



**MENTAL HEALTH  
MENTAL RETARDATION  
PROGRAM**

Administration's Office

May 30, 2009

Mr. Michael Ori, Community Program Manager  
Office of Mental Health and Substance Abuse Services  
Northern Field Office  
Scranton State Office Building, Rm. 321  
100 Lackawanna Avenue  
Scranton, PA 18503

Dear Mike:

On behalf of the Lackawanna and Susquehanna Counties Mental Health/Mental Retardation Program, I am pleased to submit our Adult Mental Health Program Plan and Budget Update Request for Fiscal Years 2010-2011 for your review and endorsement.

This updated plan submission for fiscal years 2010-2011 represents the Lackawanna and Susquehanna MH/MR Program's planning document as developed in conjunction with persons receiving services, family members, advocates, and providers. We feel that this planning document truly focuses upon the local needs of adults with mental illness and transitional age youth as they evolve in their recovery process.

The need to develop ongoing strategies to transform Behavioral Health Care Services in partnership with consumers and families, county government, and the provider network is a critical issue within the Lackawanna and Susquehanna Counties Mental Health/Mental Retardation Program area. Designing recovery-oriented, sustainable programs that are accountable and relevant according to evaluation processes, and that foster the hope inherent within this model are our priorities. As consumer-directed, integrated community services replace the institutions of the past, our collective vision of the transformation process will be realized.

For the preparation of this Fiscal Year 2010-2011 Adult Mental Health Plan Update, the Lackawanna/Susquehanna Counties Mental Health/Mental Retardation Program engaged stakeholders in a focus group process to solicit their specific needs. This process was very successful in providing valuable input for Plan Development purposes.

125 Jefferson Avenue - 3rd floor, Scranton, Pennsylvania 18503  
Ph: (570) 346-5741 • Fax: (570) 363-6435 • E-mail: [ls@lsnmh.org](mailto:ls@lsnmh.org) Website: [www.lsnm.org](http://www.lsnm.org)

Mr. Michael Orr  
May 30, 2009  
Page 2

The Lackawanna and Susquehanna Mental Health community shares a rich history of cooperation and support among all components of the system. Working together, we hope to assure that recovering persons have hope, receive the highest quality, and most individualized services when and where they are needed.

Sincerely,

  
Stephen Arnone  
Administrator

SA:ds  
Enclosure

cc: Mr. Benny Varghese, Bureau of Policy, Planning and Program Development  
Mr. Thomas Comerford, Clarks Summit State Hospital

**Lackawanna  
Susquehanna**

**Mental Health  
Mental Retardation  
Program**

**ADULT MENTAL HEALTH**

**ANNUAL  
PROGRAM PLAN  
AND  
BUDGET REQUEST**

**FISCAL YEARS 2009-2012**

**UPDATED for 2010-2011**

**135 Jefferson Avenue  
3<sup>rd</sup> Floor  
Scranton, PA 18503  
Submitted  
May 30, 2009**

**Table of Contents**

Section 1 – Executive Summary .....1  
Section 2 – Vision and Mission Statement .....3  
Section 3 – Process Used for Completing the Plan.....5  
Attachment A – Signatures of Local Authorities.....8  
Attachment B – Notice of Public Hearings.....11  
Attachment C – PATH Intended Use and Budget .....14  
Attachment D – Community Support Program County Plan Development Process.....15

Section 4 – Overview of the Existing Mental Health Service System .....21  
Attachment E – Existing County Mental Health Services.....28  
Attachment F – Evidenced Based Practices Survey .....29  
Attachment G – Recovery-Oriented/Promising Practices Chart .....30

Section 5 – Identification and Analysis of Service System Needs .....31  
Attachment H – Service Area Plan Chart .....35  
Attachment I – Older Adults Program Directive .....37

Section 6 – Identification of the Recovery-Oriented Systems Transformation Priorities .....38  
Attachment J – Top Five Transformation Priorities .....39  
Attachment K – Top Five New Funding Requests for Recovery-Oriented System  
Transformation Priorities .....42

Section 7 – Fiscal Information.....43  
Attachment L – Expenditures and Charts .....45

**Additional Attachments**

Attachment O – Behavioral Health Inpatient Reduction Objective Report.....51  
Attachment P – Lackawanna-Susquehanna Counties Mental Health / Mental Retardation  
Program ROSI Planning Effort .....73  
Attachment Q – Lackawanna-Susquehanna Counties Mental Health/Mental Retardation  
Program’s 2008 Lackawanna County Mental Health Focus Group Report  
and 2008 Susquehanna County Mental Health Focus Group Report .....77  
Attachment R – Lackawanna-Susquehanna Counties Mental Health/Mental Retardation  
Mental Health Court Survey.....89  
Attachment S – Lourdesmont’s Transition Plus Program .....95

**Section 1**  
**Executive Summary**

## Executive Summary

The goal of the Lackawanna-Susquehanna Counties Fiscal Years 2009-2012 Adult Mental Health Plan including this 2010-2011 Plan Update is to incorporate the **MISSION** of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program with a vision for the development of services that are planned and delivered in a manner that promotes recovery, facilitates the individuals' recovery process and transforms the existing system of care. This cultural shift has placed increased emphasis on natural and community-based services, the improvement of consumer and advocacy initiatives, peer specialist initiatives, recovery education for providers of services and increased opportunities for engagement and decision making by those persons receiving services.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has been successful in engaging persons with serious mental illness, persons in recovery, family members, advocacy organizations, providers of behavioral health care services and other community stakeholders in successfully moving our Program forward and embracing the concept of "Recovery" for persons active within our system of care.

Initiated for the fiscal year 2008-2009 planning cycle and continuing through this planning cycle, our Program engaged persons involved in services in the planning for the future of our local mental health delivery system through a focus group process. Through this effort our Program reached out to persons with mental illness, persons in recovery and their family members within both Lackawanna and Susquehanna Counties in an effort to solicit their recommendations on promoting a recovery based system of care.

Our Program continues to promote the recruitment, training and ultimate hiring of a Certified Peer Specialists throughout our Joinder Program. Although, the Administrators Office has a vacancy in the Program's Peers Specialist Consultant position, the Program is continuing to recruit a Peer Specialist who will work closely with local Community Support Program (CSP) Committees within the Joinder to be sure the local CSPs have an on-going voice in the development and implementation of recovery based initiatives.

As our Program continues to grow into a recovery oriented system of care, we will continue to see growth in peer supported initiatives throughout both Lackawanna and Susquehanna Counties. Additionally, our service providers will be given the tools and support necessary to transform their services to more recovery oriented services. As leaders in the recovery transformation in Lackawanna-Susquehanna Counties, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program will continue to constantly reinforce the recovery vision and recovery system standards.

**Section 2**  
**Vision & Mission Statement**

**Vision, Mission and Values Statement** – Locally CSP Groups were asked, during the fiscal year 2008-2009 Planning Process, to provide changes to the Program’s Vision, Mission and Values Statement and those changes were included below.

**Vision**

To utilize a holistic approach in partnering with individuals, families, and the community by promoting hope, empowerment, choice, and opportunities that encourage adults, older adults, transition-age youth, adolescents, and children who have serious mental illness, mental retardation, co-occurring substance use disorders or emotional disorders to achieve their personal recovery goals as individuals and community members, to promote resiliency in children and adolescents, and to promote Everyday Lives.

**Mission**

The Mission of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program is to connect consumer satisfaction, outcome evaluation and accountability with the planning, procurement, and efficient management of effective services and supports.

**Values**

The Program embraces the philosophies of Everyday Lives, Resiliency and Recovery in its drive to solicit collaboration among stakeholders to expand participation of all persons in their communities. The assurance of equal access to culturally competent supports and services is an integral component of the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program.

## **Section 3**

### **Process Used for Completing the Plan**

**Attachment A – Signature of Local Authorities**

**Attachment B – Public Hearing Notice**

**Attachment C – PATH Intended Use and Budget**

**Attachment D – CSP Plan Development Process Review Form**

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program believes the process to solicit input on the development and delivery of mental health services and supports to adults, older adults and transition-age youth with serious mental illness and co-occurring substance use disorders, and persons in recovery and their families within the Joinder Program is an on-going process. That being said, the Administrator's Office works closely to solicit feedback throughout the year with:

- Local Community Support Programs (CSPs) in both Lackawanna and Susquehanna Counties;
- Consumer and Family Satisfaction Teams (CFSTs) in both Lackawanna and Susquehanna Counties;
- Family groups through the NAMI Scranton Chapter;
- Lackawanna-Susquehanna Counties Quality Council;
- Lackawanna-Susquehanna Counties Housing Committee;
- Providers of Services;
- Northeast Behavioral Health Care Consortium (NBHCC); and
- Other community stakeholders.

For the development of Fiscal Years 2010-2011, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Adult Mental Health Plan, the Administrator's Office, in conjunction with the Advocacy Alliance, continued utilizing a focus group process implemented during Fiscal Year 2007-2008. The purpose of the focus group process is to reach out to persons with mental illness, persons in recovery and family members to directly solicit their comments and concerns related to the delivery of mental health services and supports within the Joinder Program. During 2008-2009, it was agreed by all participants that this focus group process be built into the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program's planning process on an annual basis as the Program develops its Annual Program Plan for submission to the Office of Mental Health and Substance Abuse Services (OMHSAS). The results of the focus groups for the 2010-2011 planning process are attached to this Plan as Attachment Q.

In addition to the Focus Group Process, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program works closely with the local CFST to solicit consumer and family feedback through the Community Hospital Integration Projects Program (CHIPP) survey process, the HealthChoices CFST survey findings and CFST recommendations, and specially requested surveys usually resulting from discussions held by stakeholder groups, specifically the Lackawanna-Susquehanna Quality Council and the Lackawanna-Susquehanna Housing Committee.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program works closely with local Community Support Program (CSP) Committees in both Lackawanna and Susquehanna Counties in the review and completion of the Recovery Oriented Systems Indicators (ROSI) Measure (Attachment P of this Plan). This effort is an opportunity to formalize the feedback and discussion solicited through the Focus Group Process, which involved many of the CSP Members in each county.

Additionally, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program conducts a series of public meetings which include a public input meeting prior to initiating the Plan development process and one public hearing to review the draft Program's Goals and Objectives as developed for inclusion with the final Plan submitted for consideration to the Office of Mental Health and Substance Abuse Services (OMHSAS). The County Administrator's Office also uses a Request for Proposal Process to solicit feedback from the Program's provider community related to gaps and unmet needs in the service delivery system.

The Administrator's Office staff works closely with all County categorical agencies in the development and delivery of services and supports to persons involved in mutual systems of care.

Finally, the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program reviewed the OMHSAS feedback from the 2009-2010 Plan Review Process and has initiated a process to incorporate that feedback into the planning process. This includes sharing the county plan with the CFST and CSPs to illustrate how focus group feedback is used in the county planning process. Additionally, the OMHSAS feedback form suggested having a peer specialist as mentor in the Emergency Room; it is anticipated that the Warm Line is used as a peer support by consumers during their wait at the Emergency Room. The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has also taken very seriously the recommendation of providers of services making consumers feel that they support recovery and, through efforts of the Lackawanna-Susquehanna Quality Council, will work with providers of services to embrace recovery by incorporating recovery oriented language in their mission statements, using recovery measures as overall outcomes for the system, to educate staff about recovery (e.g., Psychiatric Advance Directives, Warm Lines, and Natural Supports), and insure that staff understand the recovery vision and its implications within service categories. The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program continues to engage the local CSPs in an expanded role in the Joinder's planning process and, at the recommendation of the CSP, has continued the Focus Group process initiated during FY 2008-2009 for the Plan development process.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has found the Mental Health Planning process a tremendous opportunity to bring all stakeholders' contributions together in an effort to move the Lackawanna- Susquehanna County Mental Health/Mental Retardation Program to a more recovery focused service system.

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Lackawanna-Susquehanna Counties Program

**SIGNATURES OF LOCAL AUTHORITIES**

**INTENT OF SECTION**

The intent of this section is to provide the necessary signatures of the local authorities as required by Chapter 4215 of the Pennsylvania Code. “Local authorities” are defined as, “the county commissioners or county executives of a county, or the city councils and the mayors of first class cities, or two or more of these acting in concert.”

**REQUIREMENT**


Please provide appropriate signatures on the attached form (Form I or Form II) that best corresponds with your county program structure. If the counties are not able to send the signature page(s) electronically they may indicate that here. The hard copy of the plan must contain the Attachment A with all the required signatures.

**-LOCAL AUTHORITY SIGNATURES: COUNTIES**


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

COUNTY 1: Lackawanna

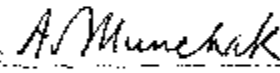
Chairperson/County Commissioner:

Name: Cathy D. O'Brien Signature:  Date: MAY 08 2009

County Commissioner:

Name: Michael J. Washo Signature:  Date: MAY 08 2009

County Commissioner:

Name: Anthony J. Munchak Signature:  Date: MAY 08 2009

**-LOCAL AUTHORITY SIGNATURES: COUNTIES**

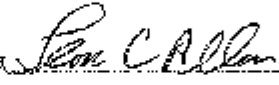
I/We assure that I/we have reviewed and approved the attached FY2010-2011  
County Mental Health Plan Update.

**COUNTY 2: Susquehanna**

**Chairperson/County Commissioner:**

Name: MaryAnn Warren Signature:  Date: 5-8-09

**County Commissioner:**

Name: Leon C. Allen Signature:  Date: 5-8-09

**County Commissioner:**

Name: Michael J. Gianpiero Signature:  Date: 5/8/09

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Lackawanna-Susquehanna Counties Program

FY 2010-2011 County Plan

ANNOUNCEMENT OF PUBLIC HEARINGS

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program is compiling a plan for services for mental health and mental retardation for the year July 1, 2010 through June 30, 2011. The Program is requesting input from all interested residents and/or from the agency representatives of the Lackawanna and Susquehanna County areas for this plan. A public hearing will be held as follows:

*Wednesday, March 11, 2009, 12:00 noon to 1:00 P.M., in the Lackawanna-Susquehanna County Mental Health/Mental Retardation Program's office, 135 Jefferson Avenue, Third Floor, Scranton, PA 18503*

*Wednesday, March 11, 2009, 6:30 P.M. to 7:30 P.M., in the Lackawanna County Center for Public Safety, 30 Valley View Business Park, Jessup, PA 18434*

*Wednesday, March 25, 2009, 12:00 noon to 1:00 P.M., in the Commissioner's Meeting Room of the Susquehanna County Court House, Montrose, PA 18801*

All residents in the two (2) county area are encouraged to take this opportunity to participate in the development of the 2010-2011 Annual Program Plan and Budget Request.

If we can help you with any special needs you may have to enable you to attend, please contact:

Stephen Arnone, Administrator, Lackawanna-Susquehanna MH/MR Program, Phone: (570)346-5741, or TTY#: (570)963-6484 (for hearing impaired) by Friday, February 1, 2008.

If you are unable to attend but would like to submit comments, you may mail them to Lackawanna-Susquehanna County Mental Health/Mental Retardation Program, 135 Jefferson Avenue, Third Floor, Scranton, PA 18503; fax them to (570) 963-6435; or e-mail them to [ls@lsmhmr.org](mailto:ls@lsmhmr.org).

## **ANNOUNCEMENT OF PUBLIC HEARING**

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program is compiling a plan for services for mental health and mental retardation for the year July 1, 2010 through June 30, 2011. The Program is requesting input from all interested residents and/or from the agency representatives of Susquehanna County for this plan. The public hearing will be held on Wednesday March 25, 2009 from 12:00 noon to 1:00 P.M., in the Commissioners' Meeting Room, Susquehanna County Courthouse, Montrose. All residents of Susquehanna County are encouraged to take this opportunity to participate in the development of the plan for services.

If we can help you with any special needs you may have to enable you to attend, please contact: Stephen Arnone, Administrator, Lackawanna-Susquehanna MH/MR Program, Phone: 570-346-5741, or TTY#: 570-963-6484 (for hearing impaired) by Friday, March 20, 2009.

If you are unable to attend but would like to submit comments, you may mail them to Lackawanna-Susquehanna Mental Health/Mental Retardation Program, 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, PA 18503; fax them to (570) 963-6435; or e-mail them to [ls@lsmhmr.org](mailto:ls@lsmhmr.org).

## **ANNOUNCEMENT OF PUBLIC HEARINGS**

The Comprehensive Human Services Task Force, on behalf of the Lackawanna County Board of Commissioners, is developing a coordinated plan and budgets for human services for the Year **July 1, 2010 through June 30, 2011**. In order to assist the County in completing this task, the Lackawanna County Department of Human Services in cooperation with the Lackawanna-Susquehanna Mental Health/Mental Retardation Program, Lackawanna County Drug and Alcohol Commission, Lackawanna County Area Agency on Aging, Lackawanna County Children and Youth Services, Special Services, i.e., Human Service Development Fund and Office for the Physically Disabled and Lackawanna County Juvenile Court Services, are requesting input from all interested residents and/or from agency representatives of Lackawanna County for this plan. The public hearing will be held as follows: **Wednesday, March 11, 2009 from 12 P.M. to 1:00 P.M., in the Third Floor Conference Room, Lackawanna County Office Building, 135 Jefferson Avenue, Scranton, PA.**

All residents of Lackawanna County are encouraged to participate in the development of the plan for services.

If we can help you with any special needs you may have, to enable you to attend, please contact:

**Teresa Osborne, Executive Director**

**Lackawanna County Department of Human Services**

**Voice #963-6790**

**TTY# 963-6484**

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**Lackawanna-Susquehanna Counties Program**

**FY 2010-2011 County Plan Update**

**PATH INTENDED USE PLAN AND BUDGET**

(Only for those counties that receive the PATH grant. If the county does not receive the PATH grant, please indicate that here)

Lackawanna-Susquehanna Counties Program does not receive the PATH grant.

FY 2010-2011 County Plan

**COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS**

**Instructions:** The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate "Yes" or "No" column to indicate sources of information or completion of each task. Use the "Comments" section to qualify your answers.

YES NO

1. Representatives of what group(s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?
- Consumer Satisfaction Team
  - County Office of Mental Health
  - Consumer groups
  - Family groups
  - Provider organizations
  - Mental Health Association
  - Other ( \_\_\_\_\_ )

Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

Comments:

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

Comments: *No formal CSP Committee prior to public hearing.*

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

Comments:

**YES NO**

5. The CSP Committee endorses the County's Annual Mental Health Plan.

Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

Comments:

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.

Comments:

Name of CSP Committee Lackawanna County CSP  
CSP Committee Chair: Sarah Dempsey, Mike Coffman, Jeff Proof  
Address 825 Jefferson Ave.  
City, State, Zip Scranton PA 18501  
Phone 207-0157 Fax \_\_\_\_\_  
E-Mail bb@theadvocacyalliance.org Date 5-21-09

SIGNATURES:

Member(s) Representing Consumers: Michael Rinken  
Member(s) Representing Families: \_\_\_\_\_  
Member(s) Representing Professionals: S. Dempsey

Names of other participants:

1. Bill Buck
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FY 2010 - 2011 County Plan

**COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS**

**Instructions:** The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate "Yes" or "No" column to indicate sources of information or completion of each task. Use the "Comments" section to qualify your answers.

YES NO

1. Representatives of what group (s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?

- Consumer Satisfaction Team
- County Office of Mental Health
- Consumer groups
- Family groups
- Provider organizations
- Mental Health Association
- Other (.....)

Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

Comments: Need A Mental Health Court in Susquehanna County,

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

Comments:

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

Comments:

YES NO

5. The CSP Committee endorses the County's Annual Mental Health Plan.

Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

Comments:

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.

Comments:

Name of CSP Committee New Beginning

CSP Committee Chair: Arthur

Address 32 PUBLICAVE

City, State, Zip Montrose PA 18901

Phone 5702764242 Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURES:

Member(s) Representing Consumers: 25

Member(s) Representing Families: NA

Member(s) Representing Professionals: NA

- Names of other participants:
1. [Signature]
  2. David White
  3. Paul Robinson
  4. Bob [unclear]

Arthur Representants

**Section 4**  
**Overview of the Existing County Mental Health  
Service System**

**Includes:**

**Attachment E – Existing County Mental Health Services**

**Attachment F – Evidenced Based Practices Survey**

**Attachment G – Recovery-Oriented/Promising Practices Chart**

## **Achievement Highlights and Programmatic Improvements**

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program has worked very hard over the past year with persons in recovery, the local advocacy community and the provider community to cultivate a spirit of recovery and resiliency throughout the mental health service system. The following are achievement highlights and programmatic improvements:

### **Peer Specialist Initiative**

#### **2010-2011 Update**

**In fiscal year 2008-2009 the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program Administrator's Office interviewed two individuals for the position of Peer Specialist Consultant for the Office. At the time of the submission of this plan an individual has not been hired but the Administrator's Office expects to have an individual in that position during fiscal year 2009-2010.**

The position of Peer Specialist Consultant was created in fiscal year 2006-2007 and was filled by a Certified Peer Specialist who had moved out of the area. The Peer Specialist Consultant Position was created in an effort to insure on-going communication with local and regional CSP's and the on-going development of Advanced Directives with persons with mental illness and those individuals in recovery within our Joinder Program.

### **Warm Line**

#### **2010-2011 Update**

- **In an effort to provide more support for families of children/adolescents with emotional disorders; during 2008-2009, a new service, Family Peer Support, was provided through the Warm Line. Family Peer Support Services are available every Wednesday during regular Warm Line operating hours.**
- **In an effort to continuously enhance and improve Warm Line services, Warm Line Mentors began collecting more statistics from Warm Line users, including information regarding what natural resources are available to them, what crisis services are available to them (including how well those crisis services worked for them), what other services would be helpful to them and their level of satisfaction with the Warm Line. This information will be used throughout the mental health service system to make improvements and enhancements.**

## **Lackawanna-Susquehanna Counties Housing Committee**

### **2010-2011 Update**

- **The Housing Plan has been approved (with some edits) to receive reinvestment funds from Northeast Behavioral Health Care Consortium (NBHCC). The Housing Committee will meet to discuss moving forward with the implementation of the Housing Plan.**
- **Through the efforts of the Lackawanna / Susquehanna County Housing Subcommittee relationships were established with a local housing provider who was able to leverage HUD funds to further expand supported housing services to persons who are homeless and mentally ill. This initiative created the expansion of supported living services to eight (8) individuals within Lackawanna County.**

## **Mental Health Treatment Court**

### **2010-2011 Update**

- **The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program, through the local Consumer/Family Satisfaction Team (C/FST), has implemented a survey process for Mental Health Treatment Court participants. The survey process is designed to gather information to help ensure the continued success of the Mental Health Treatment Court and its participants. The survey is designed to collect Mental Health Treatment Court participants' levels of satisfaction with the Mental Health Treatment Court, as well as to determine what support systems participants have in place and where improvements could be made in the Mental Health Treatment Court.**
- **The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program and the Mental Health Treatment Court are exploring the possibility of employing a Certified Peer Specialist to offer support to the Mental Health Treatment Court participants.**
- **The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program is working closely with the Lackawanna County Judicial System in the development and implementation of a new Co-Occurring (MH/DA) Problem Solving Court in Lackawanna County. The new Problem Solving court is scheduled for implementation on May 27, 2009. The development of this new Problem Solving Court has brought mental health and drug and alcohol providers together to develop a common intake, assessment and screening tool, common service plan and common participant status report for court reporting purposes. In addition a core training curriculum has been developed with the intent of having all participating therapists from all agencies trained with courses identified within the curriculum.**

## **Lackawanna-Susquehanna Counties Quality Council**

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has developed an aggressive Quality Management Initiative, engaging persons in recovery, family members, provider agencies, and community stakeholders in the development of a Program Quality Management Plan. The

Administrator's Office is currently using and will continue to use this Committee to drive system change initiatives within the Joinder.

### **State Hospital Lengths of Stay**

Target Objective: Increase and/or improve Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

Target Completion Date: December 2008

### **State Hospital Diversions**

Goal: Increase and/or improve Community Supports directed at diverting individuals who are at risk for State Hospital placement.

Target Objectives: Collect and analyze data on community hospitalization utilization and state hospital diversion rates.

Target Completion Date: December 2008

### **Housing**

Goal: Increase the number of individuals who are living in environments of their choice.

Target Objectives: A workgroup, comprised of persons in recovery, advocacy, family, base service units, housing authority representatives and housing providers will be developed to work with the Administrator's Office in the development of a Housing and Recovery Oriented Services Plan.

Target Completion Date: December 2008

### **Recovery Oriented Systems**

Goal 1: Increase consumer input to Provider services and supports.

Target Objective: Increase consumer membership on Provider Governing Boards to 10%

Target Completion Date: December 2008

Goal 2: Increase the use of recovery-oriented language in Provider agency mission statements.

Target Objective: Increase the percentage of Providers with recovery oriented language in Provider Mission Statement to 80%.

Target Completion date: December 2008

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program will continue working closely with provider agencies to gather information to continue to update baseline information provided by the agencies to measure performance in promoting Evidence Based Practices and/or Recovery Oriented/Promising Practices.

In addition, the Administrator's Office is looking to continue the growth of Recovery Oriented Services including supported housing, consumer training opportunities, specifically related to the development of Advanced Directives and Family Psychoeducational Training.

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program with the commitment and support of the Counties' Managed Care Organization, Northeast Behavioral Health

Care Consortium (NBHCC), will be looking at the expansion of Peer Specialist opportunities for persons in recovery within the Joinder Program area. It is anticipated that at least three (3) provider agencies will be enrolled with the Program's Healthchoices provider network with the intent to hire certified peer specialists.

#### **2010-2011 Update**

- **The Behavioral Health Inpatient Reduction Objective Report (attached) was presented to the Quality Council and the Service Area Planning Committee. The Quality Council will continue to move forward in meeting the objectives.**

#### **Transition Plus**

**See Attachment S.**

#### **New Mental Health Services**

#### **Psychiatric Rehabilitation Programs**

**The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has worked closely with the two Base Service Units (BSUs) in the Joinder in implementing Psychiatric Rehabilitation Programs.**

**BSU I implemented a Psychiatric Rehabilitation Program called "Possibilities." This program is designed so that consumers transitioning into the program from the Partial Hospitalization Program or the Outpatient Program must first establish their own goal(s) in any or all of the domains, which include employment, educational, living or social wellness. Any consumer transitioning into the program from the Partial Program must be at the point in the recovery where their symptoms are manageable. Because the Psychiatric Rehabilitation program is skills teaching and not clinical, it is important that the consumer feels a level of comfort in having any clinical needs addressed through the Outpatient Program. Currently, there are 38 consumers involved in the Psychiatric Rehabilitation Program at BSU I, 36 consumers transitioned into the Psychiatric Rehabilitation Program from the Partial Hospitalization Program and two transferred in from the Outpatient Program.**

#### **Lackawanna Garret Lee Smith Grant**

**The Commonwealth of Pennsylvania recently received a SAMHSA funded Garrett Lee Smith Youth Suicide Prevention Grant to develop an effective youth suicide prevention program for primary care settings. The project will collaborate with providers to enhance their suicide assessment capacity and increase partnerships with behavioral health services. The project targets several goals, key to successful prevention efforts.**

### **Goals of this project:**

- 1. Provide training to primary care practitioners on suicide risk assessment and triage.**
- 2. Enhance behavioral health screening in primary care practices by offering a free, web-based screening tool.**
- 3. Provide training to mental health professionals on evidence-based treatments for suicidal youth.**
- 4. Increase integration of medical and mental health services.**
- 5. Create and support local suicide prevention task forces that support this and other prevention efforts.**

### **Updates as of April 22, 2009**

- On February 24<sup>th</sup>, the initial meeting was held with our partner Scranton Primary Health Care Center. The team from Children’s Hospital of Philadelphia and Jefferson Memorial presented to the Primary Health Care doctors and nursing staff on this project as well as holding a dialogue as to what the present referral practices are and what barriers may exist for evaluation and intervention/referral for someone with a depressive disorder or who may be suicidal. Ed Heffron, Executive Director of Scranton Counseling Center (SCC) also attended this meeting as the behavioral health partner.**
- Advocacy Alliance met with SCC Directors of child and adult services along with some crisis staff to update them on the GLS Grant.**
- Jim Martin and IT personnel made visits to Scranton Primary Health Care to assess their IT needs. Since then furniture and computer needs have been addressed. We are now waiting for the survey to be finished.**
- On March 10<sup>th</sup>, the Advocacy Alliance presented to an assembly of over 120 students at Lackawanna College “Nothing to Hide” college suicide prevention and an overview of GLS Grant as well as providing the school with resources for dorms and bulletin boards.**
- 2 brochures were created (1) Mental Health Guide for Young Adults and Their Parents for Family Physicians' offices and (2) Your School and Youth Suicide: Recognition and Intervention Guide for Teachers and Other School Staff - see [www.theadvocacyalliance.org](http://www.theadvocacyalliance.org).**
- The Advocacy Alliance continues to make Lackawanna County services and supports aware of this project. Presented to WARM LINE staff, Catholic Social Services, Jewish Family Services of Lackawanna County, NHS of Lackawanna County, and continues to identify needs and support such as Hispanic Outreach of Catholic Social Services to explain GLS and ask for buy-in and assistance.**
- Developed Resource lists of agencies that could provide mental health clinical and counseling assistance for Primary Health Care Physicians as well as providing helpful handouts for young adults and families when looking for help.**
- Created posters and flyers for Primary Care Offices for resources to clients (we identified it was adapted from information from [www.Kidshealth.org](http://www.Kidshealth.org)) - specifically geared towards**

**teens to understand mental health therapy as this was an identified concern reported from Scranton Primary Health Care.**

- **A Physicians Gatekeeper training by Dr. Winterstein from Jefferson Memorial Hospital was held at the Advocacy Alliance on March 31, 2009. Scranton Primary Health attended along with staff from SCC and NHS.**
- **At an Autism Walk on April 18<sup>th</sup> the Advocacy Alliance handed out PA Youth Suicide Prevention in Primary Care brochures as well as letters to PCPs from Families asking for mental health screenings as part of every check-up.**
- **The first training in a three -part Cognitive Behavioral Health (CBT) training was held on Friday April 17, 2009 for community behavioral health agencies identified as a resource for the GLS Grant.**

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**Lackawanna-Susquehanna Counties Program**
**FY 2009-2012 County Plan****EXISTING COUNTY MENTAL HEALTH SERVICES**

<b>SERVICE CATEGORY</b>	<b>CATEGORY DESCRIPTION</b>	<b>CONSUMER OUTCOME</b>	<b>SERVICES AVAILABLE IN THE MH/MR</b>	<b>FUNDING SOURCE * (County, HC, or Reinvestment)</b>	<b>PRIORITY POPULATION</b>
Treatment	Alleviating symptoms and distress	Symptom Relief	Yes	HC/County	All priority population groups
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	Yes	HC/County	All priority population groups
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Yes	HC/County	All priority population groups
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Yes	HC/County	All priority population groups
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development			
Rights Protection	Advocating to uphold one's rights	Equal Opportunity			
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Yes	County	All priority population groups
Self Help	Exercising a voice and a choice in one's life	Empowerment	Yes	County	All priority population groups
Wellness/Prevention	Promoting healthy life styles	Health Status Improved			
Other	Anything not addressed above				

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 Lackawanna-Susquehanna Counties Program

## FY 2009-2012 County Plan

**EVIDENCE-BASED PRACTICES SURVEY**

Provider Name and Provider Type 99 Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the EBP
Allied Services	Supported Employment,	12					
		<b>15</b>					
	Supported Housing	153					
		<b>150</b>					
Goodwill	Supported Employment	13					
		<b>22</b>					
Step By Step	Supported Housing	86					
		<b>65</b>					
Northwestern Human Services	Supported Employment	3					
		<b>15</b>					
<b>Lourdesmont</b>	<b>Multisystemic Therapy</b>	<b>•</b>					

- Please note this Program was initiated at the end of fiscal Year 2007-2008 and at the time of the submission of this plan has nine (9) individuals enrolled in the program.

**Evidence-Based Practices**

1. Assertive Community Treatment
2. Supported Employment
3. Supported Housing
4. Family Psycho-Education
5. Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)
6. Illness Management/Recovery
7. Medication Management
8. Multisystemic Therapy
9. Therapeutic Foster Care
10. Functional Family Therapy

**Note: Provide information pertaining to only the first seven Evidence-based Practices (EBP) listed above**

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 Lackawanna-Susquehanna Counties Program

## FY 2009-2012 County Plan

**COUNTY DEVELOPMENT OF  
RECOVERY-ORIENTED/PROMISING PRACTICES\*\***

	<u>Services Exist</u> (Check all appropriate)	<u>Services Planned</u> (Check all appropriate)	<u>#'s Served</u>	<u>\$\$ Existing</u>	<u>\$\$ Planned</u>
Consumer Satisfaction Team	✓		NBHCC = 170	*	*
			<b>NBHCC = 121</b>	*	*
			CHIPP = 12	65,100	67,053
			<b>CHIPP = 8</b>	<b>64,400</b>	<b>64,400</b>
			CST = 14	25,000	25,750
			<b>CST = 41</b>	<b>24,700</b>	<b>24,700</b>
Family Satisfaction Team	✓		<b>NBHCC = 165</b>	*	*
Compeer					
Self Help / Advocacy (Specify)	✓		394	75,800	78,074
			<b>848</b>	<b>91,800</b>	<b>91,800</b>
Outreach for Older Adults	✓		62		
Warm Line	✓		183	24,300	25,029
			<b>636</b>	<b>24,100</b>	<b>24,100</b>
Mobile Services/In Home Meds					
Fairweather Lodge					
Medicaid Funded Peer Specialist Program	**		2	**	**
Dialectical Behavioral Therapy					
Other					
<p>**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County &amp; HealthChoices funding.</p>					

Reference: Please see the County Mental Health Plan Outline Section 4.

\*CFST is funded through NBHCC

\*\*Presently, Peer Specialists are employed by two agencies within the Lackawanna-Susquehanna County joinder, however, the agencies are not currently enrolled in the Medicaid Funded Program. It is anticipated that three agencies will be enrolled to provide Peer Specialist services within both Lackawanna and Susquehanna Counties within fiscal year 2009-2010.

**Section 5**  
**Identification and Analysis of Service System**  
**Needs**

**Includes:**

**Attachment H – Service Area Plan Chart**

## **Analysis Unmet Needs and Service Gaps for Adults, Older Adults and Transition-age Youth**

Based upon input primarily from the local CSP groups, CFSTs, Lackawanna-Susquehanna Counties Quality Council, Lackawanna-Susquehanna Counties Housing Committee, and providers of services through focus groups, surveys (i.e., Housing/Living Environment Survey, CFST Surveys and Natural Supports Survey), providers and provider reports (i.e., Provider Request for Proposal process), public input meetings and meetings with local CSP groups, the following unmet needs and service gaps were identified:

- **Continued need to educate provider staff on the use of Recovery tools (i.e., Wellness Recovery Action Plans, Psychiatric Advance Directives, Warm Lines, and Natural Supports). Although, with the implementation of the Warm Line and Psychiatric Rehabilitation Services staff awareness and understanding of Recovery oriented services is increasing;**
- **Continued need for safe, appropriate and affordable housing;**
- **Continued need of transportation services/options;**
- **Continued need to expand crisis services to include crisis residential and mobile crisis services; and**
- **Continued need for more peer involvement in mental health services (i.e., use of Peer Specialists as support during the treatment and recovery process, use of Peer Specialists as educators).**

The regional/county treatment services and supports/needs identified for individuals assessed in the Service Area Plan are similar to those identified above, particularly in housing. Work on the Service Area Plan will continue through Clarks Summit State Hospital's Continuity of Care Committee as well as the regional Service Area Plan Stakeholders meetings. Additionally, the Lackawanna-Susquehanna Counties Quality Council has continued to incorporate the following goals of the service area plan into the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Plan for Calendar Year 2009, with some of the following target outcomes outlined:

- Individuals who have been in a State Mental Hospital longer than two consecutive years will experience a successful transition into the community.
- The number of individuals who are diverted from admission to a State Hospital will be increased.

Through the following system changes proposed in this plan, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program plans to address the identified unmet needs and service gap through:

- Expansion of supported housing initiatives (including transitional age youth).
- Continuation of a consumer directed drop-in center/clubhouse;
- Peer Specialist Initiative (Human Resource Development Initiative);

- Recovery Initiative (provider education; behavioral change) – this will include the use of Peer Specialists as Provider Educators; and
- Mobile Psychiatric Rehabilitation for Older Adults.
- 

In addition to the system changes listed above, Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program also plans to address unmet needs and service gaps through building upon and/or using the resources and strengths in the current system, including but not limited to:

- The Mental Health Problem Solving Court is a tremendous strength and resource in the current service system, which will continue to reduce the number of individuals in the target populations incarcerated in the county jail population;
- The Lackawanna / Susquehanna Counties Mental Health Housing Committee, a group comprised of numerous stakeholders who have an interest in the housing needs of persons target populations;
- The continuation of the Warm Line, which will continue to aid in reducing the number of persons readmitted to the community hospital in-patient units;
- The continuation of the Lackawanna-Susquehanna Counties Quality Council, which incorporates all quality management activities outlined in the County Plan and includes representation from all stakeholder groups;
- The continued collaboration with the contracted Behavioral Health Managed Care Organization, Northeast Behavioral Health Care Consortium (NBHCC) to provide continuity in services and share data to identify needs and service gaps. NBHCC presently has in place a Quality Management Committee which is chaired by a Board Member from NBHCC and has community representatives who are voting members on the committee. The Chairperson of the NBHCC Quality Management Committee is the Deputy Administrator from the Lackawanna-Susquehanna County MH/MR Program providing for consistent and on-going communication on Quality Management Initiatives in the HealthChoices Program between NBHCC staff and County Program staff;
- In fiscal year 2008-2009 the Lackawanna / Susquehanna County Mental Health / Mental Retardation Program in cooperation with NBHCC and CCBHO initiated a Quality Management Initiative with the intent of building the bridges between quality management activities at the county level including both mental health and drug and alcohol services and at the HealthChoices level including the Managed Care Organization (NBHCC) and Care Management Vender (CCBHO). The workgroup has meet several times focusing on the following;
  - (1) Review of Quality Management Plans
  - (2) Review of data collection efforts
  - (3) Review of data reporting efforts
- The continued active participation on the Service Area Plan Committee. Currently, the Deputy Administrator from the Lackawanna-Susquehanna County MH/MR Program represents the Administrator’s Office on this committee, providing for opportunities to share regional resources and information to move forward in achieving the goals of the Service Area Plan; and

- The continued collaboration with provider agencies to gather information to continue to update baseline information provided by the agencies to measure performance in promoting Evidence Based Practices and/or Recovery Oriented/Promising Practices.

### **The Target Groups That Are Underserved**

The Lackawanna / Susquehanna Counties Mental Health Housing Committee, though on-going collaboration with cross-systems providers, has identified the following target groups as underserved regarding housing options and has identified these groups as the target groups for the Housing Initiative:

- Clarks Summit State Hospital Patient Population
- Transition Aged Youth who have a Mental Illness
- Mental Health Treatment Court and Prison Populations who have a Mental Illness
- Homeless Individuals who have a Mental Illness

Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan  
Updated Chart for Current Plan

**SERVICE AREA PLAN CHART**

Service Area Plan Goals	Update for County Plan- Request for County specific information																								
<p>Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.</p>	<p>Please review attached data regarding length of stay prior to answering the following questions. How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? <input type="checkbox"/> How many of those individuals have a targeted discharged date during FY09-10? <input type="checkbox"/> FY10-11? <input type="checkbox"/></p> <p>* If applicable – 30 peer assessments completed and 17 family assessments completed</p>																								
<p>Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.</p>	<p>Number of individuals as of December 31, 2007 who have been admitted more than twice to a community hospital? If the data are not available please check no data.</p> <table border="1" data-bbox="407 825 1490 1360"> <thead> <tr> <th colspan="2" data-bbox="407 825 1490 858">Public Funded</th> </tr> <tr> <th data-bbox="407 858 878 892">Calendar Year 2007</th> <th data-bbox="878 858 1490 892">Calendar Year 2008</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 892 878 926">Involuntary Admissions- 23*</td> <td data-bbox="878 892 1490 926">Involuntary Admissions - 27</td> </tr> <tr> <td data-bbox="407 926 878 959">Voluntary Admissions- 28</td> <td data-bbox="878 926 1490 959">Voluntary Admissions - 34</td> </tr> <tr> <td data-bbox="407 959 878 993">All Admissions- 51</td> <td data-bbox="878 959 1490 993">All Admissions - 61</td> </tr> <tr> <td colspan="2" data-bbox="407 993 1490 1150"> <p>*Some individuals had both voluntary and involuntary admissions during the time period. Individuals who had multiple admissions both voluntary and involuntary are shown in the Involuntary Admission data.</p> </td> </tr> <tr> <th colspan="2" data-bbox="407 1150 1490 1184">Private Funded</th> </tr> <tr> <th data-bbox="407 1184 878 1218">7/1/05-6/30/06(FY05-06)</th> <th data-bbox="878 1184 1490 1218">7/1/06-6/30/07 (FY06-07)</th> </tr> <tr> <td data-bbox="407 1218 878 1251">Involuntary Admissions-</td> <td data-bbox="878 1218 1490 1251">Involuntary Admissions-</td> </tr> <tr> <td data-bbox="407 1251 878 1285">Voluntary Admissions-</td> <td data-bbox="878 1251 1490 1285">Voluntary Admissions-</td> </tr> <tr> <td data-bbox="407 1285 878 1318">All Admissions-</td> <td data-bbox="878 1285 1490 1318">All Admissions-</td> </tr> <tr> <td data-bbox="407 1318 878 1352" style="text-align: center;"><b>No Data Available ✓</b></td> <td data-bbox="878 1318 1490 1352" style="text-align: center;"><b>No Data Available ✓</b></td> </tr> </tbody> </table>	Public Funded		Calendar Year 2007	Calendar Year 2008	Involuntary Admissions- 23*	Involuntary Admissions - 27	Voluntary Admissions- 28	Voluntary Admissions - 34	All Admissions- 51	All Admissions - 61	<p>*Some individuals had both voluntary and involuntary admissions during the time period. Individuals who had multiple admissions both voluntary and involuntary are shown in the Involuntary Admission data.</p>		Private Funded		7/1/05-6/30/06(FY05-06)	7/1/06-6/30/07 (FY06-07)	Involuntary Admissions-	Involuntary Admissions-	Voluntary Admissions-	Voluntary Admissions-	All Admissions-	All Admissions-	<b>No Data Available ✓</b>	<b>No Data Available ✓</b>
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<p>Goal 3: Within five years the incarceration rate of the target population will be reduced.</p>	<p>How many individuals are currently incarcerated in the county jail in the target population?</p> <table border="1" data-bbox="407 1402 1479 1476"> <thead> <tr> <th data-bbox="407 1402 878 1436">As of 6/30/07</th> <th data-bbox="878 1402 1479 1436">As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 1436 878 1476"># individuals 243</td> <td data-bbox="878 1436 1479 1476"># individuals 236</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during FY 07/08? <input type="text" value="The number of individuals that are going to max out is not possible to tell. Most of the inmates are awaiting sentencing and therefore no release date is available."/></p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during FY 07/08? <input type="text" value="2"/></p> <p>How many individuals are currently incarcerated in the State Correction Institution from your county in the target population?</p> <table border="1" data-bbox="407 1730 1390 1839"> <thead> <tr> <th data-bbox="407 1730 878 1764">As of 6/30/07</th> <th data-bbox="878 1730 1390 1764">As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 1764 878 1797"># individuals</td> <td data-bbox="878 1764 1390 1797"># individuals 2</td> </tr> <tr> <td colspan="2" data-bbox="407 1797 1390 1839" style="text-align: center;"><b>No Data Available ✓</b></td> </tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during FY 07/08? <input type="text" value="0"/></p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during FY 07/08? <input type="text" value="0"/></p>	As of 6/30/07	As of 12/31/07	# individuals 243	# individuals 236	As of 6/30/07	As of 12/31/07	# individuals	# individuals 2	<b>No Data Available ✓</b>															
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Lackawanna-Susquehanna Counties Program

FY 2009-2012 County Plan  
Chart from Previous Plan

**SERVICE AREA PLAN CHART**

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All Admissions-	All Admissions-																								
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<p>Goal 3: Within five years the incarceration rate of the target population will be reduced.</p>	<p>How many individuals are currently incarcerated in the county jail in the target population?</p> <table border="1" data-bbox="407 1388 1479 1461"> <thead> <tr> <th data-bbox="407 1388 883 1421">As of 6/30/07</th> <th data-bbox="883 1388 1479 1421">As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 1421 883 1461"># individuals 243</td> <td data-bbox="883 1421 1479 1461"># individuals 236</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during FY 07/08? <input type="text" value="The number of individuals that are going to max out is not possible to tell. Most of the inmates are awaiting sentencing and therefore no release date is available."/></p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during FY 07/08? <input type="text" value="2"/>.</p> <p>How many individuals are currently incarcerated in the State Correction Institution from your county in the target population?</p> <table border="1" data-bbox="407 1713 1390 1822"> <thead> <tr> <th data-bbox="407 1713 883 1747">As of 6/30/07</th> <th data-bbox="883 1713 1390 1747">As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td data-bbox="407 1747 883 1787"># individuals</td> <td data-bbox="883 1747 1390 1787"># individuals 2</td> </tr> <tr> <td data-bbox="407 1787 883 1822" style="text-align: center;"><b>No Data Available ✓</b></td> <td data-bbox="883 1787 1390 1822"></td> </tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during FY 07/08? <input type="text" value="0"/></p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during FY 07/08? <input type="text" value="0"/>.</p>	As of 6/30/07	As of 12/31/07	# individuals 243	# individuals 236	As of 6/30/07	As of 12/31/07	# individuals	# individuals 2	<b>No Data Available ✓</b>															
As of 6/30/07	As of 12/31/07																								
# individuals 243	# individuals 236																								
As of 6/30/07	As of 12/31/07																								
# individuals	# individuals 2																								
<b>No Data Available ✓</b>																									

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Lackawanna-Susquehanna Counties Program

FY 2010-2011 County Plan Update

**OLDER ADULTS PROGRAM DIRECTIVE**

The Memorandum of Understanding (MOU) / Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging.

Is a current, dated and signed MOU in place affirming this collaborative relationship between the county office of MH / MR and the county Office of Aging?

YES

NO

## **Section 6**

# **Identification of the Recovery-Oriented Systems Transformation Priorities**

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 Lackawanna-Susquehanna Counties Program

## FY 2009-2012 County Plan

**TOP FIVE TRANSFORMATION PRIORITIES**

<b>PRIORITY</b>	<b>SYSTEMS CHANGES</b>
<b>1</b>	Expansion of supported housing initiatives (including transitional age youth).
<b>2</b>	Consumer directed drop-in center/clubhouse
<b>3</b>	Peer Specialist Initiative (Human Resource Development Initiative)
<b>4</b>	Recovery Initiative (provider education; behavioral change)
<b>5</b>	Mobile Psychiatric Rehabilitation for Older Adults

These transformation priorities and related activities will address the service system needs identified in Section 5 by:

**1. Expansion of supported housing initiatives (including transitional age youth)**

This transformation priority and related activities will address the service system needs identified in Section 5 by providing more options for safe and affordable housing to all targeted populations. The expansion of these services will afford the Lackawanna-Susquehanna County MH/MR Program the opportunity to offer more housing options to the target populations while empowering the individuals in the target populations through having more choice in their housing options.

**2010-2011 Update**

**A meeting was held with representatives from OMHSAS to review the Mental Health Housing Plan. The Housing Subcommittee received a response from OMHSAS on the approval of the plan. However financial assistance requested directly from OMHSAS to continue to expand supported housing initiatives was not allocated to the Program. . HealthChoices reinvestment funds and HUD Funds secured will support the program that will provide a supported housing initiative in Lackawanna County in fiscal year 2009-2010.**

**2. Consumer directed drop-in center/clubhouse**

This transformation priority and related activities will address the need to offer peer support to those who want it and/or education for consumers in reaching their individual recovery goals. Also, as consumers become more involved in directing the daily activities of the drop-in center/clubhouse, they will develop the tools necessary and feel empowered to take leadership roles and employment in the

service system. Additionally, useful information and support, along with tools for consumers of mental health services, providers, caregivers, employers, families and friends are provided in an atmosphere of inspiration and acceptance. Finally, the consumer directed drop-in center/clubhouse is a resource for consumers through which they can connect with resources after discharge from inpatient care.

### **2010-2011 Update**

**The transformation priority and related activities will continue as outlined above.**

#### **3. Peer Specialist Initiative (Human Resource Development Initiative)**

This transformation priority and related activities will address the need for more peer involvement in mental health services (i.e., use of Peer Specialists as support during the treatment and recovery process, use of Peer Specialists as educators). The Peer Specialist initiative will also ensure that consumers are integrally involved in system design and evaluation. As mentioned earlier in this Plan, the Administrator's Office is seeking to fill the position of Peer Specialist Consultant during fiscal year 2009-2010.

### **2010-2011 Update**

- **The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program and the Mental Health Problem Solving Court are exploring the possibility of employing a Certified Peer Specialist to offer support to the Mental Health Problem Solving Court participants.**

#### **4. Recovery Initiative (provider education; behavioral change)**

This transformation priority and related activities will address the service system needs identified in Section 5 through working with providers of services to embrace recovery by incorporating recovery oriented language in their mission statements, using recovery measures as overall outcomes for the system, to educate staff about recovery (e.g., Psychiatric Advance Directives, Warm Lines, and Natural Supports), and insure that staff understand the recovery vision and its implications within service categories. **Great efforts have been made in this area due to the development and implementation of the Psychiatric Rehabilitation Program initiative within Lackawanna / Susquehanna County Mental Health / Mental Retardation Program. The implementation of Psychiatric Rehabilitation services was completed through the transition of portions of the existing Partial Hospitalization programs within the Joinder Program.**

#### **5. Mobile Psychiatric Rehabilitation for Older Adults**

This transformation priority and related activities will address the service system needs identified in Section 5 by availing appropriate treatment options to older adults who may not have access to appropriate transportation options/services or who may not be able to receive psychiatric rehabilitation services outside their home.

**2010-2011 Update**

**The transformation priority and related activities will continue as outlined above.**

**Timeline to Accomplish the Transformation Priorities and Related Activities**

All transformation priorities and related activities are on-going. Specific timelines to meet goals and outcomes for each priority are established and re-evaluated annually through each appropriate committee. The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council sets target completion dates for each goal established.

**Fiscal and Other Resources Needed to Address the Goals and Source of Funding**

See Attachment K – Top Five New State Funding Requests for Recovery-Oriented System Transformation Priorities

**Quality Management Plan for Tracking Implementation/Outcomes**

The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council outlines annual plans for tracking implementation/outcomes and includes benchmarks for each outcome. This process includes the Plan-Do-Check-Act method, resulting in adjustments to the plan made as necessary.

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 Lackawanna-Susquehanna Counties Program

## FY 2009-2012 County Plan

**TOP FIVE NEW FUNDING REQUESTS FOR RECOVERY-ORIENTED SYSTEM  
TRANSFORMATION PRIORITIES**

	Target Group Population 1 or as noted*	Brief Description of Infrastructure Support or Enhancement of Service Capability That Requires New State Funds	Cost Center**	6 Month Cost	Annualized Cost
<b>1</b>	1	Community Services (Recovery Initiative: Drop-in Center Expansion)	Community Services	15,305	30,609
<b>2</b>	1	Housing Support Services (including transitional age youth and persons who are dually-diagnosed-MH/MR)	HSG Support Services	266,000	432,000
<b>3</b>	1	Human Resource Development/Peer Specialist Initiative (including RFP)	Community Services	374,920	779,840
<b>4</b>	1 (older adults)	Mobile and Site-Based Psychiatric Rehabilitation	Psychiatric Rehabilitation	27,395	54,799
<b>5</b>	1 (transition aged youth)	Community Employment Services	Community Employment	30,000	60,000

*Reference: Please see the County Mental Health Plan Outline Section 6.*

\* The funding requests must be prioritized for Adult Priority Target Population 1. However, counties are permitted and strongly encouraged to target one of the top five requests to older adults for identification/intervention services or transition-age youth. This request can include any target population group.

\*\* This column should indicate the cost centers for the new services (as defined in OMHSAS bulletin OMH-94-10).

## **Section 7**

### **Fiscal Information**

**Includes:**

**Attachment L – Expenditures and Charts**

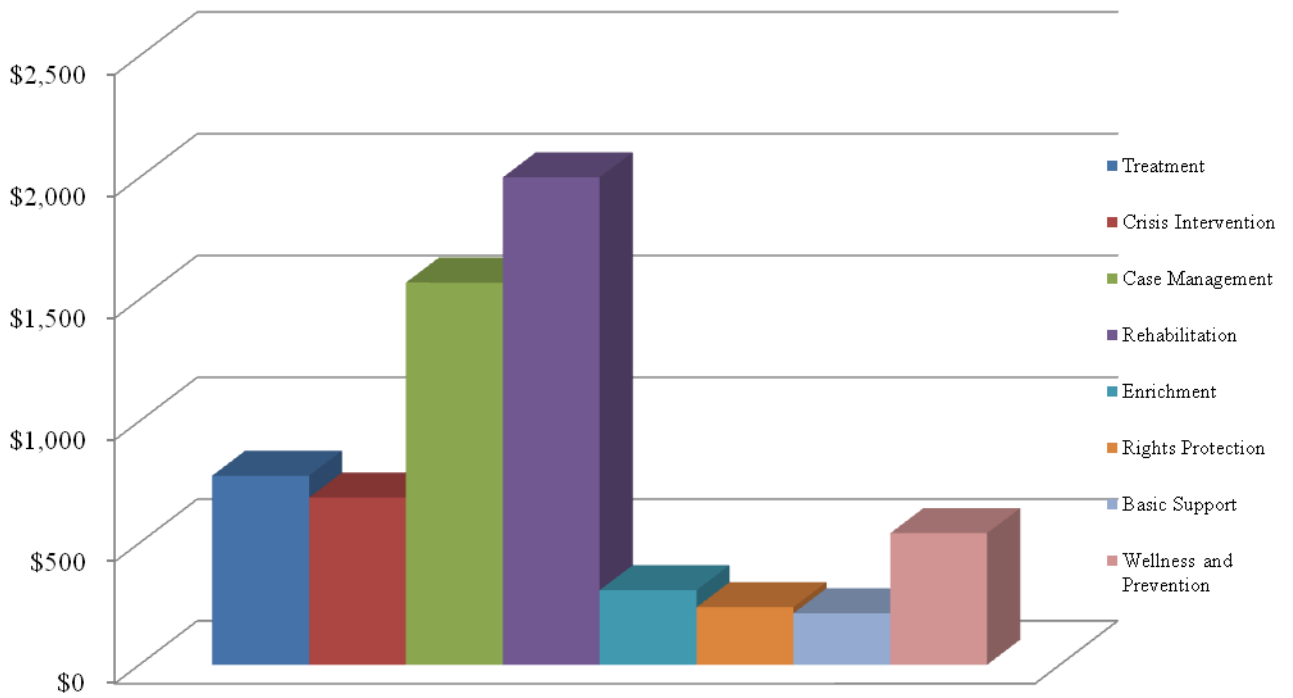
As shown in the following tables and graphs, current funding needs to be increased so that more opportunities for peer support services can be offered to consumers. Additionally, funding will be shifted into more psychiatric rehabilitation programs and the housing initiative during this plan period.

**Attachment L  
Lackawanna-Susquehanna County Program**

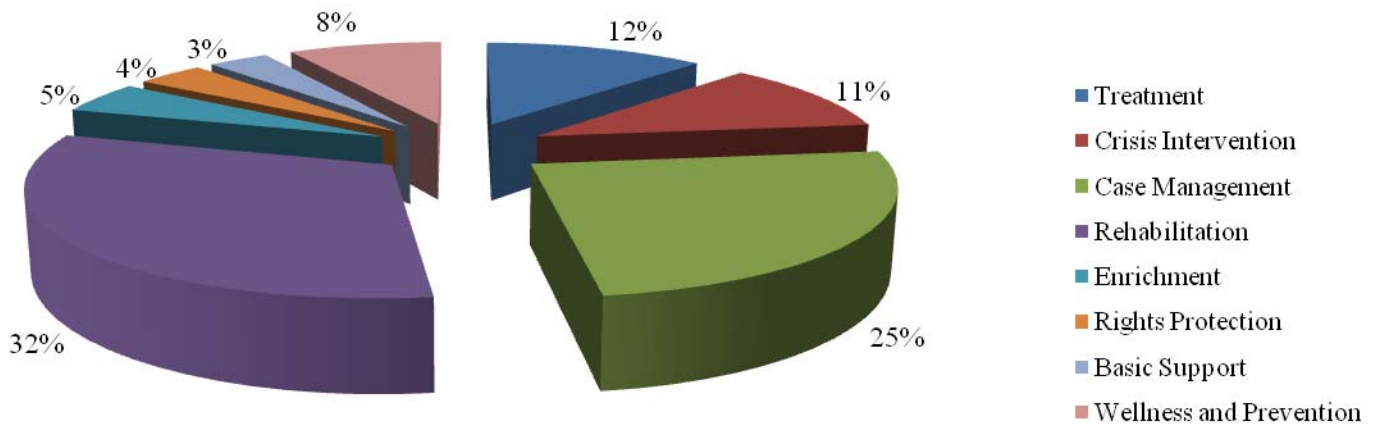
**Fiscal Year 2007-2008, Fiscal Year 2008-2009 and Fiscal Year 2009-2010  
Service Category/Service Description Table for County Funds**

Service Category	Service Description/HealthChoices Rate Code Service Grouping	Expenditure		
		2007-2008	2008-2009	2009-2010
		(in 1000s of \$)		
Treatment	6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)	740	608	626
	7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)			
	8. RTF – Accredited (provider type 01 – specialties 013, 027)			
	9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)			
	10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	36	38	39
Crisis Intervention	2. Crisis Intervention (provider type 11 – specialty 118) Emergency	117	120	124
Case Management	5. Targeted CM, ICM (provider Type 21 – specialties 222)	569	506	604
	6. Targeted CM, blended (provider type 21 – specialty 222)	259	266	274
	7. Targeted CM, RC (provider type 21 – specialty 221)			
	8. Administrative CM	97	100	103
Rehabilitation	3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)	1213	1244	1287
	4. Rehabilitative Services (provider type 11, specialty 123, CE and CRR)			
Enrichment	Facility Based VR and Soc. Rehabilitation	2001	2061	2122
Rights Protection	Administrator’s Office	306	469	483
Basic Support	3. Housing Support Services (provider type 11 – specialty 110)	236	243	250
	4. Family Support Services (provider type 11 – specialty 110)			
Self Help	2. Peer Support Services (provider types 08, 11, 21 – specialty 076)	211	218	234
Wellness/Prevention	2. Mental Health General (provider type 11 – specialty 111) – Community Services			
Other	Any services not identified above	540	556	573

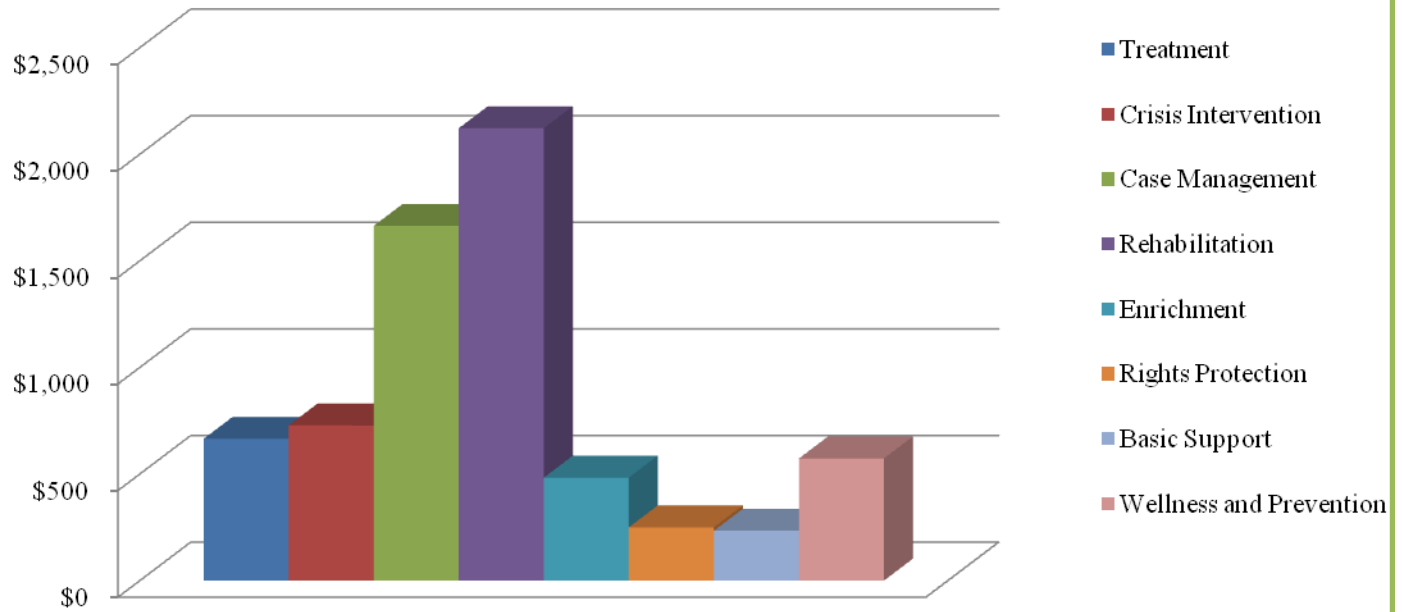
**EXPENDITURE CHART 1**  
**Lackawanna-Susquehanna County Program Data**  
**2007-2008**



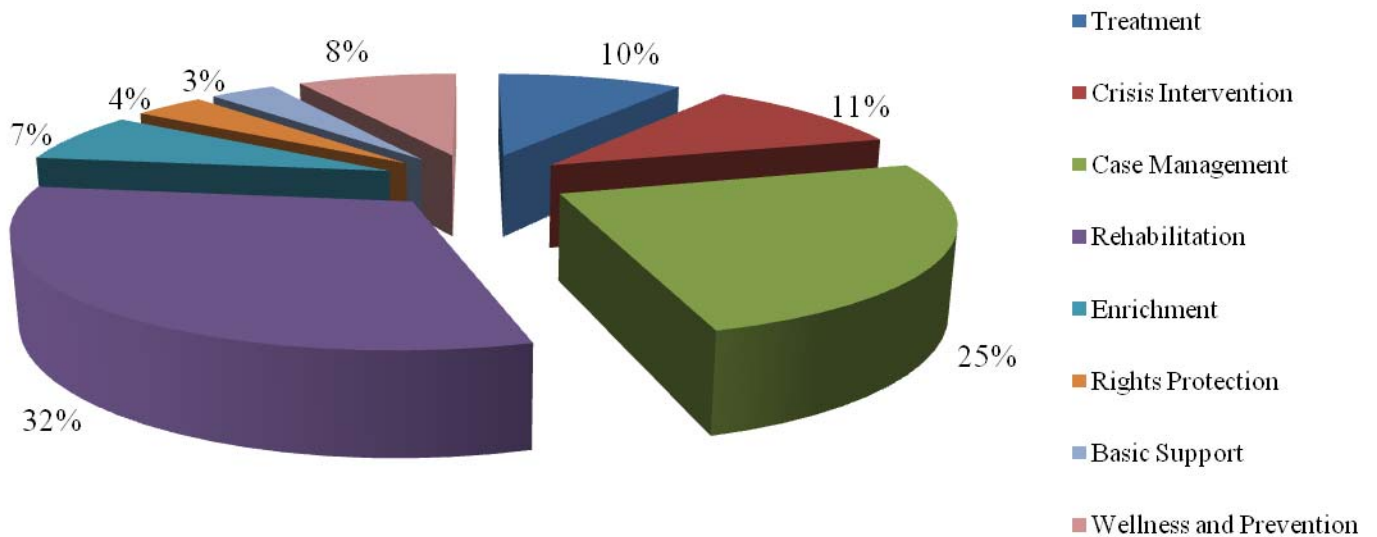
**Percentage Chart 1**  
**Lackawanna-Susquehanna County Program Data**  
**2007-2008**



**EXPENDITURE CHART 2**  
**Lackawanna-Susquehanna County Program Data**  
**2009-2010**



**PERCENTAGE CHART 2**  
**Lackawanna-Susquehanna County Program Data**  
**2009-2010**



**Attachment L**

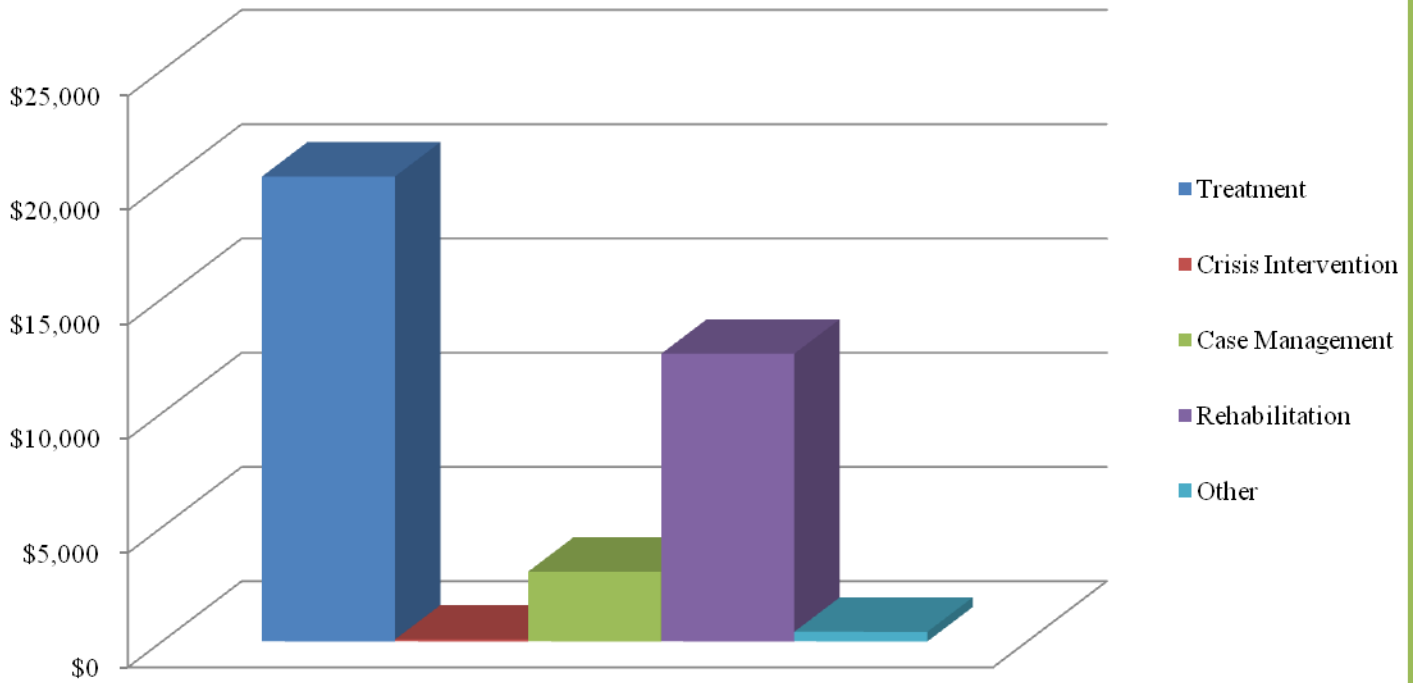
**Lackawanna-Susquehanna County Program**

**Fiscal Year 2007-2008, Fiscal Year 2008-2009 and Fiscal Year 2009-2010**

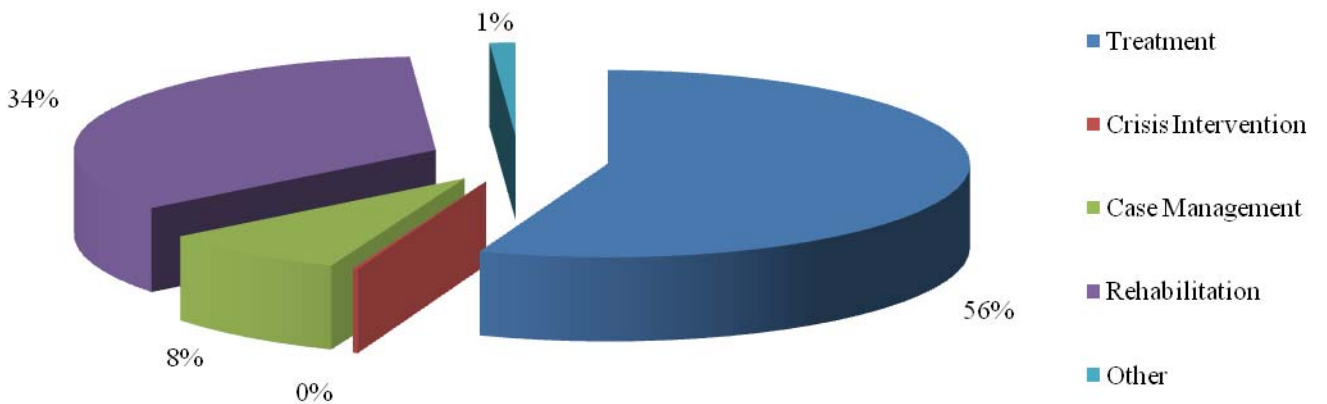
**Service Category/Service Description Table for HealthChoices Funds**

Service Category	Service Description/HealthChoices Rate Code Service Grouping	Expenditure		
		2007-2008	2008-2009	2009-2010
		(in 1000s of \$)		
Treatment	6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)	4,586	4,815	5,056
	7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)	8,596	9,026	9,477
	8. RTF – Accredited (provider type 01 – specialties 013, 027)	5,626	5,907	6,202
	9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)	401	421	442
	10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	1,139	1,196	1,256
Crisis Intervention	2. Crisis Intervention (provider type 11 – specialty 118)	86	90	95
Case Management	5. Targeted CM, ICM (provider Type 21 – specialties 222)	1,813	1,904	1,999
	6. Targeted CM, blended (provider type 21 – specialty 222)	577	606	636
	7. Targeted CM, RC (provider type 21 – specialty 221)	663	696	731
	8. Targeted CM, ICM-CTT (provider type 21 – specialty 222)			
Rehabilitation	3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)	12,591	13,221	13,882
	4. Rehabilitative Services (provider type 11, specialty 123)			
Enrichment	Specify if used			
Rights Protection	Specify if used			
Basic Support	3. Residential and Housing Support Services (provider type 11 – specialty 110)			
	4. Family Support Services (provider type 11 – specialty 110)			
Self Help	2. Peer Support Services (provider types 08, 11, 21 – specialty 076)			
Wellness/ Prevention	2. Mental Health General (provider type 11 – specialty 111)			
Other	Any services not identified above	421	442	464

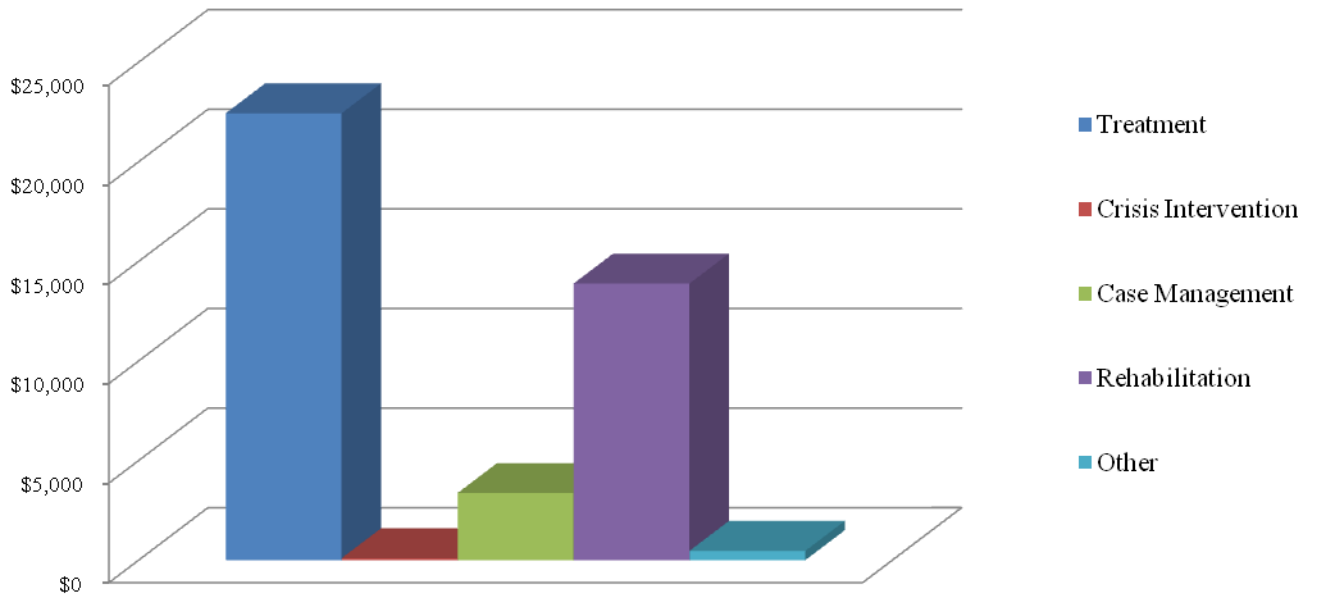
**EXPENDITURE CHART 3**  
**HealthChoices Data**  
**2007-2008**



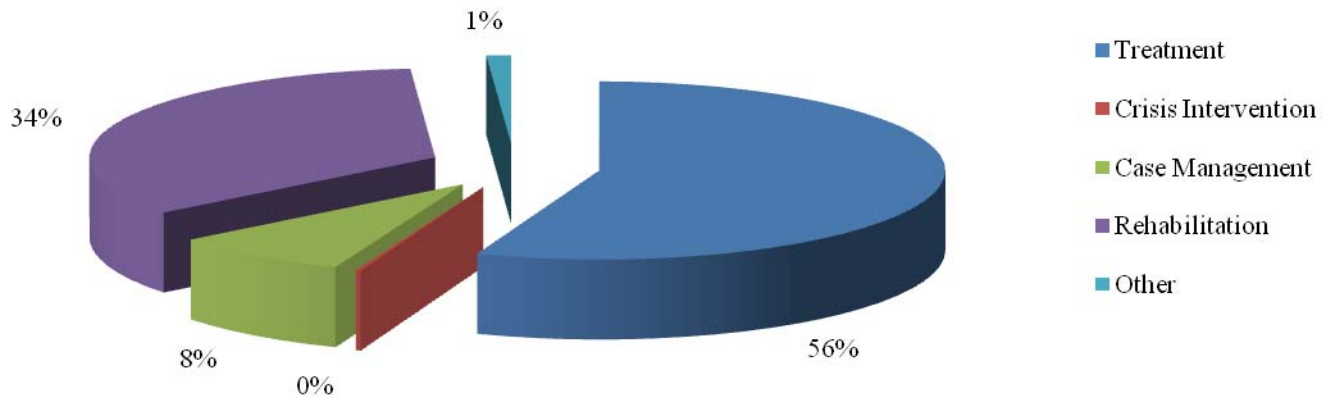
**PERCENTAGE CHART 3**  
**HealthChoices Data**  
**2007-2008**



**EXPENDITURE CHART 4**  
**HealthChoices Data**  
**2009-2010**



**PERCENTAGE CHART 4**  
**HealthChoices Data**  
**2009-2010**



**Attachment O**  
**Behavioral Health Inpatient Reduction Objective Report**

# Behavioral Health Inpatient Reduction Objective Report

January 2008-August 2008

## **Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council/ Plan Development**

- The Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Management Plan is a reflection of the entities overall commitment to quality in all its organizational activities and high priority to individual care.
- The Quality Management Plan contains goals, objectives, and action steps that address quality outcomes for Mental Health Services, Mental Retardation Services and Early Intervention Services.
- The Quality Management Plan is developed through the efforts of the Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Council which meets approximately every six weeks.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**State Hospital Lengths of Stay**

**Goal:** Individuals, who receive Behavioral Health Services, will have access to Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

**Outcome:** Individuals, who have been in a State Mental Hospital longer than two consecutive years, will experience a successful transition into the Community .

**Baseline:** 65.2% of the total patient population at Clarks Summit State Hospital from the L-S Joinder in Program FY 2006-2007 have been at the hospital for more than two consecutive years.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**State Hospital Lengths of Stay**

**Target Objective:** Increase and/or improve Community Supports that focus on reintegrating individuals who are being discharged and are at risk for relapse.

- 1. Activity-** Continue the use of a structured communication system among Clarks Summit State Hospital, The Advocacy Alliance (CST Provider), The County Office, The Community Support Program, and the Base Service Unit that clearly identifies and communicates discharge date, treatment recommendations, housing arrangements, and medication follow-up.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**State Hospital Lengths of Stay**

- 2. Activity-** Continue to facilitate a consistently used consumer-to-consumer connection program, via the WARM line, prior to discharge from the State Hospital.
- 3. Activity-** Continue to distribute a welcome basket that identifies formal and informal community supports that are available for individuals with a mental illness.
- 4. Activity-** Continue to participate in the Consumer Support Plan (CSP) process which focuses on assessment and planning for individuals residing in a state hospital longer than two years.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**Benchmark:**

There will be a 5% decrease in the number of individuals who have been in a State Mental Hospital longer than two consecutive years.

**Data Source:**

Annual Clarks Summit State Hospital Utilization Review  
Report

**Target Completion Date:** December 2008

Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan

**State Hospital Diversions**

**Goal:** Increase and/or improve Community Supports directed at diverting individuals who are at risk for State Hospital placement.

**Outcome:** The number of individuals who are diverted from admission to a State Hospital will be increased.

**Baseline :** The rate of diversion from a state hospital admission During the 2007 calendar year was 29.3%.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**State Hospital Diversions**

**Target Objectives: Collect and analyze data on community hospitalization utilization and state hospital diversion rates.**

- 1. Activity-** Continue to track the number of individuals who were diverted from a state hospital and the community services being used as an alternative to state hospital admission.
- 2. Activity-** Track the number of individuals who are placed voluntarily and involuntarily in a community hospital on a monthly basis to identify any trends in community hospitalization
- 3. Activity-** Track the names of individuals who are readmitted to a community inpatient hospital to identify those individuals who are at risk for a State Hospital placement.

**Lackawanna-Susquehanna Counties  
Mental Health/Mental Retardation Program  
Quality Management Plan**

**State Hospital Diversions**

**Benchmark:**

Increase the rate of diversion from a state Hospital admission by 5%

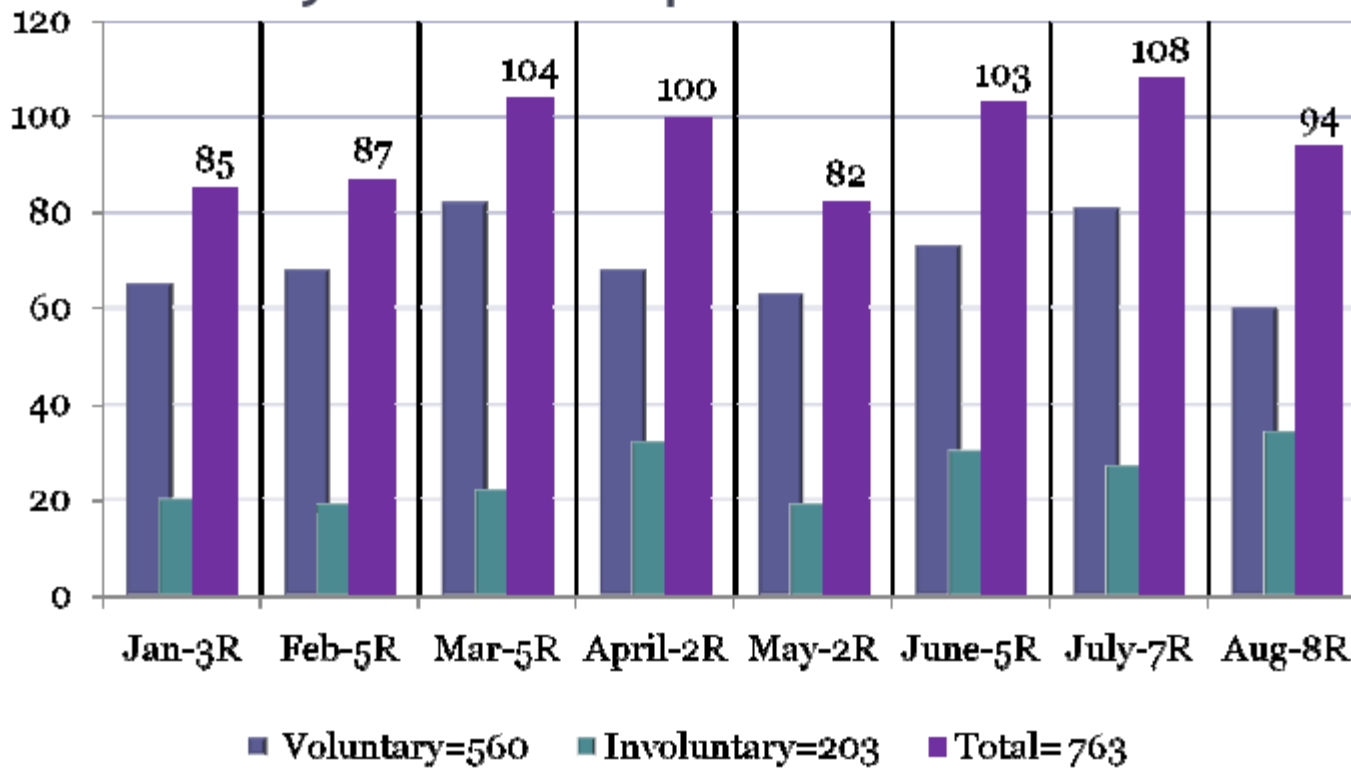
**Data Source:**

OMHSAS monthly Reporting form,  
BSU report on voluntary/involuntary placements in  
community hospitals.

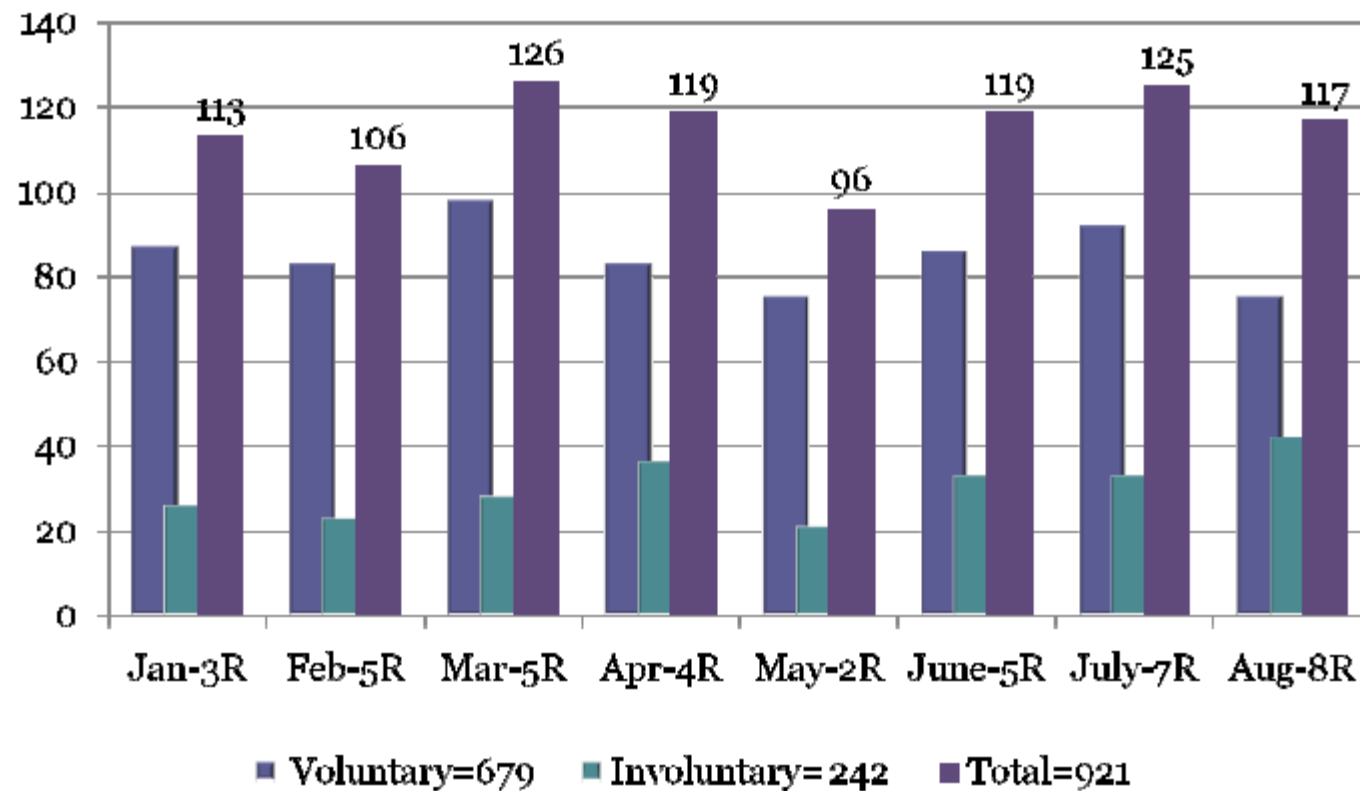
**Target Completion Date:** December 2008

# BSU I

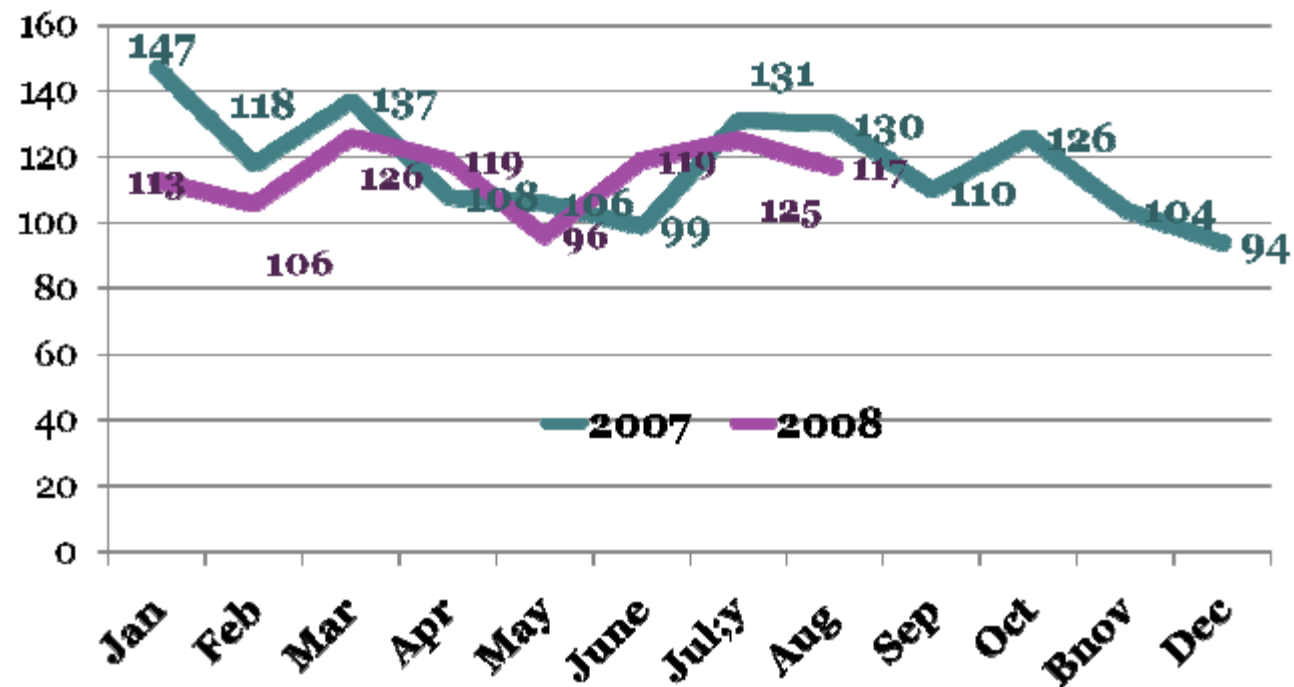
## Adult Psychiatric Inpatient Admissions



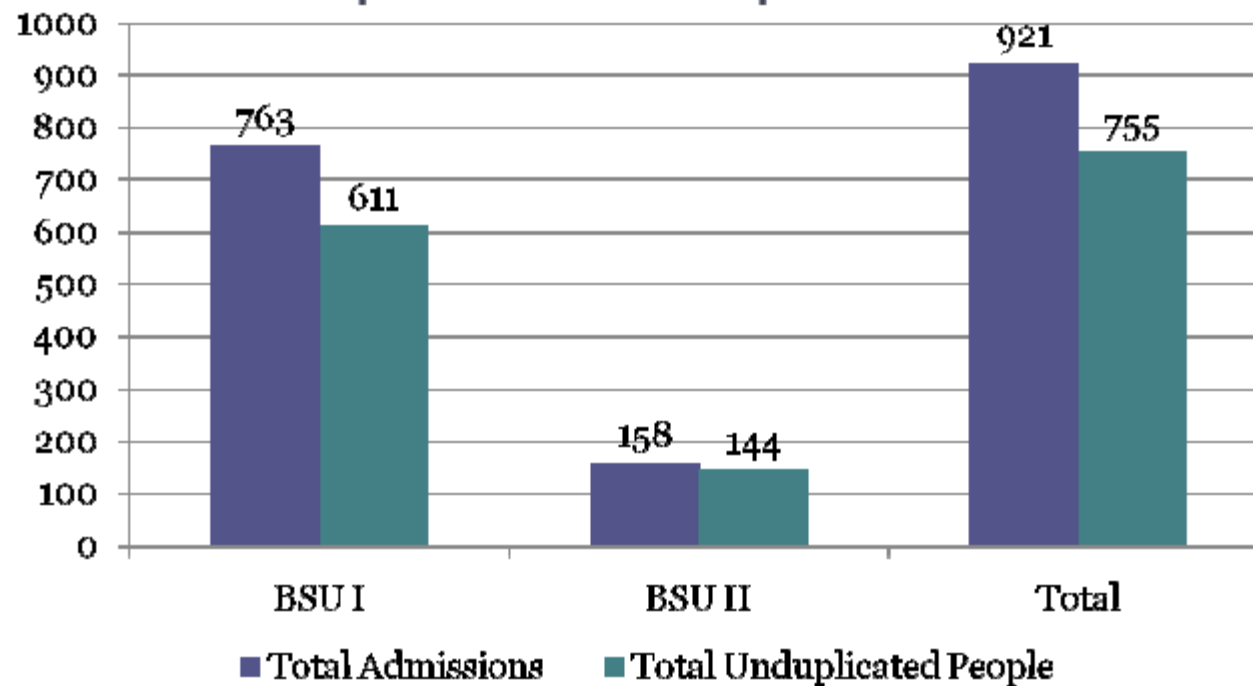
## Joinder Adult Psychiatric Inpatient Admissions



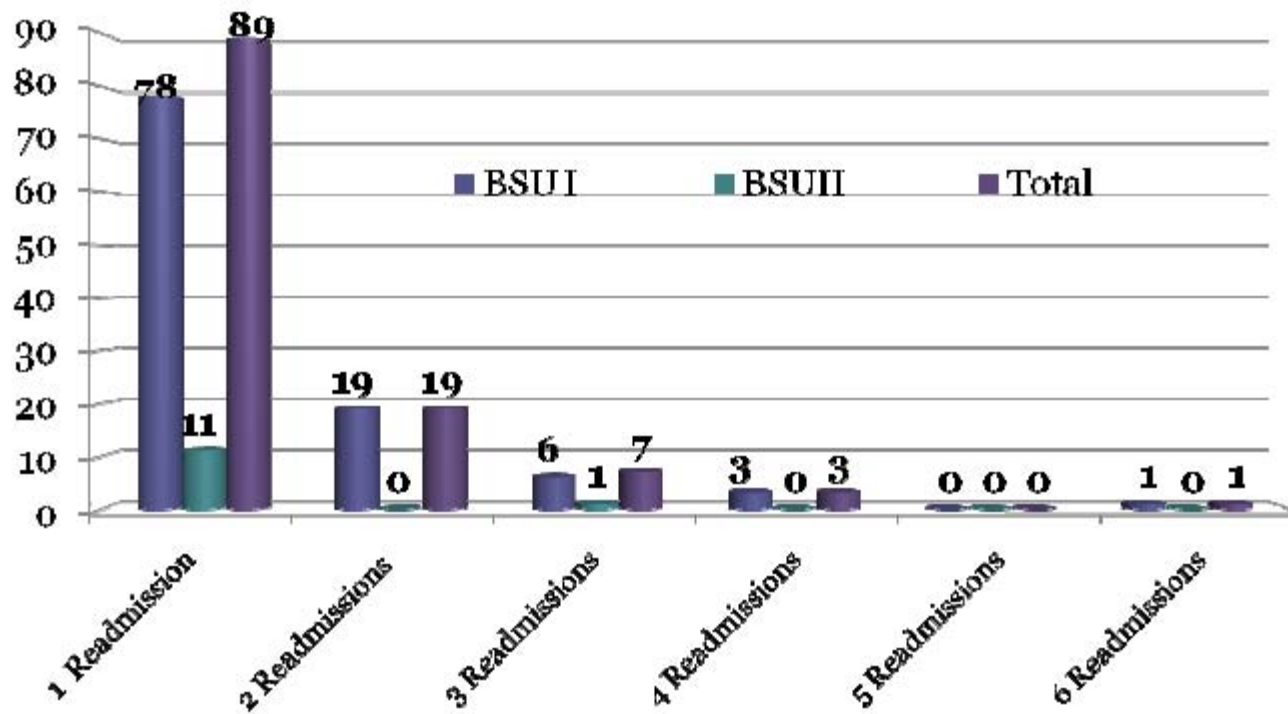
## Annual Comparison Total Admissions By Month



## Total Admissions/ Total Unduplicated People



## Readmissions



## Planning

- A recently initiated process was put in place to utilize data on readmissions to identify potential areas for individual and systemic planning.
- The Base Service Unit Centers are being asked to provide additional quarterly data on individuals who were identified as having readmissions during the report period.

LACKAWANNA / SUSQUEHANNA COUNTY  
 MENTAL HEALTH / MENTAL RETARDATION PROGRAM  
 COMMUNITY PSYCHIATRIC INPATIENT  
 READMISSION FOLLOW-UP SURVEY

CONSUMER ID (Base Service Unit Number)E	First Name, Last Initial	Reason(s) for Hospital Readmissions	Casemanagement Level (None / ICM / Blended / RC)	Housing (Family, Independent Living, Supported Living, Residential)	Employment (Not Employed, Employed PT / FT / Job Coach / Vocational Training Center (Workshop))
31-0000	Joe S.				

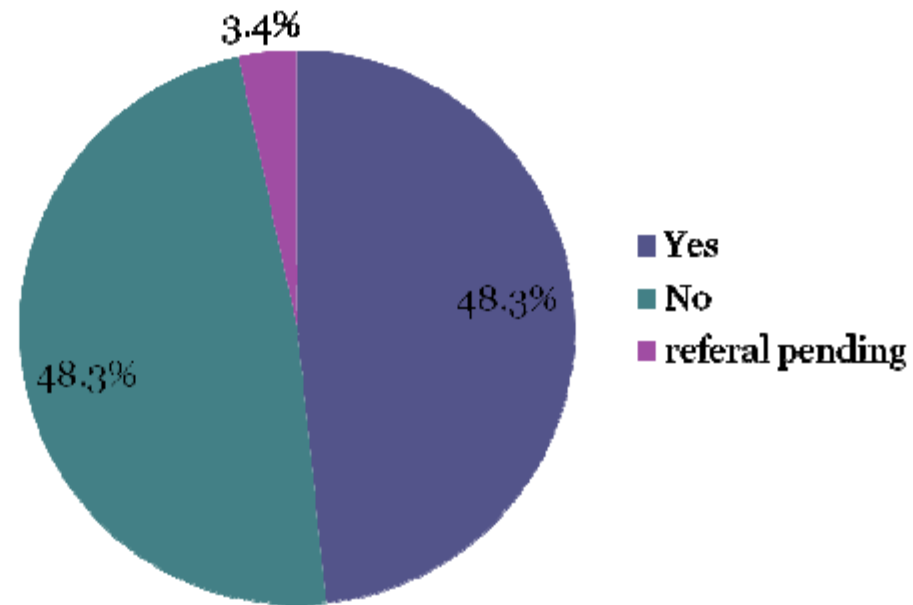
# Readmission Data follow-up Survey-

## Referral Reasons

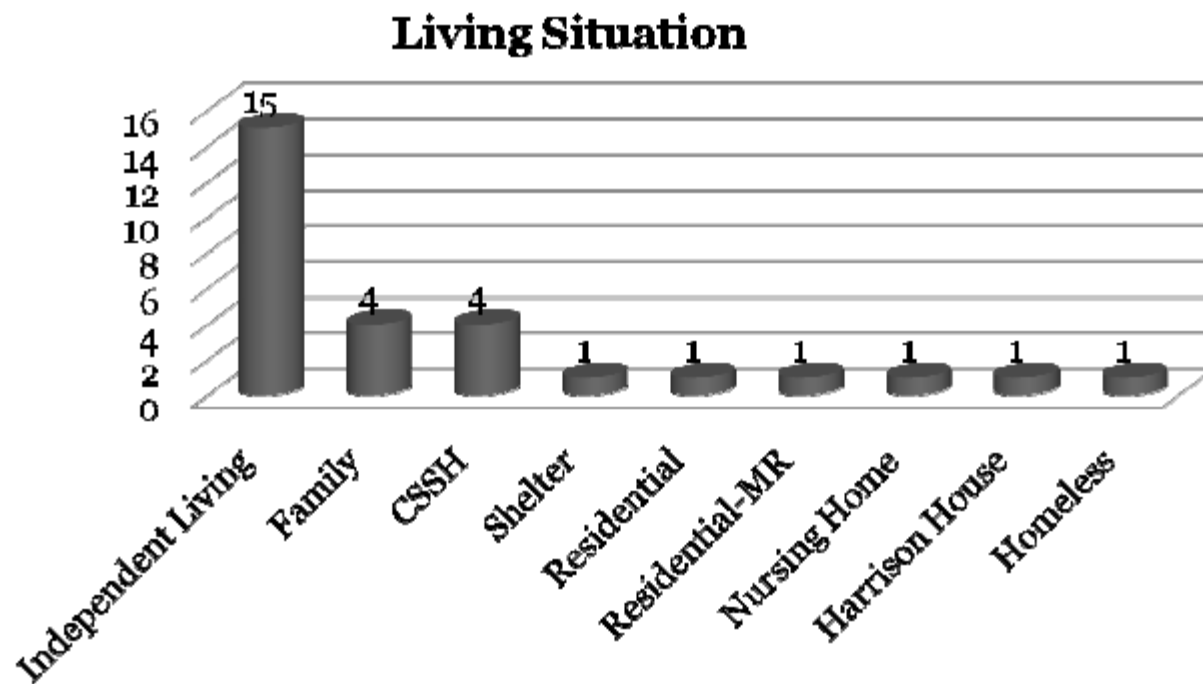
■ Noncompliant with Therapy.....	19
■ Noncompliant with Medication.....	13
■ Drug and Alcohol History.....	8
■ Does not acknowledge a need for treatment.....	4
■ Suicidal Ideation.....	3
■ Religious Preoccupation.....	2
■ Aggression.....	2
■ Threatening Behavior.....	1
■ Alcohol Abuse.....	1
■ Alzheimer's Symptoms (aggressive).....	1
■ Sexual Abuse Victim.....	1
■ Grief over Death of a Family Member.....	1
■ Anxiety with Family disagreements.....	1
■ Doesn't listen to family.....	1

## Readmission Data follow-up Survey

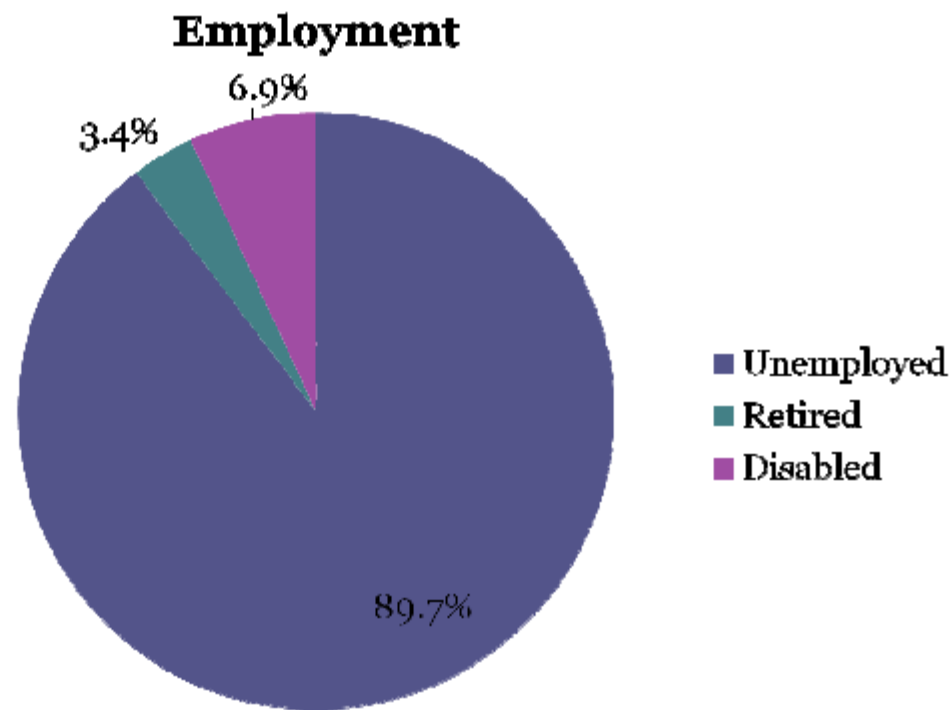
### Case Management Services



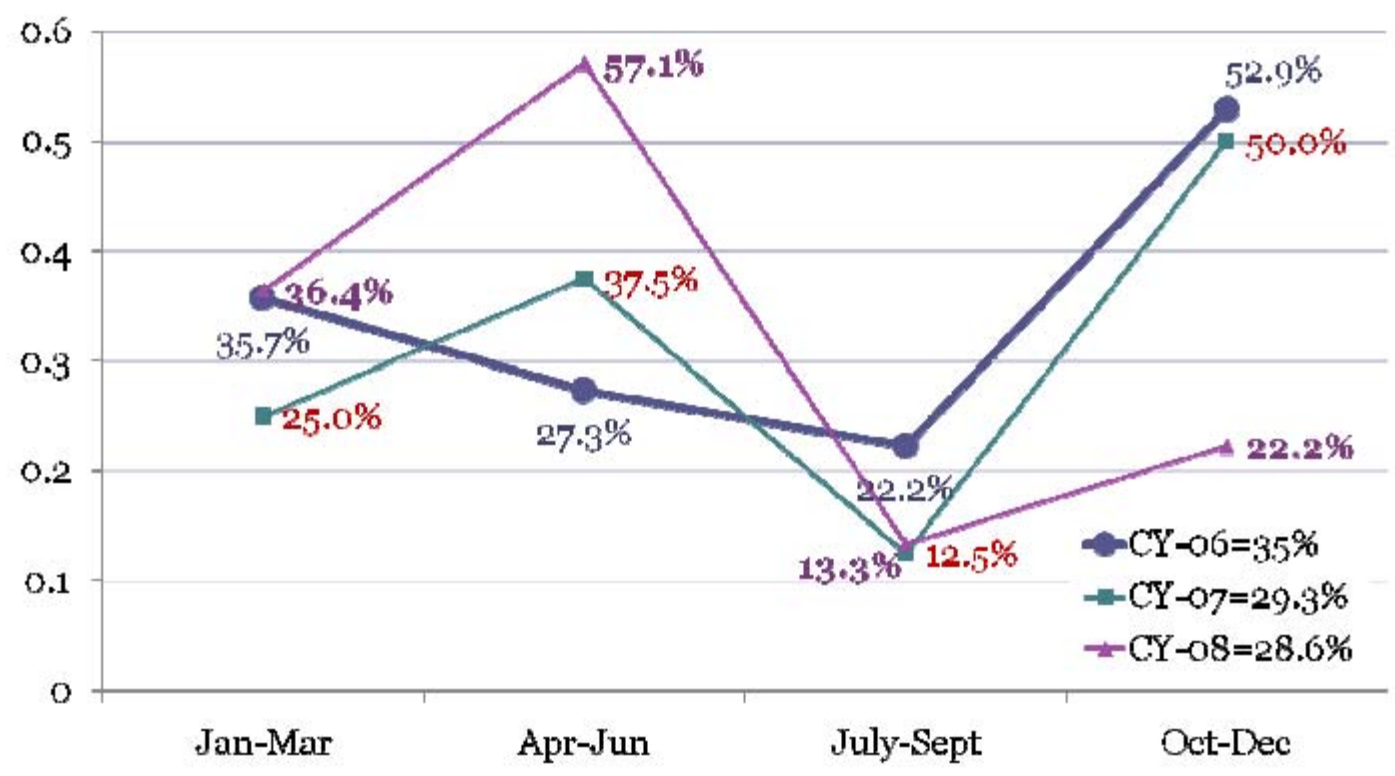
## Readmission Data follow-up Survey



## Readmission Data follow-up Survey



# Diversions From CSSH



**Attachment P**  
**Lackawanna-Susquehanna Counties Mental Health / Mental Retardation**  
**Program**  
**ROSI Planning Effort**

**Lackawanna-Susquehanna Counties Mental Health / Mental Retardation  
Program  
ROSI Planning Effort**

**In order to initiate a planning effort to promote the ROSI process forward within the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program, the Administrator’s Office conducted a meeting with representation from the Community Support Programs (CSPs) within both Lackawanna and Susquehanna Counties and the Advocacy Alliance. The focus of this initial meeting was as follows:**

**{1} Review the results of the ROSI survey process initiated by the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program. This survey process included sending out a ROSI survey to all Lackawanna- Susquehanna County Mental Health / Mental Retardation Program contracted agencies as well as HealthChoices contracted agencies who serve Lackawanna and Susquehanna County residents.**

**{2} Determine if the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program ROSI Program indicator being tracked should continue to be tracked through the Program’s Quality Management Process.**

**{3} Recommendations and next steps to support the continued focus on recovery within the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program area.**

**The following table identifies the next steps for the Lackawanna- Susquehanna County ROSI Indicator workgroup:**

Activities	Responsible Parties	Target Completion Date
Review existing contracts between the County Program and Provider Agencies and the Lackawanna- Susquehanna County Managed Care Organization to determine requirements for providers to report annual information requested through the ROSI Survey process	<b>Lackawanna- Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health</b>	<b>July, 2009</b>
Develop common contract language in both county contracts and healthchoices contracts for the submission of ROSI survey information annually	<b>Lackawanna- Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health</b>	<b>July, 2009</b>
Review common contract language with the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup	<b>Lackawanna-Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna- Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health</b>	<b>July, 2009</b>
Development of target performance standards for contracted agencies to promote movement towards a recovery oriented system of care based on the various ROSI Indicators	<b>Lackawanna- Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna- Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health</b>	<b>July, 2009</b>
Survey and measure the efforts put forth by contracted agencies to promote the movement towards a recovery oriented system within Lackawanna and Susquehanna Counties.	<b>Lackawanna- Susquehanna County Mental Health / Mental Retardation Program ROSI Indicator Workgroup, Lackawanna- Susquehanna County Mental Health / Mental Retardation Program Administrator's Office, Northeast Behavioral Health Care Consortium and Community Care Behavioral Health</b>	<b>March, 2010</b>

**Lackawanna- Susquehanna County**  
ROSI Workgroup  
**April 16, 2009**  
Meeting Summary

Attendees: Joe Meade, Arthur Rosencrants, Mike Cauffman, Jim Martin, Katie Connolly

Jim Martin reviewed the ROSI Survey responses the Lackawanna-Susquehanna Counties Mental Health / Mental Retardation Program received from both county contracted and healthchoices contracted Providers.

Mike Cauffman, Delores Pond and Katie Connolly discussed Lackawanna County CSP review of the ROSI indicators. Lackawanna CSP recommended Indicator 9: Local Agency Recovery Orientated Mission Statement for improvement.

Arthur Rosencrants and Joe Meade discussed Susquehanna County CSP review of the ROSI Indicators. Susquehanna CSP recommended Indicator 21: Diversion for Criminal Justice System.

Discussing the recommendations, the group felt it was difficult to pick only one Indicator to improve upon. Upon further discussion the group recommended the following:

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program will include in Provider contracts an obligation for Providers to:

- Complete a ROSI survey annually
- Annually review, recommend, and develop actions steps to improving Recovery-Orientated Services in Lackawanna-Susquehanna Counties.

Lackawanna Susquehanna Counties Mental Health/Mental Retardation Program will also collaborate with Community Care Behavioral Health Organization to include in Provider contracts an obligation for Providers to:

- Complete a ROSI survey annually
- Annually review, recommend, and develop actions steps to improving Recovery-Orientated Services in Lackawanna-Susquehanna Counties.

Lackawanna Susquehanna Counties Mental Health/Mental Retardation Program Quality Management Committee will develop a process to evaluate and recommend Providers progress. Lackawanna and Susquehanna Counties CSPs will be included in the development and implementation of the process.

It was agreed that the Lackawanna- Susquehanna County Mental Health / Mental Retardation Program would work with the Northeast Behavioral Health Care Consortium (NBHCC) and Community Care Behavioral Health (CCBHO) to review contract language and report back to the Lackawanna- Susquehanna County ROSI Indicator Workgroup at a future workgroup meeting to be scheduled prior to July, 2009.

**Attachment Q**  
**Lackawanna-Susquehanna Counties Mental Health/Mental Retardation**  
**Program's 2009 Mental Health Focus Group Reports**

# The Advocacy Alliance

## Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program

2009 Lackawanna County  
Mental Health Focus Group

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

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsors 5 focus groups that are held annually and facilitated by the Advocacy Alliance with individuals who receive adult mental health services, adults who receive mental retardation services, and family members of individuals who receive mental retardation services in both Lackawanna and Susquehanna Counties. At these focus groups opinions are solicited as to needs/satisfactions/dissatisfactions individuals and/or families have with mental health or mental retardation services and supports offered in Lackawanna County and Susquehanna Counties. Participants are also asked to discuss topics that affect their 'Everyday Lives' lives and their Recovery. The feedback generated from these groups is included by L-S MH/MR in this Program Planning Process for fiscal year 2010-2011.

This report deals with the third year focus group held for adults who use mental health services and supports in Lackawanna County. L-S MH/MR Program sent invitations to twenty individuals chosen from a list of Certified Peer Specialists, Recovery Center members, WARM LINE mentors, Consumer and Family Satisfaction Team members, and Lackawanna Community Support Program members. The focus group met on February 4, 2009 at the Recovery Center in Scranton. Participants had varying experiences regarding mental health treatment histories and diagnoses and all were self identified as being in Recovery. The participants shared their opinions as well as representing invited individuals who could not attend this focus group.

The participants, as in previous years, reported feeling this focus group process as being very beneficial and giving a voice to the consumers of mental health services and supports. They wanted to thank L-S MH/MR for promoting Recovery by facilitating this process, and were appreciative of the opportunity presented by the focus group.

Below are the major ideas/suggestions that were discussed at the meeting:

- Individuals who have a mental illness need more supports that promote daily living skills and Recovery, as opposed to more time in treatment services.
- All participants agreed that providing services/supports that promote Recovery and respecting the individuals' Recovery are the most important elements of any service or support.
- Support groups, warm lines, peer to peer supports, and especially drop-in centers, continue to be high on participants' recommendations for supporting individuals' Recovery.
- Transportation and dissemination of information are identified as barriers to needed supports.

- Providers do not disseminate information on programs for illness management, other educational or Recovery programs, and other opportunities for consumers.
- Providers of treatment services do not know resources that can help individuals they work with.
- Conferences for individuals should continue to be offered. Participants felt that they are a place for hope, a sense of security, and an exchange of ideas.
- Participants would like to have a Mental Health Clinic type of service available reporting their mental health needs do not always coincide with their treatment appointment times, which frequently results in frustration and crisis.

Ten participants represented consumer initiatives in Lackawanna County. Of the 10 participants:

- 4 - belong to the Lackawanna Community Support Program, but reported not attending regularly
- 7 - attend the Recovery Center regularly
- 0 - belong to the Pennsylvania Mental Health Consumers Association
- 1 - is a Certified Peer Specialist
- 5 - were familiar with the term and process of Recovery
- 1 - has a Psychiatric Advance Directive
- 3 - live with their family
- 5 - live in their own apartment/home
- 2 - have been homeless in past year
- 8 - are registered to vote
- 3 - voted in last election
- 8 - have ID with them
- 4 - have used the WARM LINE
- 8 - work/volunteer

Gender			Age Group						
Male	Female	Total			18-25	26-35	35-49	50 and above	Total
7	3	10			1	3	5	1	10

Res

ults

### Recovery

As in the previous years' focus groups, the discussion centered not on clinical services but skills, supports, and tools that participants felt were critical to achieving and maintaining Recovery and wellness. Participants discussed and agreed upon many things that would make the 'system' better for both consumers and providers. Consumers of services reported feeling more confident and assertive in voicing their opinions of the mental health system.

Participants discussed the drop - in centers as “key” to Recovery. Participants were in agreement that the drop - in centers should be where consumers could find information on programs as well as on community supports such as half price bus tickets and other community resources. All participants see the drop - in centers as a resource and would like a staff person at the drop - in center who would have information on housing, consumer programs and opportunities, money budgeting, symptoms support and management, and advocacy, mental health advance directives, etc. Participants were unaware of all the trainings that have been offered at the drop - in center (Recovery Center) and were in agreement that transportation may be a barrier to going to the drop - in centers and that case managers should help by informing consumers about the programs and helping them get there.

Participants reported that the WARM LINE is a significant Recovery tool. The WARM LINE is seen as peer run employment as well as a supportive service.

#### Concerns:

- Participants continue to feel that provider staff still do not listen to them or understand Recovery and are not incorporating Recovery into service delivery. Participants report feeling more experienced provider staff are ‘set in their ways’ and don’t believe they (those who have a mental illness) can recover.
- Participants feel provider staff do not know many resources and just focus on treatment alone. This does not help with Recovery.
- Participants are concerned that the WARM LINE and the Recovery Center are underutilized.

#### Needs:

- Participants reported that in order for Recovery to be successful the system needs to offer services that are consumer friendly and individualized in both attitudes and expectations.
- Participants would like a consumer staff to be at the drop - in center to help have educational programs and resource information.

#### Recommendations:

- Participants recommended that all service planning should include Recovery language.
- Recovery goals should include practice of daily living skills and include natural community supports.
- Participants feel consumers who use services are the best judges of what is needed and they ask that staff be “in-serviced” by consumers of services as to what works best for individuals who have a mental illness.

#### Housing

Recovery was discussed as it pertains to housing as well as treatment services.

Needs:

- Participants reported feeling that, although there are those individuals who have a mental illness that may need extra help in daily living, many people just need safe and affordable housing with either transitional or independent living skills provided.
- Participants report that they feel most mental health housing is too restrictive for many of their peers, and existing housing “is not a service that allows for differences.”

### Service Delivery

This topic elicited strong opinions on what is needed, what works, and what does not work for individuals who have a mental illness.

Concerns:

- Individualization and opportunity to have treatment when needed, not when scheduled, was foremost in the discussions. Participants reported a common sense approach to a mental health disorder is needed. They explained that the present mental health system maintains an ongoing system, not helping with Recovery.
- The present system starts with a complicated intake process and a therapy appointment given for a month away which is not helpful for someone who needs help at the time of intake.
- The present system, according to most participants, maintains an unrealistic attitude of treatment offered when therapists and doctors are available, not when an individual needs it.
- Participants feel consumers who are already in treatment are not able to access their outpatient therapists when they are experiencing increased symptoms because their therapists do not have time to see them in- between their regularly scheduled appointments. This includes the inability to talk to their psychiatrists about medication problems. Participants reported that they have to go through 2-3 people before they get any response. This inability to get clinical support when needed results in stress and frustration, possibly a break in medication, and at times crisis.
- In regard to crisis, all participants reported dissatisfaction with the process, which is reported to take hours. It was reported by participants that at times individuals may not go to crisis services at the hospital, unless involuntarily, because of the time it takes to receive help and the attitude of the emergency room workers.

#### Needs:

- Participants feel that if a clinic - type service was available; they would get support faster when they needed it. One participant stated, "I know the signs of when I am not doing well... and if I could go somewhere for some help immediately like a clinic, I could make it to my next appointment."
- Although participants still feel case management is a much needed service, they report being disappointed because case managers do not know resources or how to help individuals.
- Participants discussed the need for a Crisis Residential Unit.

#### Changing/Enhancing Existing Services

##### Recommendations:

- Participants would like to see a supportive place where individuals could go that would be a clinic - type service.
- Formal and supportive services should take a look at hiring as many as possible trained individuals who have a mental illness.
- Participants felt that by enhancing the support given in the emergency rooms by a peer mentor or certified peer specialist instead of delegates who often have "poor attitudes", many emergency evaluations for hospitalizations would not be so frightening and hospitalization could possibly be avoided.

#### Summary

Participants offered many ideas on what they think would improve the services and supports to improve the lives of individuals in Lackawanna County who have a mental illness. Improving formal services was discussed. The primary dialogue centered on changing the present system to be more like a medical system with appointments when needed, encouraging and supporting individuals who have a mental illness with non-clinical Recovery supports, especially peer to peer supports.

- The participant's suggested that the training of case managers should focus on them knowing community resources and that they should have some part of their training done by individuals who have a mental illness.
- Participants reported Recovery goals and activities should be included in an individual's Recovery plan.
- The participants felt that by enhancing the support given in the emergency rooms, perhaps by a peer mentor or certified peer specialist, many hospitalizations could be less traumatic or avoided.
- Agencies in the community need to work together more, pool resources and provide one place where you can get information.
- Access to public transportation was seen as a hope to increase individuals' ability to take advantage of supports such as the Recovery Center and work opportunities.

# The Advocacy Alliance

## Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program

2009 Susquehanna County  
Mental Health Focus Group

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

Introduction

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program (L-S MH/MR) sponsors 5 focus groups that are held annually and facilitated by the Advocacy Alliance with individuals who use adult mental health services, individuals who use adult mental retardation services, and family members of individuals who receive mental retardation services in both Lackawanna and Susquehanna Counties. At these focus groups opinions are solicited as to needs/satisfactions/dissatisfactions individuals and/or families have with mental health or mental retardation services and supports offered in Lackawanna County and Susquehanna Counties. Participants are also asked to discuss topics that affect their 'Everyday Lives' and their Recovery. The feedback generated from these groups is included by L-S MH/MR in Program Planning Process for fiscal year 2010-2011.

This report deals with the third year focus group held for adults who use mental health services and supports in Susquehanna County. L-S MH/MR Program sent invitations to twenty individuals chosen from a list of Certified Peer Specialists, New Beginnings Drop - In Center members, WARM LINE mentors, Consumer and Family Satisfaction Team members, and Susquehanna Community Support Program members. The focus group met on January 29, 2009 at New Beginnings Drop - In Center in Montrose. Participants had varying experiences regarding mental health treatment histories and diagnoses and all were self identified as being in Recovery. The participants shared their opinions as well as representing invited individuals who could not attend this focus group.

The participants, as in previous years, reported feeling this focus group process as being very beneficial and giving a voice to the consumers of mental health services and supports. They wanted to thank L-S MH/MR for promoting Recovery by facilitating this process, and were appreciative of the opportunity presented by the focus group.

Below are the major ideas/suggestions that were discussed at the meeting:

- Participants were resentful that mental health service providers do not help people come to the drop - in center.
- Participants feel that some service providers continue the stigma against persons who have a mental illness and that the providers' opinions are negative toward consumers of services.
- Support groups, warm lines, peer to peer supports, and especially drop-in centers, continue to be high on participants' recommendations for supporting individuals' Recovery.
- Participants are very concerned that some of the supports that are so successful will be discontinued, specifically the agency that does the supported living

services. As in all previous years participants hold a great deal of confidence and respect for this provider.

- Medication costs were a concern to participants, sighting specific examples of cost increases/changes.
- Transportation and dissemination of information are identified as barriers to needed supports.
- Providers do not disseminate information on programs for illness management, other educational or Recovery programs, and other opportunities for consumers.
- Providers of treatment services do not know resources that can help individuals they work with.
- Conferences for individuals should continue to be offered. Participants felt that they are a place for hope, a sense of security, and an exchange of ideas.
- Participants would like to have a Mental Health Clinic type of service available reporting their mental health needs do not always coincide with their treatment appointment times, which frequently results in frustration and crisis.

Twelve participants represented consumers in Susquehanna County. Of the 12 participants:

- 7 - attend the Drop-In Center regularly
- 4 - belong to the Susquehanna Community Support Program
- 0 - belong to the Pennsylvania Mental Health Consumers Association
- 1 - is a Certified Peer Specialist
- 5 - were familiar with the term and process of Recovery
- 1 - has a Psychiatric Advance Directive
- 1 - live with their family
- 11 - live in their own apartment/home
- 0 - have been homeless in past year
- 9 - are registered to vote
- 8 - voted in last election
- 9 - have ID with them
- 1 - has used the WARM LINE
- 6 - work/volunteer

Gender			Age Group					Total	
Male	Female	Total			18-25	26-35	35-49		50 and above
7	5	12			0	3	5	4	12

Res

ults

Recovery

Participants reported that they feel most agencies that provide treatment do not follow recovery principles and are still considering themselves (providers) the 'experts'. Participants discussed the drop - in centers and supportive agencies like Tre-Hab, Step-By-Step and services such as supportive living as very important to individuals who have a mental illness. Many participants reported that Step-By-Step was the agency that educated people about recovery.

#### Concerns:

- Participants continue to feel that treatment provider staff still do not listen to consumers of services and do not include them in treatment planning.
- Participants have little faith that staff can change to a recovery system.

#### Needs:

- Participants reported that provider staff should have stronger expectations placed on them to include consumers in their own plans.
- Participants' report that provider staff need to be 'friendlier', and presently treatment environments are too 'sterile'.

#### Recommendations:

- Participants recommended that all service planning should include Recovery language.
- Participants want friendlier atmospheres in treatment centers.
- Recovery goals should include practice of daily living skills and include natural community supports.
- Participants feel consumers who use services are the best judges of what is needed and they ask that staff be "in-serviced" by consumers of services as to what works best for individuals who have a mental illness.

#### Housing

Participants reported that housing needs range from not enough choice to lack of subsidized housing options.

#### Service Delivery

This topic elicited strong concerns about high staff turnover and lack of concern shown by some staff, especially doctors.

#### Concerns:

- Participants reported that they do not feel that the present system works and needs to be completely restructured to a more compassionate and individually focused treatment system.
- Participants reported feeling that not enough time is given to making a diagnosis for an individual. Doctors in particular do not follow Recovery principles.
- The present system, according to most participants, does not ask enough input on treatment and planning of the individuals who receive the treatment. They feel they are not listened to, and that the agencies take a paternalistic attitude.

- They report too many therapists are leaving agencies, leaving individuals without having a replacement for months.
- In regard to crisis, all participants reported dissatisfaction with the process and that they do not receive immediate help in a crisis.

Needs:

- A more stable work force and more recovery oriented treatment staff at agencies that provide mental health treatment.
- More information is needed on psych rehab. Many participants do not know what it is.

Changing/Enhancing Existing Services

Recommendations:

- Participants report increasing crisis services. They report that many times police are called instead of crisis workers responding. Because police are not trained in mental health, many respondents are uncomfortable talking to them about their mental health crisis.
- Participants report that provider staff should be trained better to help someone 'deescalate or redirect' someone before it gets to a crisis.
- Participants want something in walking distance where they could get help before a crisis.

### Summary

Participants feel that service providers do not believe in Recovery and therefore do not offer individualized and recovery based services. Participants are concerned that funding will be cut more and they will lose some important services and supports, have longer waiting periods for new staff, staff replacements, or do without mental health treatment such as when police intervention is used instead of a crisis worker.

Participants continue to feel very supported by services such as supportive living and community resources such as Tre-Hab.

**Attachment R**  
**Mental Health Court Survey**

# Lackawanna County Mental Health Court

The Advocacy Alliance Agency is administering this questionnaire to assist Lackawanna County Mental Health Court with improving its operation and effectiveness. Your individual responses will be kept confidential. DO NOT put your name on this questionnaire. The Advocacy Alliance Agency will provide Mental Health Court with only a summary of everyone's responses.

Please CHECK your answers or WRITE them in the space provided.

## Demographics

Q1 What is your sex?

- Male  
 Female

Q2 How long have you been involved in Mental Health Court? \_\_\_\_\_

## Pre-Mental Health Court

Q3 When were you told about Mental Health Court?

- Less than 1 week before you agreed to it?  
 1 week before you agreed to it?  
 2 weeks before you agreed to it?  
 More than 2 weeks before you agreed to it?

Q4 How would you rate your understanding of Mental Health Court before you agreed to participate in it?

- Did not understand it at all.  
 Understood it a little.  
 Had a good understanding of it.

Q5 Do you feel that you had input into your first service/treatment plan for Mental Health Court?

- Yes  
 Somewhat  
 No

Q6 Do you have an ICM worker?

- Yes  
 No

Q7 IF YES, when did you first meet your ICM worker (Mental Health Case Manager)?

- Before you went to Mental Health Court.  
 Within 2 weeks of entering Mental Health Court.  
 Within 1 month of entering Mental Health Court.  
 More than 1 month of entering Mental Health Court.

**Q8 How would you rate your understanding of your mental health problems BEFORE you entered Mental Health Court?**

- Did not understand it at all.
- Understood it a little.
- Had a good understanding of it.

**Q9 Can you think of anything that would have been helpful to you before you entered Mental Health Court?**

\_\_\_\_\_

**When First Entering Mental Health Court**

**Q10 What would have been helpful when you started the Mental Health Court Program? (Please check each that apply)**

- A community resource brochure
- An appointment book
- More information about Mental Health Court
- Other

If OTHER, please explain: \_\_\_\_\_

**Q11 If you checked any of the above items, did anyone from Mental Health Court help you get them?**

- Yes
- No

**Q12 Did your ICM worker help you schedule appointments (doctors, Mental Health, support groups, etc.)?**

- Yes
- No

**Q13 Did your probation/parole officer help you schedule appointments (doctors, Mental Health, support groups, etc.)?**

- Yes
- No

**Q14 Did you have anything such as a crisis plan to help you if you needed it?**

- Yes
- No

If YES, who helped you develop this plan? \_\_\_\_\_

**Q15 Did you need any special equipment or apparel (cane, eye glasses, medication, toiletries, etc.), when you entered Mental Health Court?**

- Yes
- No

If YES, what? \_\_\_\_\_

**Q16** If YES, did you have help getting it?

Yes, someone helped me

No, I took care of it myself

If YES, from whom?

---

**Q17** When you first entered Mental Health Court, did you have a healthy support system?

Yes

Somewhat

No

**Q18** Where did you live when you first entered Mental Health Court?

---

**Q19** Why did you live there?

---

**Q20** Did you have a choice of housing when you first entered Mental Health Court?

Yes

No

**Q21** What kind of transportation did you use to attend your appointments/meetings?

Had a car.

Friends or family drove me.

Took the bus.

Walked.

**Q22** Did you know how to use public transportation such as the bus?

Yes

No

**Q23** Is there anything else that would have been helpful to you that didn't happen, or you didn't have, when you first entered Mental Health Court?

---

---

**Q24** What was most helpful to you when you first entered Mental Health Court?

---

---

**Presently**

**Q25 Do you feel that you have a healthy support system now?**

- Yes
- No

If YES, who makes up your support system?

---

---

**Q26 Do you feel you have an individualized plan that addresses your problems?**

- Yes
- No

If YES, what is on your individualized plan?

---

---

**Q27 Have you had any problems with your mental health treatment while you were in Mental Health Court?**

- Yes
- No

If YES, please explain:

---

---

**Q28 Have you had any trouble keeping your appointments?**

- Yes
- No

If YES, what do you think made it hard to keep your appointments?

---

**Q29 Have you regretted entering Mental Health Court?**

- Yes
- No

If YES, what do you regret?

---

**Q30 What is your present housing situation like?**

---

**Q31 How do you feel about your present housing situation?**

- Satisfied
- Neutral
- Not Satisfied

**Q32 What is your present employment situation:**

- Employed
- Unemployed

**Q33 How do you feel about your present employment situation:**

- Satisfied
- Neutral
- Not Satisfied

**Q34 Do you have a good understanding of your mental illness and what you need to do to take care of it?**

- Yes
- Somewhat
- No

**Q35 What is your mental health diagnosis?** \_\_\_\_\_

**Q36 What steps do you take to manage your mental health?**

\_\_\_\_\_  
\_\_\_\_\_

**Q37 If you had a problem with your medication, what could you do to help yourself or to make your concerns heard?**

\_\_\_\_\_  
\_\_\_\_\_

**Q38 Have you had any psychiatric inpatient hospitalizations since Mental Health Court?**

- Yes
- No

**Q39 Do you feel you received adequate support while in Mental Health Court?**

- Yes
- No

If NO, please explain what would have helped:

\_\_\_\_\_  
\_\_\_\_\_

**Q40 Is there anything else you would like us to know about Mental Health Court?**

\_\_\_\_\_  
\_\_\_\_\_

**Would you be willing to go to a confidential focus group to discuss your opinion of the process of Mental Health Court?**

- Yes
- No

If YES, how can we contact you?

\_\_\_\_\_

**Thank you for your time. Mental Health Court appreciates your input.**

**Attachment S**  
**Lourdesmont's Transition Plus Program**

## **Transition Plus**

The Lackawanna-Susquehanna County Mental Health/Mental Retardation Program has worked closely with Lourdesmont and Goodwill to form a partnership. The goal of this partnership is to give transitional aged youth who have a mental illness the help and support they need to gain skills for job success as they continue their treatment, complete their education and transition to future employment. The Transition Plus program helps transition age youth succeed by combining vocational and life skills while they earn a salary. Additionally, the Transition Plus program is an individualized program that is based on the strengths and interests of the youth and provides the information, support, and coaching in the skills needed for successful employment.

The program:

- Allows the youth involved to earn education credits;
- Provides vocational training and job development;
- Assists in resume writing and job application skills;
- Provides job placement and job coaching, including job coaching skills necessary for future on-the-job success;
- Offers paid employment through the Office of Vocational Rehabilitation.

Children referred to the program receive an evaluation by the Office of Vocational Rehabilitation (OVR) and referral to Goodwill. Goodwill conducts a job search based on the person's interests and abilities. When an employer is located, the person receives 100 hours of paid, supported employment. OVR provides the person's salary for 100 hours and Goodwill provides a job coach. The goal is that the employer will hire the trainee at the conclusion of the 100 hours. Within the past two years, OVR has limited access to high school seniors only.

Transition Plus allows a person the opportunity, with the assistance of a job coach, to explore occupations for which they otherwise would not be qualified. They gain experience in completing job applications, interviewing, and striving to meet employer's expectations. In some instances, they gain experience in the proper way to conclude employment that is not the "right fit." Transition Plus also gives them documented experience which at some point may be a requirement for future employment.

Transition Plus has many success stories. Overall, an improvement in an individual's confidence and self esteem is seen. They are more likely to show improved interest in school and form friendly, appropriate relationships with staff and peers.

While at Lourdesmont, one student successfully completed the Transitions Plus program and graduation requirements. He earned his High School diploma and also was eventually promoted to manager at his store, where he was in charge of hiring, inventory, etc. Another person (who is a single parent) also earned her diploma and worked at St. Joseph's Center. This inspired her to complete a bachelor's degree in nursing. She is employed at a local hospital. One person could not make a success of school and eventually dropped out. However, he remains steadily employed.

Transitions Plus has been much more than a job --- for many persons, it has been their link to a successful and productive future.