officers in all three counties. This is a very exciting venture that has improved relationships and is promoting awareness in the criminal justice system.

B. Service Needs:

- **Prevention and Early Intervention:** We would like increase Mobile Crisis. While the current mobile crisis provider does a good job, it would be beneficial to increase the availability of this service. We need to increase this service from limited hours to one with expanded availability. Ideally this would be 24 hours a day, include weekends, and have two teams at high use times. We have no current projections as we do not have a budget to increase this service at this time. Some of this service would be funded through Medicaid, but some base funds would be needed to ensure those who are uninsured would be served. We are in the process of evaluating the cost of this service to see if budget reallocation would be sufficient and are unsure of what additional resources would be needed for this expansion at this time. The crisis provider is currently evaluating the number of people who would be served by this expansion. We expect this evaluation to be completed by the end of the 16/17 fiscal year.

- **Non-institutional housing options**: Through Re-investment Funds, CMP is in the process of developing a Housing First Supportive Housing Program that will provide 12 apartments through Master Leasing/Bridge Funding. These will be a mix of two bedroom and one bedroom apartments scattered throughout the three counties. The will serve individuals will mental illness and/or substance abuse issues. We expect that we will serve 14-18 medical assistance eligible adults in each of the 4 years of the plan. Those identified will be homeless, at risk for institutionalization, at risk for homelessness, and/or temporarily unable to secure adequate funding to maintain decent and affordable housing. This project is expected to be fully developed by December 2017. No additional resources are needed at this time.

  CMP has increased residential services to the transitional age youth by working with RHD to develop Transitional Age Housing. There will be 9 individual apartments throughout the community for individuals aged 18 to 24 who are homeless or who will be homeless within 14 days and have a mental illness. We expect that all nine of these apartments will be identified and utilized by the end of the 16/17 fiscal year. Individuals involved in this housing option are not required to participate in behavioral health services. Our projection is that the individuals will transition to other community housing within 2 years as their individual needs and situations change. This program is funded through HUD with CMP MH/DS base funds for match. This Transitional Program was recently transformed to serve the youth

population from an existing adult program which we already had base funds allocated for. No additional resources are needed for this project at this time.

- **Non-residential Treatment Services and Community Supports:** Psychiatry time is a big need in our area. As is the case in most places in Pennsylvania and across the county, the shortage of psychiatrists causes long wait times for services. CMP has worked with CCBH and the provider network to strategize. One of the things that we have done to address this issue includes increasing the use of tele-psychiatry. The majority of outpatient settings are using some degree of tele-psych at this point. They utilize this service for all age groups. In addition, we are in the process of approving two new school based outpatient sites that are projected to be developed by January 1, 2018.. One in Delaware Valley School District and the other in Wallenpaupack School District. We are unsure of the number to be served, but anticipate that it will be over 200. These services will be reimbursed by private insurance when possible, Medicaid, and possibly base funds that are already budgeted for outpatient services. These sites will serve mostly school age youth, but will also serve some adult family members. No additional resources are needed at this time. Add the estimated time frames for development

  As mentioned earlier, we also have a formal agreement with NHS Human Services to utilize their **Dual Diagnosis Treatment Team**. This team was developed in other counties in the region, but is allowing us to utilize the team. Depending on the outcome and demand for the service, we will consider developing a local team. We expect that in the next year 2-6 individuals will be served. CCBH is the payer for this service, so no additional resources are needed at this time. This service is for individuals 18 and older.

  We are increasing our **TCM** Department at CMP MHDS from 18 to 22. We have already hired for three of these positions and will have the last on staff by the end of the 16/17 fiscal year. This will allow us to serve a minimum of 90 additional individuals of all ages. The funding for this service is mostly Medicaid, but some base funds are allocated for this service. The only resource needed for this enhancement is additional base funding. Additional funds would allow for us to provide more service to uninsured individuals.

  MHDS is in the process of increasing our **Forensic Case Management** Department from one case manager to three. We have already hired one of these staff members and plan to have the other on board by the end of the 16/17 fiscal year. This will allow us to serve an additional 100 individuals. These services are funded by base funds that have been reallocated from other areas. Our team has estimated that in order to meet the needs of the forensic population, including those in Juvenile Justice, we would benefit from having 4 additional positions. This would allow us to serve an additional 550 individuals throughout the three counties over the course of each year. In order to accomplish this, we would need base funds in the amount of $160,000.

- **Peer Support and Peer-run Services:** We plan to send two consumers to Certified Peer Specialist Training this fiscal year. Hopefully they will then be available to work within our counties. We will use base funds that are already allocated for consumer training and support to fund these trainings. No addition resources will be needed at this time.

  We are currently in discussions with the Consumer Support Program Group and the Drop-In Centers to determine need for expanded social rehabilitation. It is believed at this point that we need to extend hours at the Drop-In Centers and to provide financial support and transportation resources (such as bus passes and/or gas cards) for key holders for these programs. We estimate that an additional 65 individuals would be served by this expansion of hours. The expected need for resources would be financial, and are estimated at $15,000 per year of additional base funding.

- **Supported Employment Services:** We will be meeting with our employment providers and consumer groups during fiscal year 16/17 to plan for 17/18. We hope to have a vision to move forward with employment options in the coming years.

  Our staff utilize local resources such as OVR and Ticket to Work. The case managers are highly involved in supporting young adults, adults, and older adults who express a desire to work. They link them with local resources and providers to help them find job opportunities and gain the supports that they need to be successful.

III. HOUSING IN INTEGRATED SETTINGS:

In CMP, safe and affordable housing is limited and expensive. There is a waiting list for low income housing; in fact, in Monroe County the list for Section 8 is closed. The Pike County rental stock is extremely limited. These factors cause a backlog of people who could transition from a county-funded residential program to the community.

A. Housing Inventory:

"Housing First" – (models that do not require individuals to participate in services)

Type of housing program to be Developed (Insert any programs to be developed and corresponding information)	**Number of individuals to be Served**	**Timeline for Development of the Program**	**Strategy to use to maximize resources to meet the housing needs of individuals:**
Medically Complex Residence (East Side, Wallace, Chalet)	7	Ongoing	CMP uses County Base Dollars to fund these residential options. Many were created through CHIPP and with Health Choices Reinvestment. CHIPP Coordinators and administration monitor these programs for effectiveness.
Rental Subsidy	18	Ongoing	
Cross-Roads Community Housing (HUD)	25 individuals &10 families	Ongoing	
NHS Supported Living Apartments NHS Supported Living Master Leasing	21	Ongoing	
Fitzmaurice Supportive Housing (West Hills, 3 Pathfinders Sites (HUD), Ridgeway)	22	Ongoing	
Main Stream Housing Choice Vouchers (HUD)	25 Monroe 15 Carbon	Ongoing	
ReDCo Transition Age (SIL) RHD Transition Age Youth (HUD)	12 9	Ongoing Ongoing	.
Personal Care Homes (Elm Street, Carbon Street, Lakewood)	32	Ongoing	
CRR (Marguerite Street, Effort, Mt. Pocono, Carbon Manor)	36	Ongoing	
Enhanced CRR (Snydersville,)	7	Ongoing	
Shared Living	3	Ongoing	
Life-sharing	2	Ongoing	
Extended Acute Care	4	Ongoing	

LTSR: CMP has identified the need for at least 6 beds in a Regional Long Term Structured Residence to increase in the discharge and release options for consumers in the state hospital, extended acute care, and the criminal justice system. This project has been stalled due to funding and finding a regional partner. While we do not consider this to be an ideal situation for community based living, it has been identified as a need based on CSP recommendations. We would need base funds for this project to become a reality and would need a regional partner, as we have been told that to make this type of program financially viable, there need to be at least 10 beds with 12 being optimal.

The CMP Housing Coordinator, CHIPP Coordinators, Consumer Support Services Director and Deputy Administrator participate in various meetings to address housing issues. The local Housing Authority Staff attend the Regional Housing Advisory Board Meetings where we address barriers to safe and affordable housing for all residents and specifically those with mental illness. We also strategize about these issues during our local housing meetings.

B. The housing programs listed above only serve individuals with a mental illness. These programs are integrated in the community and are unable to be distinguished from any other home. CMP embraces the Housing First Approach. While individuals who take advantage of these housing programs must have a serious mental illness to qualify, there are few, if any, other pre-conditions. They are not required to participate in formal treatment services. We encourage case management services and promote recovery and wellness to all who enter the programs. The only programs that are not in typical homes are Lakewood Personal Care Home and the Extended Acute Care Program. However, both of these programs are located in residential areas and have residents as involved in the community as possible. There is public transportation in addition to provider transportation for individuals when they venture out into the community. Most settings are entirely accessible, but those that are not have accessibility to common areas, restrooms, kitchen and the individual's bedroom. The county has worked with provider agency to make changes to settings that were not accessible.

C. During the closure of Allentown State Hospital, CMP MHDS converted one CRR to master leasing. Based on the needs of the individuals we serve and the CSP's being completed on our current state hospital population, we depend on this level of care to provide discharge resources. With this being said, The CRRs are located within the community and allow for individuals to participate in community activities as they wish.

D. The Housing Coordinator, CHIPP Coordinators, and numerous other staff at CMP are very involved in the housing community. We have excellent working relationships with the Housing Authorities in our counties. In addition we are members of the Local Housing Options Teams and host the Rural Housing Advisory Board Meetings for our area. We keep in regular contact with the Regional Housing Coordinator and the local

Homeless Program, Street 2 Feet. Finally, we host monthly Housing Coordination Meetings with Behavioral Health Providers and Community Housing Resource Providers.

IV SPECIAL POPULATIONS:

A. **Dual Diagnosis:** CMP has a long history of providing dual case management for individuals of all ages. When an individual with an intellectual delay exhibits high levels of behavioral health needs, both departments work together to assist the individual and family. This can be on a short or long term basis.

We have recently worked with the Dual Diagnosis Treatment Team (DDTT) from another region to serve individuals from CMP. The DDTT Team works with adults age 18 and older. We have also worked with consultants from Hershey and the Health Care Quality Unit (HCQU) for individuals with complex needs. The HCQU works with individuals of all ages.

B. **Co-Occurring Disorders**: It is well known that a large number of individuals with addiction also suffer from a mental health diagnosis. We work very closely with our Single County Authority, and their providers to assist with meeting the needs of these individuals. We meet regularly and sit on numerous task forces in the three counties. More formally, the Administrator for the Single County Authority meets with the MHDS Administrator monthly during the three county Joinder Board Meeting. Both of our agencies also actively participate in the Human Service Planning Committee which meets 10 times a year. Many of our staff members have attended Naloxone Training and are certified to administer this drug in case of overdose. The majority of Mental Health Providers are dual certified and we encourage all providers to have their staff trained on issues related to this population. We also encourage our internal staff to attend training related to co-occurring disorders and addiction. These collaborations have a positive impact on individuals across the lifespan.

C. **Behavioral Health and Physical Health:** Many of the individuals we serve have a co-occurring medical issue. As described above, we have implemented the Wellness Program with our TCM Department through a Pay for Performance Project with CCBH. This focuses on helping the individuals we serve become healthier by setting small goals to improve their health, reduce symptoms, and prevent future medical issues. The nurse from this program also provides training for our non-TCM staff and for providers and consumers not involved in the program. This initiative specifically targets adults 18 and older, however, the training that our workforce receives allows us to utilize what we have learned with youth as well.

We have three residential programs that specifically serve individuals with complex medial issues and we do not allow for other residential providers to refuse admission due to medial issues unless it would be unsafe for the consumer. These residential settings serve adults 18 years of age and older.

D. Traumatic Brain Injury: Our staff is well informed about local resources to serve this population. The case managers make referrals to these resources whenever necessary. In addition our staff and provider staff take advantage of trainings provided related to TBI. We make referrals and provide resources for individuals of all ages who experience a traumatic brain injury.

E. **Criminal Justice/Juvenile Justice History:** This population is served by our Forensic Case Management Department. As described above, this department works to assist individuals 18 years of age and older who are at risk of incarceration and those who have been incarcerated. Case Managers in the other departments have also received training on forensic populations. We have implemented Cognitive Behavioral Therapy Groups in the correctional facilities and in the community. We would like to address youth who have Juvenile Justice involvement in the future, and have indicated this in the "needs" section of this plan. Our CHIPP and CASSP Coordinators work with the social service agencies throughout our three counties to ensure planning for at risk populations including youth, adults and older adults. We have also provided Crisis Intervention Team Training for Police Officers throughout our counties. This training impacts community members of all ages. This is an ongoing process.

F. **Deaf or Hearing Impaired:** CMP has worked with the Advocacy Alliance to provide an IPAD Lending Library. These devices with pre-downloaded Apps are available for providers and families to utilize for interpretation and communication for this and other populations. In addition, we will assist individuals and families with securing interpreters through local resources. We provide TTY lines that can be used for phone calls. We utilize all of these resources for individuals across the lifespan.

G. **Homelessness:** The staff at CMP are highly involved with homeless services in our counties. We work with Street 2 Feet in Monroe County and Peaceful Knights in Carbon County. We also work with Family Promise in all three counties. These relationships have helped us engage consumers who experience homelessness. We utilize all of these resources for individuals across the lifespan.

Through Reinvestment funds and FSS we have created Flexible Housing which will assist individuals with behavioral health needs to maintain their housing or to secure housing. We utilize all of these resources for individuals across the lifespan.

Case managers are well informed about shelters and other resources within the community to prevent homelessness and to assist those who experience homelessness secure safe, affordable housing. Case managers and CASSP Coordinators work closely with schools, child welfare agencies, and other social service agencies to intervene in situations where there are youth experiencing homelessness or who are at risk of homelessness. They work together to create plans for the youth and their families. They utilize local resources including those listed above to prevent or rectify the situation and to promote stability for these families.

H. **Older Adults:** Staff from our agency sit on the local Older Adult Task Force. We work closely with the Area Agency on Aging (AAA) in all three counties and have Memorandums of Understanding with them. Both of our agencies work together to provide training at the Crisis Intervention Training that is provider for local police forces and first responders. Our case management staff and the staff from AAA work collaboratively in planning for individuals with mental illnesses to avoid restrictive settings. The goal is to keep older adults in their homes and the community whenever possible.

   Palmerton Hospital in the Blue Mountain Health System, located in Carbon County has an Older Adult Behavioral Health Unit. The staff from that unit provide community training related to this population. These units serve older adults, usually 65 and older.

I. **Medically Fragile:** CMP case managers serve numerous individuals of all ages in this category. We ensure that these individuals get the behavioral health and medical care that they need. I will again highlight the Wellness Program through CCBH that our TCM Department is part of. The nurse from this program can serve as a consultant and advocate. In addition we utilize the HCQU to serve as consultants.

   Residentially, we have the three programs specifically designed to provide for individuals 18 years of age and older with complex medical needs.

   For individuals with a higher level of need, we provide ACT Teams in the community. It is not uncommon for an ACT Team or TCM to go into a personal care home or nursing home if needed. ACT Teams serve adults 18 years of age and older, but case managers serve individuals of all ages.

J. **Limited English Proficiency:** CMP is fortunate enough to have multiple Spanish speaking staff. A number of our providers also have Spanish speaking staff. For those who have a first language other than English or Spanish, we assist with securing interpreters. We also use technology to assist when possible. There are applications through cell phones, computers, and land lines that are available when a live interpreter is not available. We utilize all of these resources for individuals across the lifespan.

K. Transition Aged Youth and Young Adults: CMP has focused on this group a great deal over the past few years. We have developed a Transitional Age Youth Residential Program for those aged 18-26, which provides apartments in the community for young adults who have behavioral health issues.

We have also developed a Young Adult Psych Rehab Program through the ReDCo Group/Pathways Behavioral Health. This program serves youth in the community and those who are part of the residential program.

Just recently Resources for Human Development has adapted an adult program to serve young adults, ages 18 through 30. This program also provides apartment sites for young adults and provides a rent subsidy until they are able to maintain an apartment on their own.

There is a TCM specifically assigned to serve this population at CMP MHDS. This staff person is adept at navigating the children's system as well as the adult system. He is able to assist youth age 16 through 26 with a smooth transition. In addition the CHIPP and CASSP Coordinators have become cross trained over the past few years. They serve as consultants to our staff, families, and provider staff during these transition years, typically between ages 16 and 26.