

**LEBANON COUNTY
MENTAL HEALTH PLAN**

**FOR
ADULTS, OLDER ADULTS AND
TRANSITION-AGE YOUTH
WITH
SERIOUS MENTAL ILLNESS
AND
CO-OCCURRING DISORDERS**

**FOR
FISCAL YEARS**

2012-2013

2013-2014

2014-2015

2015-2016

2016-2017

**Lebanon County Mental Health / Mental Retardation / Early
Intervention Program
Mental Health Plan for Fiscal Year 2012-2017**

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Lebanon County Mental Health Plan for Fiscal Years 2012-2017

1. EXECUTIVE SUMMARY

The Lebanon County Mental Health Plan for fiscal years 2012-2017 (2012/2013, 2013/2014, 2014/2015, 2015/2016, 2016/2017) is designed to be a plan for guiding Lebanon County Mental Health / Mental Retardation and Early Intervention (MH/MR/EI) Program's efforts to provide the best mental health care and treatment in the most efficient and effective manner. It is a plan for developing a unified system of care, which integrates the HealthChoices initiative, recovery and resiliency principles, evidenced-based/best practices, and base unit funded services. This plan will also prepare Lebanon County to effectively respond to the constant change that is occurring within the behavioral health system. It will be the guiding document in the efforts to continue the transformation of the current service system to a system that fully supports consumer recovery from mental illness.

The Lebanon County Mental Health (MH) program developed this plan in accordance with the guidelines developed by the Office of Mental Health and Substance Abuse Services (OMHSAS). The program obtained stakeholder input through a variety of sources including the Community Support Program, Consumer/Family Satisfaction Surveys, an additional community survey, and the Mental Health Association of Lebanon County. In addition to this input, stakeholders were invited to participate in the Quality Management Team Meetings (included mental health plan agendas) and the Mental Health Plan Public Hearing.

The Lebanon County MH Vision and Mission statements were changed quite dramatically this year due to the hard work of the Community Support Program as well as the Quality Management Team. All stakeholders agreed that the updated Vision and Mission statements better reflect Lebanon County as we move into the future. All stakeholders took into consideration the OMHSAS review of the FY 2011-2012 MH Plan Update which noted, "It doesn't specifically identify adults, older adults, or transition age group. There isn't any mention of co-occurring substance use disorders". All stakeholders agreed that by stating "every individual", it is actually more inclusive than breaking out target populations and does not create "silos". As well, "behavioral health services" are used as an alternative to breaking out specific systems and would include substance use disorder services. The mission statement shows clear goals for all service systems, including physical health care.

An analysis of the current county mental health service system indicated that the overall array of services is able to meet the majority of the identified needs of the Lebanon County community. Specifically, the system provides inpatient and outpatient psychiatric treatment, employment/vocational rehabilitation, social rehabilitation, peer support, housing support, structured

residential facilities, respite and crisis and emergency services. (The quantity and availability of these services is limited based on the number of providers and the funding of each service.) This analysis also revealed that the Lebanon County service system does include some recovery-oriented, evidence-based and promising practices.

During fiscal year 2010/2011, the mental health system experienced some positive expansion which included:

1. Expansion of the Extended Acute Unit from 1 to 3 beds for Lebanon County
2. Expansion of Philhaven's Acute Inpatient Unit from 91 to 99 beds
3. The Assertive Community Treatment (ACT) team (formerly CTT) was able to expand their capacity from 32 individuals to 56 individuals

In further analysis of the mental health system it revealed gaps and the need to continue development of the service system. The specific gaps in services included emergency respite services, transition age youth oriented services, dual diagnosis treatment programs, co-occurring disorder treatment programs, affordable and diverse housing options, and outreach programs for special populations such as older adults, transition age youth, forensic population and the Hispanic community. The stakeholders indicated that training of professional staff, first responders, crisis workers and the community continues to be an area of concern. The training should include principles of recovery, resiliency and trauma-informed care, emergency response to consumers and community integration.

As a result of the input received and the analysis of the service system, the following recovery-oriented system transformation priorities were agreed to continue for this plan:

1. Expansion / redesign of treatment services to provide recovery oriented and resiliency based services to all populations
2. Continue the development of crisis services to meet the need for increased mobile services, intervention and consumer recovery in the community.
3. Incorporation of the principles of recovery and resiliency into all aspects of the service system.
4. Transformation of social rehabilitation programs to support the identification and development of natural community supports that reduce social isolation.
5. Continuation of service system transition to evidence based practices and performance based outcome measures.

Although these priorities are being carried over from the previous mental health plan, it is noted that efforts have been underway and continue to transform

the service system. These efforts include the establishment of a Transition Collaboration team specifically for transition-age youth, a warm-line currently in development with a target begin date of July 1, 2011 and the completion of a cross-systems mapping process to address the forensic system's strengths and gaps.

The fiscal analysis developed for this plan includes the actual data for fiscal year 2010-2011 Base Service Unit funding and HealthChoices (HC) funding for the mental health service system in addition to a projection of funding for fiscal year 2012-2013. The implementation of HealthChoices allows more consumers to have access to behavioral health services including drug and alcohol treatment services. The availability of reinvestment funds provided the opportunity to expand the service system to include services such as respite, Substance Abuse Recovery house scholarships, and housing support funds during fiscal years 2010-2011 and 2011-2012. It should also be noted that the Warm-line is in development due to the implementation of an Alternative Payment Arrangement (APA) through HealthChoices for crisis intervention services, allowing additional funds for program development. The HealthChoices program has allowed the county-based funds to be used to support those services that are not funded through Medical Assistance. This should provide the county the opportunity to fund more recovery-oriented services in the community versus funding treatment services.

This mental health plan includes a Housing Plan. The plan provides an update of the reinvestment funds that have been utilized during this fiscal year 2010-2011, to be expended by June 30, 2012. It shows a clear plan to re-assess the needs of the community, re-assess the efficacy of existing housing programs and fully explore any additional resources that may be untapped currently. We all recognize the need to help consumers obtain and maintain safe, livable and affordable housing.

The plan also includes a Forensic Plan and an Employment Plan. With respect to the Forensic Plan, stakeholders participated in a cross-systems mapping process in February 2011. The mapping process gave opportunity to fully explore our Lebanon county system, both strengths and gaps in an effort to improve the system. With regard to the Employment Plan, an employment coalition has been in existence since February 2009 and continually strives to improve the opportunity for competitive employment.

Lebanon County Mental Health Program and the associated stakeholders continue with the efforts to transform the mental health service system to a recovery-oriented service system. This MH Plan provides an overview and some of the accomplishments of Lebanon County transformation efforts. It is anticipated that their efforts will continue through the collaboration of all Lebanon County Stakeholders and will be enhanced by the work of the Lebanon

Community Support Program, Lebanon County Quality Management Team,
CASSP and the ROSI Quality Management Panel.

2. VISION & MISSION STATEMENT

VISION STATEMENT

Every individual served by the Lebanon County Mental Health Program will be given the opportunity to select culturally competent behavioral health and physical health services that support his/her growth, recovery, and inclusion in his/her community, with the benefits of a natural support system.

MISSION STATEMENT

The Lebanon County Mental Health Program will achieve the program's vision statement by meeting the following objectives:

- 1) Promotion of the acceptance of individuals in every stage of recovery,*
- 2) Assist individuals to identify supports, effective treatment and accommodations that support his/her ability to live in a chosen community,*
- 3) Development of appropriate natural, social and treatment supports that reflect the needs of individuals,*
- 4) Involvement of individuals in the decision making and planning of services,*
- 5) Assist individuals to develop the highest and safest level of independence with healthy community and natural supports,*
- 6) Recognition and acceptance of expanding one's boundaries or comfort zones as part of recovery,*
- 7) Ensure that every individual will have the opportunity to create a Wellness Recovery Action Plan (WRAP) and a Psychiatric Advance Directive that supports his/her quality of life choices,*
- 8) Empowerment of individuals receiving mental health services to include the successful navigation of the behavioral health system and physical wellness system,*
- 9) Promotion of an integrated Behavioral Health with Physical Health care system,*
- 10) Promotion of community-wide Recovery, Resiliency and Trauma-Informed focused education and treatment,*
- 11) Promotion of approved best practices and approved evidence-based practices as the focus of treatment.*

3. PLAN COMPLETION PROCESS

The Lebanon County Mental Health Program has several processes in place to allow regular and ongoing input from adults, older adults and transition-age youth with serious mental health and co-occurring disorders. We firmly believe that interested persons should have options to have input throughout the year.

The Lebanon County Mental Health Program began the mental health plan development process in November 2010 with the receipt of the Office of Mental Health and Substance Abuse Services (OMHSAS) MH Plan guidelines. The initial planning by county staff involved the review of the guidelines, identification of tasks to be completed and the gathering of information to be shared with stakeholders. Although, the OMHSAS review of the Lebanon County MH plan update for fiscal year 2011-2012 appeared to be completed in July 2010, this feedback was not received in our office until early 2011 upon request from county staff. We were then able to share this feedback in all of our planning meetings with stakeholders.

A time line for the development of the plan was created. This time line included a presentation of the guidelines, OMHSAS feedback and plan development with the Community Support Program (CSP), presentation of the guidelines, OMHSAS feedback and plan development with the Quality Management Team (QMT), a Public Hearing in May 2011, and formal presentation to the County Commissioners in May 2011. The time line was presented to the CSP, the Lebanon County MH/MR Administrator, the MH/MR staff and the MH/MR Advisory Board.

- ❖ Community Support Program involvement
 - February 24, 2011
 - Review of mental health plan guidelines and OMHSAS review of Mental Health plan for fiscal year 2011-2012
 - Discussion and revision of the Vision and Mission Statement
 - Initial discussion about the service system strengths and gaps
 - All CSP members were encouraged to participate in the Quality Management Team (QMT) meetings as well as the Public Hearing in May 2011
 - March 24 and April 28, 2011
 - further discussions about the service systems strengths and gaps
 - discussion of the proposed transformation priorities
 - Attachment D was completed by CSP chairs and members

- All CSP members were encouraged to participate in the Quality Management Team (QMT) meetings as well as the Public Hearing in May 2011.
- ❖ Quality Management Team (QMT) meetings
- public work group meetings for the mental health plan
 - All stakeholders and the public were invited to attend the meetings
 - Notices of the meetings were sent out to the CSP, providers, MH/MR/EI staff, the MH/MR/EI Advisory Board, Community Behavioral HealthCare Network of Pennsylvania (CBHNP), the Capital Area Behavioral Health Collaborative (CABHC), the Mental Health Association (MHA) of Lebanon County, the Lebanon County Commission on Drugs and Alcohol, and the Lebanon Veterans Association (VA)
 - March 30, 2011
 - Eleven individuals / stakeholders were present
 - Signature sheet signed
 - Approximately 1 ½ - 2 hours in length
 - discussed the mental health plan guidelines, OMHSAS feedback from MH plan 2011-2012, Vision and Mission statements, identification and analysis of service system needs
 - April 25, 2011
 - Thirteen individuals / stakeholders were present
 - Signature sheet signed
 - Approximately 1 ½ - 2 hours in length
 - discussed the mental health plan guidelines, OMHSAS feedback from MH plan 2011-2012, further discussion of the Vision and Mission statements, identification and analysis of service system needs, identification of the transformation priorities
 - the older adult directive was sent electronically to the team and there was discussion via e-mail

Recognizing that we were holding meetings but we were still lacking much participation of the consumer / family population, we completed a community survey. The survey occurred during April / May 2011. The survey was sent out electronically to all stakeholders, hard copies placed in outpatient provider offices and hand-delivered by the targeted case managers. Through these efforts, a total of 98 surveys were completed by 74 consumers, 2 family members, and 12 agency/provider individuals and were returned to the Lebanon County mental health program. The surveys were completed by 55 adults, 13 older adults and 6 transition age youth. The questions included the current service system, strengths and gaps, employment services, strengths and gaps and housing services, strengths and gaps. The feedback was very beneficial and truly aided in the completion of the MH plan.

The required Public Hearing was held on May 16, 2011 at Lebanon County MH/MR/EI Program. Notices of this meeting were sent out to the Lebanon County stakeholders via electronic notices, written flyers in the community and letters to providers and the Lebanon County MH/MR/EI board members. The required public notice was placed in the Lebanon Daily News Paper, see attachment B, which ran in the April 1, 2011 edition. Additional Public Hearing notices were placed in the April 13, 2011 editions of the Merchandiser, see attachment B for copies of these ads. The hearing was attended by a variety of stakeholders. Thirteen individuals were present at the hearing and signed the attendance sheet.

Information gathered at this hearing was incorporated into this Plan. Attendees received a copy of the executive summary, in addition to a detailed review of the plan and attachments through a PowerPoint presentation. The following items were discussed in detail at the hearing:

- A. Vision Statement
 - a. All agreed with the vision statement with no revisions.
- B. Mission Statement
 - a. We discussed the area of *"Recognition and acceptance of healthy risk-taking as part of recovery"*. The stakeholders decided that the statement should be changed to read *"Recognition and acceptance of expanding one's boundaries or comfort zones as part of recovery"*.
 - i. The whole idea of "risk-taking" was further discussed. The question as to how we can best communicate to others that part of decision making and self-determination is that we all need to make decisions each and every day, good or bad, but this is how we grow and learn as individuals.
 - b. A question was asked as to "How do we fully promote WRAPs and Psychiatric Advance Directives?" and "Where does that begin?"
 - i. We talked about the fact that the mission statements have been created but now we need to further expand each statement to include a work plan in order to actually achieve the mission statements. This work will be completed in the Community Support Program (CSP) and the Quality Management Team (QMT) meetings over the next year. Our work is not complete with this document but only really beginning.
 - ii. Some suggestions for the work plan:
 - 1. Meet with the Inpatient units to assess if they ask these questions:
 - a. At admittance: "Do you have a WRAP or a Psychiatric Advance Directive?"

- a. Reviewed but no comments
- I. Top Five Transformation Priorities and Funding Requests
 - a. #1 to #4 approved as written
 - b. Someone noted that they have a problem with #5 "Continuation of service system transition to evidence-based practices and performance based outcome measures as in the past there were programs supported at that time that are no longer approved and this is difficult for providers
 - i. We will add "approved" to the statement in addition to "approved best practices"
 - ii. We will be promoting the approved practices on the DPW state website and SAMHSA website
 - J. Fiscal Information / Charts
 - a. Reviewed but no comments.
 - K. Housing Plan
 - a. Who are the target populations?
 - i. We discussed the high priority populations identified in the housing plan
 - b. We discussed the fact that there will be a needs assessment completed by the end of August to identify our strengths and highest needs here in Lebanon County
 - c. Someone expressed concerns that there is constant deterioration of buildings, both residential and commercial and that this affects not only how you feel about your environment but your own mental status
 - d. Another individual expressed concerns about city licensing and the landlords' lack of upkeep in the city. She would like city licensing to be more proactive and work more closely with landlords to enforce better and safer units for renters. She would be willing to meet with city licensing and express these concerns directly to them.
 - e. The Local Housing Options Team (LHOT) has also identified the need for affordable but safer units for renters and will be attempting to work more closely with local landlords.
 - L. Employment Plan
 - a. An individual expressed that he would like to see more employment opportunities in the city, in walking distance. There is no part-time work and diminishing jobs in general.
 - b. We discussed the fact that employment is an issue for everyone at this time but even more so for individuals with a disability.
 - M. Additional comments or questions
 - a. An individual asked if we are seeing any problems or impact with staffing psychiatry services in the community due to the elimination of residency programs?
 - i. At this time we are not seeing an impact. Child / Adolescent psychiatry has historically been an issue in our county but

adult services seem to be fine. We noted that tele-psychiatry has begun in some remote areas of the state to address limited psychiatrists and that this could be considered for us if we do encounter problems in the future.

- b. "We must focus our attention on a growing and changing population with more needs in our community."
- c. "You don't know or understand the problems or concerns that someone is experiencing unless you really live it. There are people living in this community with windows boarded over with plywood. We must identify needs and look at it from a humanitarian viewpoint as to how we can help."

The MH/MR Director of Mental Health Services submitted the plan to the MH/MR Administrator and the County Commissioners for review and approval. The Mental Health Plan was formally presented to the Lebanon County Commissioners on May 26, 2011 at a regularly scheduled Commissioners meeting. The Lebanon County Commissioners (**enter approved / disapproved**) the plan and signed Attachment A.

4. OVERVIEW OF THE EXISTING COUNTY MENTAL HEALTH SERVICE SYSTEM

The Lebanon County mental health system continues to provide a variety of mental health services to consumers with serious mental illness and co-occurring disorders as well as consumers with the dual diagnosis of mental health and mental retardation.

Listed below are the highlights of the services during FY 2010-2011:

1. Expansion of the Extended Acute Unit (EAU) from 1 to 3 persons – This expansion allows for increased diversions from State hospitalizations and community integration.
2. Expansion of the Philhaven Inpatient unit beds from 91 to 99 – This expansion has allowed for our consumers to remain in the Lebanon County community and receive intensive services. This also allows for increased discharge planning and collaborative efforts.
3. Assertive Community Treatment (ACT) Team (formerly CTT) – This team expanded their team following the fidelity guidelines with the allowance for an increased consumer capacity from 32 to 56. ACT is providing an intensive program in the community, allowing for success in the community and decreasing reliance on acute inpatient hospitalization and state hospitalizations.
4. Crisis Intervention - Crisis Intervention, with the assistance of Lebanon County MH/MR/EI, developed an enhanced data collection system. The additional information will be utilized to support the expansion of funding resources for Crisis such as Lebanon County Community Action Partnership

(CAP), Lebanon County Area Agency on Aging, Lebanon County Drug & Alcohol and Lebanon County Children and Youth Services.

Lebanon County MH/MR/EI has analyzed Attachment E, existing county mental health services, with the conclusion that we offer a vast array of services to everyone. We have created a service system that provides services to adults, older adults and transition-age youth without discrimination and the creation of "silos". (The quantity and availability of these services is limited based on the number of providers and the funding of each service.)

Lebanon County MH/MR/EI has analyzed Attachment F, Evidence-Based Practices Survey, with the conclusion that we are in the very beginning stages of creating a comprehensive service system that is evidence-based and recovery-oriented. Although we have several providers that are already evidence-based and outcome focused, there are many providers in the beginning stages of considering the evidence-based model and actual implementation. Lebanon County MH/MR/EI will continue to promote the implementation of evidence-based models and more recovery and resiliency focused services.

Lebanon County MH/MR has analyzed Attachment G, concluding that traditional services have been in place and that we have, in fact, with the aid of HealthChoices funds, been able to add the creation of a Warm-line and Dialectic Behavioral Therapy (DBT). (A provider is in the process of training staff.) We will continue to explore expansion and implementation of new services as funding options become available.

Also noted from the attachments is one of the biggest needs in our county revolving around housing and immediate assistance for those that become homeless without advance warning. The housing plan and options are thoroughly discussed in Attachment L but in this section I will note that we continue to need a homeless shelter. Our homeless coalition has been meeting for many years and have many ideas for a shelter or lodge but have never been able to secure the funding necessary to implement. This need will continue to be a focus for our homeless coalition as well as the entire community as we move forward.

5. IDENTIFICATION AND ANALYSIS OF SERVICE SYSTEM NEEDS

The Lebanon County service system provides a variety of services to meet the needs of consumers. The system has been developed to offer consumers services in the areas of behavioral health treatment, employment/vocational rehabilitation, case management, social rehabilitation, housing, education, respite, crisis intervention, emergency services and community support. The intent of this service system is to provide consumers with the services that support his/her growth, recovery, inclusion in the community, cultural preferences/choices, and quality of life choices.

The strengths of the current service system are:

- A) Four levels of behavioral health treatment within the county – acute inpatient, extended acute inpatient, partial/day hospitalization, and a variety of outpatient treatment options
- B) Choice of outpatient providers
- C) A variety of levels of employment/vocational rehabilitation services – sheltered work shop, job coaching, mobile work crew, and competitive employment – and a choice of providers
- D) Social Rehabilitation with a consumer drop in center
- E) Peer Support Programs
- F) Compeer Program
- G) Access to formal and informal education system
- H) Crisis and Emergency services
- I) Housing programs – Partners for Progress, Section 8 Housing Program, and Supported Housing Programs
- J) Structured Housing Opportunities - Community Residential Rehabilitation Program
- K) Three levels of case management services (Administrative, Resource Coordination, Intensive Case Management and a Forensic Resource Coordinator)
- L) Community Support Program
- M) Consumer Satisfaction Team
- N) Medical Assistance Transportation Program
- O) Respite services – both in home and out of home for Transition-aged youth under the age of 21
- P) Up to 30-day Respite services for adults in the Community Residential Rehabilitation Program
- Q) Respite services for adults in development with an agency seeking to create a provider network
- R) Transition Collaboration Team (TCT) for Transition-aged Youth lead by the CASSP (Child / Adolescent Service System Program) Coordinator
- S) Development of a "Transition Treatment Team" to address the needs of the transition-aged youth
- T) Assertive Community Treatment (ACT) Team

- U) A community Warm-line in developmental stages with a target begin date of July 1, 2011
- V) Cross-systems mapping process completed in February 2011 to address the forensic system's strengths and gaps
- W) Development and implementation of a "Housing Policy" to address individualized needs
- X) Scholarships and trainings available in the community for Wellness Recovery Action Plans (WRAPs)

Overall the system strives to provide services that are consumer centered. The Lebanon County services providers are community focused and are concerned about the well-being of the consumers.

The unmet needs and service gaps in the current service system:

- A) Full implementation of Recovery in all aspects of the service system
- B) Services specifically designed to meet the needs of the transition age youth
- C) Performance-Based Outcome measures
- D) Psychiatric Rehabilitation Services
- E) Consumer run programs
- F) Culturally competent Hispanic Services
- G) Criminal Justice System Diversion Program
- H) A Full array of services focused on the Older Adult Population
- I) Mobile Crisis Services
- J) Crisis Respite Services
- K) Evidence-based Services with strong fidelity measures
- L) Affordable reasonable housing for all consumers
- M) Community-wide promotion, support and understanding of Wellness Recovery Action Plans (WRAP's) and Advanced Psychiatric Directives
- N) Dual Diagnoses oriented treatment services
- O) Co-Occurring disorder treatment services
- P) Lack of Personal Care Homes or an alternate supported / structured housing option
- Q) Lack of respite services for adults and limited provider availability for the transition-aged youth
- R) Lack of choice of provider for Rep Payee services
- S) Lacking a fully integrated system of care for Lebanon County veterans
- T) Full array of culturally competent Deaf and Hard of Hearing services

This list was developed as a result of consultation with stakeholders at all levels of the service system. Lebanon County has used a variety of resources to determine the unmet needs and service gaps. These resources do not include specific data. These resources include consumer satisfaction surveys, an additional community survey with responses from all three target populations,

meetings with providers and consumers, housing surveys, input from community organizations and assessments, input from County Departments, and discussions with police, fire, and public safety individuals/leaders. The Lebanon County MH program has found this information to be the most current and realistic in identifying unmet needs and service gaps.

It should be noted that very few consumers expressed gaps in services for special populations or cultural groups other than those listed above. Rather, individuals felt that once a need is identified, the county is very responsive to the need and truly provides the most culturally competent service possible. The problem is not necessarily identification of a specific need or a lack of responsiveness once identified, it is a lack of funding to fully expand services that are necessary. (This was expressed in both the Community Support Program meetings and Quality Management Team meetings in addition to the community surveys.)

The Memorandum of Understanding (MOU) between the county and Area Agency on Aging is attached in addition to an older adult directive providing increased information as to the planning and collaborative efforts for this identified population. The MOU was last reviewed and signed July 1, 2009. Our next review of the MOU and collaborative efforts is planned to occur in June 2011 and will be scheduled on an annual basis from there on out. (Please refer to Attachment I.)

Service Area Plan

The steering committee for the Wernersville State Hospital (WeSH) Service Area has placed its emphasis on developing and implementing an effective Community Support Planning (CSP) Process within the seven counties now being served by WeSH. The goal has been to ensure the development of a comprehensive Community Support Plan for each person receiving inpatient treatment at WeSH. Each person will participate in a Peer Assessment and a Clinical Assessment, and interested family members will also be able to participate in a Family Assessment. Each assessment will play a vital role in developing each person's CSP. At this point in time, all 32 Lebanon County individuals residing at Wernersville State Hospital have gone through the CSP process.

Wernersville State Hospital is in the process of combining the Community Support Plan and the individuals' treatment plan to create a "Comprehensive Individual Treatment and Community Support Plan". The combination is hoped to provide a plan that will guide the individual successfully back to the community.

The Jimmie Litigation Settlement is also playing a large role in the Service Area Planning by requiring that identified, dually diagnosed, individuals be

discharged and integrated back to the community by 2013 through the utilization of CHIPP funding, ODP Waiver funding and collaborative efforts among all parties. (Please refer to Attachment H for further details on Service Area Planning.)

There has been much work completed on the Service Area Planning Forensic Goal over the past year with the completion of the cross-systems mapping process in February 2011. This work has brought increased focus on the necessity for data. The problem seems to lie more with a technological issue and the lack of a system to compile the data rather than unwillingness to gather the data. The most recent data received regarding inmates receiving mental health services was obtained through a review of records versus pulling information from a database. The addition of a forensic resource coordination case manager at MH/MR/EI has started the process of improving the communication and collaboration with the criminal justice system. It is anticipated that this case manager can be effective in diverting consumers from the prison system. In addition to the forensic resource coordination case manager, Lebanon County MH/MR/EI has implemented quarterly meetings (at a minimum) with a workgroup including Lebanon County MH staff, Lebanon County Probation, Lebanon County Prison Medical Staff, Lebanon County Prison administrative staff, Crisis Intervention & Information Services, Lebanon County Drug & Alcohol Commission staff, and a Lebanon VA Representative in order to systematically review the issues, concerns and plan for a more effective collaborative effort. In addition, our Lebanon County MH/MR/EI Deputy Administrator has been working with various agencies and community members to assist in the release of inmates contingent to an admittance to an inpatient mental health treatment facility, thus, advancing our continued efforts to decrease the amount of seriously mentally ill individuals in the prison system. (Please refer to Attachment M for further details on the Forensic Plan.)

Lebanon County continues to work with the Community Behavioral Healthcare Network of Pennsylvania (CBHNP), the HealthChoices (HC) Behavioral Health Managed Care Organization, and the Crisis Intervention program regarding the Involuntary Commitment (302) of consumers. CBHNP has initiated an enhanced care management program for individuals who have experienced multiple 302 commitments, voluntary inpatient hospitalizations and crisis contacts. This program along with the implementation of peer support, the transition of consumers to targeted case management, an increase in diversion planning, and the expansion of mobile psychiatric services should positively impact the number of 302 commitments in Lebanon County.

Systematic Barriers

- ❖ Strict Drug and Alcohol confidentiality laws
 - The system as a whole has been trying to break through these barriers and work collaboratively but it continues to be a barrier at times
- ❖ Difficulties for individuals involved in the forensic system
 - These areas of concern and systemic barriers are thoroughly discussed and analyzed in Attachment M and the forensic cross-systems mapping document
- ❖ Funding streams
 - An example of this barrier can be seen in the veteran population

6. IDENTIFICATION OF THE RECOVERY-ORIENTED SYSTEMS TRANSFORMATION PRIORITIES

The Lebanon County MH Program has embraced the principles of Recovery. The MH/MR/EI Administration has promoted and will continue to promote Recovery to providers, case management staff, and community organizations/agencies. The program is encouraging all levels of services to participate in Recovery training and to incorporate Recovery Principles into the services provided.

The main focus of the MH/MR/EI program has been to identify the top five transformation priorities, as listed in Attachment J:

1. Expansion / redesign of treatment services to provide recovery oriented and resiliency based services to all populations
2. Continue the development of crisis services to meet the need for increased mobile services, intervention and consumer recovery in the community.
3. Incorporation of the principles of recovery and resiliency into all aspects of the service system.
4. Transformation of social rehabilitation programs to support the identification and development of natural community supports that reduce social isolation.
5. Continuation of service system transition to evidence based practices and performance based outcome measures.

These priorities were developed through the identification of unmet needs and services gaps in the current system and the assessment of the current service system. Although there has been some progress made to transform the

system, it has been a slow gradual process. The MH program continues to strive to engage consumers in this process to ensure that the transformation is consumer focused. The key to the success of this transformation process is the buy-in by stakeholders. This buy-in has been difficult to obtain at all levels of services. MH/MR/EI hopes that the presence of the Assertive Community Treatment (ACT) Team, Certified Peer Support Specialists, and Mobile Mental Health teams this buy-in will occur thereby promoting the successful transformation of the mental health services system.

Lebanon County MH/MR/EI has not developed a formal timeline for the transformation of the service system. The following are the anticipated activities to be accomplished in fiscal years 2011 through 2013.

- a. Quarterly Quality Management Team (QMT) Meetings
- b. Monthly Community Support Program (CSP) Meetings and involvement in planning of services
- c. Ongoing assessment of the current mental health system
- d. Development of plans for each mission statement in order to transform the system
- e. Development of a timeline for system transformation
- f. Trainings on evidence based practices and best practices
- g. Individual provider meetings to review fidelity measures for approved best practices / evidence-based practices and establish transformation goal(s)

The above activities will lay the foundation for the transformation of the service system. Once the formal timeline is developed, the MH program will present the timeline to all stakeholders for comment. Upon final approval of the stakeholders (including QMT and CSP), the timeline will be presented to the MH/MR/EI Administrator for the final review. The timeline will then be incorporated into the Mental Health Plan update. The final timeline will be submitted as part of the plan update to the County Commissioners for approval. The Plan update will be submitted to OMHSAS in accordance with plan guidelines.

The completion of the assessment of current mental health system and the review of fidelity measures for evidence based programs are necessary before the MH program will be able to completely identify the fiscal resources needed to support the transformation of the system. Some of the fiscal requirements are identified in Attachment K. These requirements were identified several years ago and have been updated based on implementation of new services.

The quality and fiscal management of the implementation and tracking of outcomes will be determined by the Quality Management Team(QMT) and the MH/MR Administration.

7. FISCAL INFORMATION

The Lebanon County MH Program County Funds and HC Funds data is presented in Attachment K. The current fiscal year (2010-2011) County funds data provided is an estimate based upon service utilization through April 2011. The current fiscal year (2010-2011) HC funds data provided is an estimate based upon the 2009-2010 data. The HealthChoices reinvestment data is an estimate for the current fiscal year (2010-2011) based upon service utilization.

The data presented in Attachment K shows that the majority (45%) of County funds provide Case Management services and the majority (54%) of HC funds provides behavioral health treatment. The diversity of services appears to be compatible between the two funding sources. The County funds support non-treatment type services such as employment services and rehabilitation services.

The review of the funding distribution will be part of the process identified in section 6 of this plan. At this time the County is not prepared to present any recommendations regarding the redirection or increase in funding for services to meet the needs and priorities identified in sections 5 and 6 of this plan.

The top five new funding requests are identified in attachment K. The MH program recognizes the need to make changes to the current system to be able to promote consumer recovery. The services and supports identified in attachment K and listed below will assist in implementing the necessary system changes.

Mobile Psychiatric Team – this is funding to provide services to consumers in the community. This funding would cover those consumers not eligible for MA or CBHNP's Assertive Community Treatment (ACT) Team, Mobile Psychiatric Nurse, Mobile Mental Health Team. Psychiatric nurse support, medication management, on-call psychiatrist, psychiatric rehabilitation, and mobile crisis intervention services are provided by this team.

Transition Services – this funding will provide psychiatric rehabilitation and housing support services to individuals coming out of an inpatient hospital, individuals moving out of structured living placements (such as a personal care home), and transition age youth in the transition to independent living.

Respite Services – this funding will provide emergency respite, warm line, peer specialist and mobile crisis services for consumers in independent living situations. As the system moves towards the goal of independent living, these services will be necessary to assist consumers in his/her recovery in the community. These are support services that go beyond what the current system is providing.

Psychiatric Rehabilitation Services – this is funding to assist Lebanon County in moving towards psychiatric rehabilitation in support of consumer recovery. The current MA funding system does not include psychiatric

rehabilitation. Lebanon County has made some movement toward psychiatric rehabilitation but there is limited funding available to support further service system transformation.

Training – this funding will be used to provide training to a variety of audiences in Lebanon County. Lebanon County consumers continue to express concern that county/municipal officials and staff, first responders, crisis workers, and family members do not understand mental illness, recovery, advanced directives, and resiliency. The MH program will use these funds to bring training into the local community versus sending people out of the community/county for training. These funds will also support the engagement of consumers as co-trainers/facilitators.

The above listed funding requests will be used primarily to fund services for consumers that are not eligible for Medical Assistance.

8. SUPPLEMENTAL PLANS

The Lebanon County MH program has completed the supplemental plans: the Housing Plan (Attachment L), Forensics Plan (Attachment M) and the Employment Plan (Attachment N) in accordance with the guidelines developed by the Office of Mental Health and Substance Abuse Services (OMHSAS). Each plan illustrates the county's commitment to system improvement through system transformation.

9. ATTACHMENTS

The following attachments were identified as requirements for the County Plan per the guidelines issued by the Office of Mental Health and Substance Abuse Services (OMHSAS).

ATTACHMENT A	Signatures of Local Authorities
ATTACHMENT B	Public Hearing Notice
ATTACHMENT C	PATH Intended Use Notice
ATTACHMENT D	Completed and signed CSP Plan Development Process Review Form
ATTACHMENT E	Existing County Mental Health Services
ATTACHMENT F	Evidence Based Practices Survey
ATTACHMENT G	County Development of Recovery-Oriented/Promising Practices
ATTACHMENT H	Service Area Plan Chart
ATTACHMENT I	Older Adults Program Directive
ATTACHMENT J	Top Five Transformation Priorities
ATTACHMENT K	Expenditure Charts & Funding Requests
ATTACHMENT L	Housing Plan
ATTACHMENT M	Forensic Plan
ATTACHMENT N	Employment Plan
ATTACHMENT O	County Plan Feedback Form (Optional)
ATTACHMENT P	County Mental Health Plan Review Form (to be completed by OMHSAS)

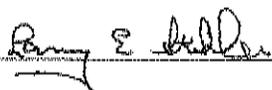
LOCAL AUTHORITY SIGNATURES: COUNTIES

We assure that we have reviewed and approved the attached FY 2012-2017
County Mental Health Plan.

COUNTY: LEBANON

Chairperson/County Commissioner:

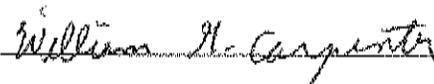
Name: LARRY E. STOHLER

Signature 

Date 5-26-11

County Commissioner:

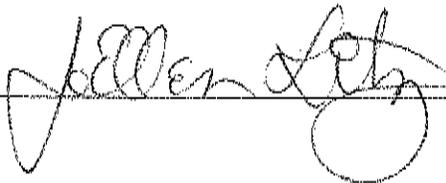
Name: WILLIAM G. CARPENTER

Signature 

Date 5-26-11

County Commissioner:

Name: JO ELLEN LITZ

Signature 

Date 5-26-11

Lebanon County Program

FY 2012-2017 County Plan

PUBLIC HEARING NOTICE

Please list here the name(s) of the publications and other media, and the date(s) when the notice(s) was/were published. Copy of the actual public notice must be submitted with the hard copy of the County Plan.

1. Lebanon Daily Newspaper: Published 4/1/11
2. Lebanon Valley Area Merchandiser: Published 4/13/11
3. Myerstown Area Merchandiser: Published 4/13/11
4. Hershey Area Merchandiser: Published 4/13/11

Proof of Publication
State of Pennsylvania

AD # 0001112141-01

Lebanon Daily News is the name of the daily newspaper(s) of general circulation published continuously for more than six months at its principal place of business, 718 Poplar Street, Lebanon, PA.

Public Hearing On Mental Health Plan
The Lebanon County MH/MR/EI Program cordially invites MH/MR/EI staff, MH/MR/EI Advisory Board members, mental health providers, CASSP Advisory Board members, CSP Committee members, CST members, advocacy groups, consumers, family members and interested community residents to attend a Public Hearing on the Mental Health Plan for Fiscal Years 2012-2017. Having gathered input and feedback from the community, Mental Health Program staff will present the new plan for delivering mental health services to consumers and families in Lebanon County.
The hearing will be held on Monday, May 16, 2011, from 2:30 PM to 4:00 PM in the second floor conference room, at the Lebanon County MH/MR/EI Program Building, 220 E. Lehman Street, Lebanon, PA 17046. We look forward to your attendance and participation. Please call Holly Lashby, Director of Mental Health Services, at 274-3415 if you have questions or require more information.
4/3

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issues of the said **Lebanon Daily News** published on the following dates, viz:

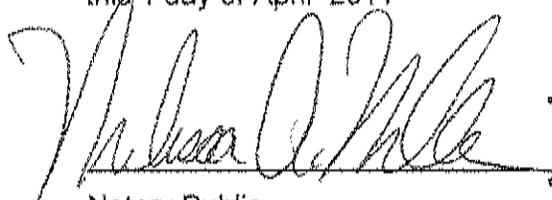
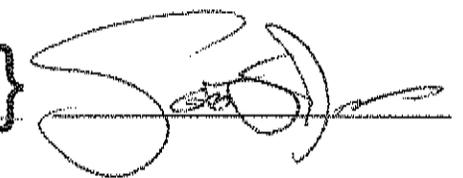
APR 08 2011

4/1/2011

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LEBANON**

Before me, a Notary Public, personally came Scott S. Downs who being duly sworn deposes and says that he is the Publisher of Lebanon Daily News and his personal knowledge of the publication of the advertisement mentioned in the foregoing statement as to the time, place and character of publications are true, and that the affiant is not interested in the subject matter of the above mentioned advertisement.

Sworn and subscribed to before me, on
this 1 day of April 2011

 } 

Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Melissa A. Miller, Notary Public
City of Lebanon, Lebanon County
My Commission Expires Sept. 23, 2012
Member, Pennsylvania Association of Notaries

The charge for the following publication of above mentioned advertisement and the expense of the affidavit.

Advertisement Cost	\$94.60
Affidavit Fee	8.00
Total Cost	\$102.60

ING

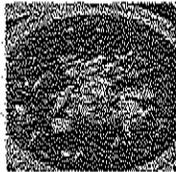


...interesting
...request for the
...Tobias. What a delicious way to
...se cold, wet April days! I am not
...achalada sauce is but this soup
...looking forward in trying this
...pes. I thought might be excellent
...Easter ham. The casserole calls
...cheddar cheese.... yum! It sounds
...e ready to pop in the oven. The
...tempting pineapple sauce and
...e grill! Wow! I'm thinking keep
...id use it over the rice! Time to

Thank You and Enjoy! Elaine

SOUP
all off your bones."

atoes
Sauce
ped)



1/2 inch strips cooked
er towels)
Jack Cheese

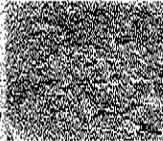
l ingredients except tortillas
ice heat to low and simmer
while in large skillet heat oil
tillas at a time and fry until

handful of tortilla strips and
ividual soup bowls - fill with
tortilla strips and cheese.

**ASPARAGUS AND
CHEESE**

oup

ped)
larjoram
rumbled)
r Cheese
tuffing Mix
ed)



Influential Women Throughout American History

Throughout American history women have made significant contributions in all walks of life. The following women are among those whose achievements warrant merit and appreciation from men and women alike.

Lonisa May Alcott

Best known for her novel Little Women, Louisa May Alcott actually published more than 250 works despite passing away at the relatively young age of 55 in 1888. An advocate for women's rights, including the right to vote, Alcott was the first registered woman voter in Concord, Massachusetts.

Elizabeth Blackwell

Young girls who aspire to be doctors owe a lot to Elizabeth Blackwell, who was the first female doctor in the United States. After repeated rejection from medical schools because of her sex, Blackwell was eventually accepted into New York's Geneva College, braving prejudice from professors and fellow students alike who felt a woman did not belong studying medicine.

Pearl S. Buck

Award-winning writer Pearl S. Buck won both a Pulitzer Prize and the Nobel Prize for Literature, becoming the first American woman to win that prestigious award. Buck was also a noted humanitarian whose works helped shed light on a host of topics, including immigration, adoption, missionary work, and women's rights.

Grace Hopper

Grace Hopper was a pioneer in the field of computer programming and a well-respected, not to mention, high-ranking, Naval officer. The USS Hopper, a guided missile destroyer ship in the U.S. Naval fleet, is named after the woman whose nickname was "Amazing Grace."

Helen Keller

Despite a childhood disease that left her deaf, mute and blind, Helen Keller became a nationally recognized advocate for people with disabilities in addition to an expert author and lecturer. An ardent anti-war activist, Keller,

who passed away in 1968, all campaigned for women's suffrag and worker's rights.

Sandra Day O'Connor

The first female justice of the U.S. Supreme Court, Sandra Day O'Connor served as an Associate Justice for a quarter century in her retirement in 2006. A breast cancer survivor, O'Connor was awarded the U.S. Presidential Medal of Freedom by President Barack Obama in the summer, 2009.

Dr. Sally Ride

Dr. Sally Ride was the first American woman, and the youngest American, to go to space. A Los Angeles native, Ride is currently the President & CEO of Sally Ride Science, a company devoted to creating entertaining science programs and publications for upper elementary and middle school students. TF113541

POISON HELP LINE
1-800-222-1222

Lee Co Mental Health

INSTANT

Tags & Registration Renewals

Cars | Trucks | Motorcycles | Trailers | Motorhomes
Boats | ATVs | Snowmobiles | Messenger Service

Jenn's

Notary Service, LLC
469 Freystown Rd.,
Myerstown, PA
717-933-8824

OPEN MONDAY - SATURDAY
Additional Hours by Appointment

PUBLIC HEARING on MENTAL HEALTH PLAN

The Lebanon County MEMHREI Program currently invites MEMHREI, Non-MEMHREI Advisory Board members, mental health providers, CASEP Advisory Board members, CNY Committee members, CST, mental health advocacy groups, stakeholders, family members and interested community residents to attend a Public Hearing on the Mental Health Plan to be placed in effect on May 15, 2011. Hearing materials may be downloaded from the community Mental Health Program staff web page at the following link: <http://www.lebanoncounty.org/mentalhealth>. Consumers and families of Lebanon County.

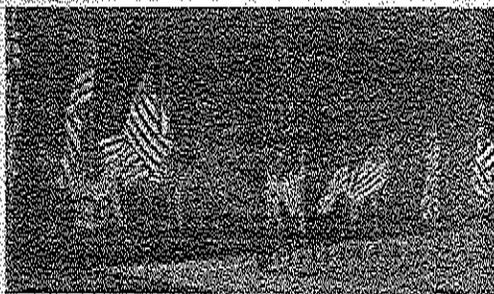
The Hearing will be held on:

Date: Monday, May 15, 2011
Time: 2:30 PM to 4:00 PM
Location: The MEMHREI Program Building, 4700 82nd Street, Lebanon, PA 17046, 2nd Floor Conference Room

We look forward to your attendance. A participation Pass will be given to those attending. For more information, please call Holly Gandy, Director of Mental Health Services, at 717-340-1111 or have inquiries or requests sent to holly.gandy@lebanoncounty.org.

Flags Needed

Attention All Veteran Families:
 There is a need for a supply of Flags to be used as replacements for the worn-out Flags used to present the Avenue of Flags at the Indiantown Gap National Cemetery.
 If you would like to donate your 50-star 5x9-foot Casket Flag to be flown on the Avenue of Flags at the Cemetery, please contact (Harrisburg) Dennis Deibert at 717-652-1685, (Middletown) Robert Hauser at 717-460-2700 or (Perry County) Keith Wolfard at 834-3514 or you could drop off your flag at the Cemetery office, Monday-Friday 9-4.
 Your generous presentation of your loved ones Casket Flag will



be a fitting one last use of their flag and to the lasting memory of your loved one who served in the Military of this great nation.
 When your Flag has become worn out from flying on staff on the Avenue of Flags, it will be retired with dignity and honors.

Creative Ways to Get Married

Many weddings adhere to tradition, with a big church wedding, a white gown and a hunting reception.
 Still, there are some couples who prefer to do something a bit unique and unconventional. They may choose to get married underwater or while skydiving.
 If a "creative" wedding is for you, here are some ideas to think about.

- * Prison wedding: A visit to an abandoned prison or haunted location may appeal to the couple with a taste for the macabre.
- * Skydiving: The concept of taking the plunge takes on an entirely new meaning when jumping out of a plane at several thousand feet while reciting vows.
- * Wedding of the Stars: Trekkies may want to recite vows while dressed in costumes and speaking in Star Trek's Klingon, Vulcan, or Klingon.
- * Storm Troopers attending the festivities.
- * Mountain climbing: Couples can reach new heights while scaling a mountainside and saying their "I dos."
- * Life in the fast lane: Couples who are NASCAR fans can recite their vows and then take a spin at 200 mph around a neighborhood track.
- * Amused festivities: Some couples might prefer to get hitched while enjoying the ups and downs of their favorite roller coaster or other amusement park rides.
- * Scuba diving: Some couples prefer to recite their vows with a few bubbles in between and marine life as their witnesses. DR111322

WELCOME SPRING!
 Opening Soon, April 21st

SENSENIK'S

Roadside Market

469-2550
 2491 Sand Beach Road, Grantsville

Eagle Arms Productions Presents

LEBANON, PA

GUN SHOW

APRIL 16 & 17

Saturday 9AM-5PM; Sunday 9AM-4PM
 LEBANON EXPO CENTER
 80 Rocherty Road, Lebanon, PA 17042

BUY-SELL TRADE **GUNS, AMMO & ACCESSORIES**

Free Parking Food

500 2-FOOT TABLES \$5.00 Admission

Home Defense • Handguns • Militaria • Rifles
 Guns • Ammo • Collector's Items • Shotguns

For Information or Directions
 Call 610-380-2660 or 610-393-3047
 or visit our website at www.eaglearms.com

- * Prison wedding: A visit to an abandoned prison or haunted location may appeal to the couple with a taste for the macabre.
- * Skydiving: The concept of taking the plunge takes on an entirely new meaning when jumping out of a plane at several thousand feet while reciting vows.
- * Wedding of the Stars: Trekkies may want to recite vows while dressed in costumes and speaking in Star Trek's Klingon, Vulcan, or Klingon.

**READY!
 SET!
 SAVE!**
 FIND GREAT BARGAINS
 IN THE CLASSIFIEDS!

Crossword Puzzle Answer
 4/13/11

Pinky's

SPRING SAVINGS event

In celebration of Spring, Pinky's is reducing inventory by offering **HUGE SAVINGS** on furniture and flooring! **PLUS** you could **SAVE HUNDREDS** in finance charges with...

12 months SAME AS CASH!

All Your Flooring Needs!
 Laminates, Hardwood, Vinyl, Ceramic Tile, Carpet... Plus Pinky's Professional In-House Installers!

BROWSE THROUGH OUR MULTI-LEVEL GALLERIES!
 Over 75 Finely Decorated Rooms On Display!

450 W. Lincoln Ave. (Rt. 422)
 Myerstown - (717) 866-5762

LIVING ROOMS

Sofas FROM \$399

DINING ROOMS

6 Piece Dinettes FROM \$159

RECLINERS

La-Z-Boy Rocker Recliners From \$299.00

Limited Quantity in Stock

\$100 OFF

Broyhill

Any Broyhill Purchase Over \$499

GET TO PINKY'S BY THIS SATURDAY FOR 12 MONTHS SAME AS CASH! SHOPPING!

Multi-Level Galleries with Over 75 Finely Decorated Rooms On Display!

NEW HOURS:
 MON., THURS. & FRI. 10:00 AM - 8:00 PM
 TUES., WED. & SAT. 10:00 AM - 5:00 PM

CP MENTAL

PUBLIC HEARING re: MENTAL HEALTH PLAN

The Lebanon County MEMBERS Program provides services to eligible members. The program is a self-insured health plan. The program is subject to the terms and conditions of the plan document. The program is not a contract. The program is not a guarantee. The program is not a promise. The program is not a contract. The program is not a guarantee. The program is not a promise.

Date: Monday, May 16, 2011
 Time: 2:00 PM to 4:00 PM
 Location: The MEMBERS Program Building, 700 E. Lebanon Street, Lebanon, PA 17046

Make A Wish! Happy Birthday

(12 years of age or younger)
To have your child's name appear in the birthday column, please locate our Birthday Coupon in this edition. Print legibly, or type the necessary information. Return the completed coupon to the address on the form. *We will only list birthdays which occur within our publishing week that Wednesday through the following Tuesday. Please do not submit one that missed the deadline.*
Late submissions or past dates will be held and printed next year. Remember, deadline for all listings is the Wednesday before publication date.
Ad will appear as space permits. All names based on information received. The Merchandiser assumes no responsibility for the accuracy of this information.

APRIL 15
Nyree Brandon, age 1, daughter of Tiffani Grendell & Harrison Brandon.
Kaylee Jo Mauser, age 13, daughter of Jason & Stacie Mauser.

APRIL 16
Natalie Renee Fatcher, age 4, daughter of Jessica Webster & Jayson Patches.

YOUR CALL IS IMPORTANT TO US



MAKE IT TODAY
CHECK THE ADS IN THE PETS AND ANIMALS SECTION OF THE CLASSIFIEDS

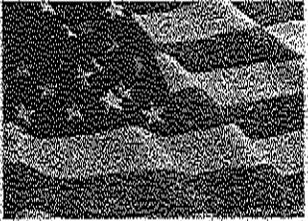
KEPPLEY'S CARPENTRY
GENERAL CONTRACTING & REMODELING
QUALITY WORK AT A FAIR PRICE
FREE ESTIMATE
Call (717) 933-4984
#FA 031710

Public Hearing on Mental Health Plan
The Lebanon Valley Area Mental Health Plan is currently being reviewed. A public hearing will be held on Monday, May 16, 2011, 6:00 PM to 8:00 PM. The hearing will be held at the Lebanon Valley Area Mental Health Center, 227 E. Lebanon Street, Lebanon, PA 17042. For more information, call (717) 265-1234.

Girl Scouts Preparing for Flag Retirement Ceremony

Flags are now being accepted at the sites.

The American Flag, a highly respected and much revered symbol for the United States, shows our patriotism, love for and loyalty to the United States. Some flags are flown every minute of every day and others are flown only on certain days. Depending on when and where a flag is displayed, environmental factors can cause the flag to wear out very quickly. There is a proper etiquette when dealing with American flags. There are proper ways to fold it, hang it and even dispose of it once it is dirty or tattered.



As part of an upcoming Brownie/Junior Girl Scout Encampment, sponsored by Cedar Rose Service Unit, the girls will participate in a Flag Retirement Ceremony. If you have an American flag that needs to be destroyed due to its condition we are asking that you take it to one of our drop-off points (G&G Uniform, 777 N. 8th Ave., Blouch's Mini Mart, 15th Ave., & Rte. 422; Blouch's Mini Mart, 440 S. 9th St.) and the Girl Scouts will have it properly disposed of.

BIRTHDAY COUPON
Mail to THE MERCHANDISER, 100 E. Cumberland St., P.O. Box 140, Lebanon, PA 17042

Child's Name _____ Age On _____
Birthday _____

Birthdate _____ Child's Sex _____

Parents' _____
Grandparents' _____
or Guardian's Name _____

Address _____ L/M

Top Dollar For

- Copper • Light Iron
- Brass • Scrap Steel
- Aluminum, Copper, Brass, Stainless
- Junk Cars & Trucks

Trash Removal
W/roll-Off
Container Service & Recycling Services for Your Business Available

Reazer's Recycling
2449 Elias Ave., Lebanon
273-7474

Pinky's SPRING SAVINGS event

In celebration of Spring, Pinky's is reducing inventory by offering **HUGE SAVINGS** on furniture and flooring! **PLUS** you could **SAVE HUNDREDS** in finance charges with...

12 months SAME AS CASH!

BROWSE THROUGH OUR MULTI-LEVEL GALLERIES!
Over 75 Finely Decorated Rooms On Display!

Pinky's
480 W. Lincoln Ave. (Rt. 422)
Myerstown • (717) 866-5762

LIVING ROOMS
Sofas FROM \$399

DINING ROOMS
6-Piece Dinette FROM \$459

RECLINERS
La-Z-Boy Rocker Recliners From \$299⁰⁰
Limited Quantity in Stock

\$100 OFF **Broyhill**
Any Broyhill Purchase Over \$499

GET TO PINKY'S BY THIS SATURDAY FOR 12 MONTHS SAME AS CASH® SHOPPING!

NEW HOURS:
Mon., Thurs. & Fri. 10:00 AM - 8:00 PM
TUES., WED. & SAT. 10:00 AM - 5:00 PM



Lebanon County Mental Health / Mental Retardation / Early Intervention

220 East Lehman Street • Lebanon, Pennsylvania 17046-3930
Phone: 717-274-3415 • Fax 717-274-0317

Larry E. Stohler
William G. Carpenter
Jo Ellen Litz
County Commissioners
Jamie A. Wolgemuth
County Administrator

Kevin J. Schrum
Administrator

March 14, 2011

Re: Mental Health Plan Public Hearing

Dear Lebanon County MH/MR/EI Advisory Board Member,

The Lebanon County Mental Health Program will be presenting the County Mental Health Plan for fiscal years 2012 to 2017 for public review and comment at a public hearing on Monday, May 16, 2011 at the Lebanon County MH/MR/EI building from 2:30 pm to 4:00 pm.

The Mental Health Program will incorporate the input provided at the hearing into the mental health plan. It is anticipated that the final plan will be presented to the County Commissioners for their signatures later in May at a regularly scheduled Commissioners meeting. The signed plan will be submitted to the Office of Mental Health and Substance Abuse Services by May 31, 2011.

If you are unable to attend the Public Hearing and would like to submit comments, you may do so by contacting Holly Leahy at the above phone number or via email at hleahy@lebcnty.org.

I would like to thank you in advance for your participation in this process. Please feel free to contact me if you have any questions or concerns about the mental health plan process.

Sincerely,

Holly A. Leahy

Holly A. Leahy
Director of Mental Health Services

LEBANON COUNTY
MENTAL HEALTH/MENTAL RETARDATION/EARLY INTERVENTION
PROGRAM'S

PUBLIC HEARING

On

**THE LEBANON COUNTY MENTAL HEALTH
PLAN**

FISCAL YEARS 2012-2017

Date: Monday, May 16, 2011
Time: 2:30 P.M. to 4:00 P.M.

Location: The MH/MR/EI Office
220 East Lehman Street
Lebanon, PA
Second Floor Conference Room

The Public Hearing is held to review the plan with the community and to receive public comment regarding the Mental Health Plan

Persons who use mental health services, family members, mental health provider agencies and anyone interested in mental health services in Lebanon County are invited to participate.

Mental Health Plan Update
Public Hearing Agenda
May 16, 2011

- Welcome and Introductions
- Background for the Mental Health Plan Fiscal Years 2012 - 2017
- Power Point Presentation and Open Discussion of the components

Mental Health Plan
 FYs 2012-2017
 Public Hearing
 SIGN-IN SHEET
 May 16, 2011

NAME	AGENCY or CONSUMER + E-mail Phone Number or address (optional)	Copy of full plan requested YES / NO
Dave Hartman	Lebanon County MH/IR/EI	yes
Deanne Wright	DWW@lebanon.net	yes
Jae Mills	CASSA	yes
Shem Heller	MHA of Leb County	yes
Verna Morris	QUEST	yes
Janine English	CASSP	yes
KEVIN SCHULZ	MH/IR/EI	yes
Carol Dwyer	MH/IR/EI & LCC/DAA	yes
KEVIN KAESTER	COMMUNITY MEMBER MH/IR/EI Box 551 Lebanon PA 17042	YES
Jodi Smith	Compeer	no
Becky Miller	MH/IR/EI	yes
Tony Gek	Haleyoun	yes
Jessica Creyer	MH/IR	NO
Holly Leahy	Lebanon MH/IR/EI	YES

Please print all information. Thank you.

Lebanon County Program

FY 2012-2017 County Plan

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)

Lebanon County does not receive the PATH grant.

FY 2012-2017 Lebanon 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?

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

Comments: We would welcome more participation from organizations other than those already involved.

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

X

Comments: Wellness / prevention and crisis intervention, rights protection, warm-line and consumer-run organizations.

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.

X

Comments: Meetings held on February 24, 2011 / March 24, 2011 / April 28, 2011
 CSP committee members are also members of the Quality Management Team and received notification of those meetings held March 30, 2011 and April 25, 2011. The CSP was represented at the Quality Management team meetings.

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

X

Comments: Flyers were handed out at the CSP meeting on April 28, 2011 plus E-mail notification on 4/28/11 to everyone in order to catch individuals unable to attend the 4/28/11 CSP meeting

YES NO

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

X

Comments: It was a thorough process.

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.

X

Comments: Yes, but more funds are needed to fully implement the changes necessary.

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

X

Comments: CSP members would be invited to a review if held in the county. This year the county has agreed to schedule with the CSP committee and review the OMHSAS feedback.

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

X

Comments: All recommendations from CSP committee members were integrated into the Mental Health plan.

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.

X

Comments: We would be open to developing a process in the future as the CSP committee continues to meet on a regular basis.

Name of CSP Committee Lebanon County

CSP Committee Officers: Diane Brown, Laurie Dohner, John Andersen & Kathy Nissley

477 N. 5th Street
Address (Diane) 506 N. 8th Street Apt. 2 / (Laurie) 36 N. 8th Street 3rd Floor North
(John) 5 S. 9th Street / (Kathy) 646 N. Railroad Street

City, State, Zip (Diane) Lebanon, PA 17046 / (Laurie) Lebanon, PA 17046
(John) Lebanon, PA 17042 / (Kathy) Palmyra, PA 17078

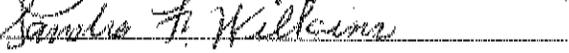
Phone (Diane) 717-383-1299 / (Laurie) 717-450-4141
(John) 717-615-3609 (Kathy) 717-838-1975

E-Mail browndiane37@yahoo.com / kathynis@yahoo.com /
lauriedohner@yahoo.com / the1johnp@gmail.com Date 4-28-11

SIGNATURES:

(Your signature designates that you have participated in this process and does not necessarily imply endorsement of the County plan itself.)

Member(s) Representing Consumers: 

Member(s) Representing Families: 

Member(s) Representing Professionals: 

Names of other participants:

1. Rachael Miller
2. Jodi Smith
3. Linda Peters
4. Christine Freeman
5. Wendy Williams
6. Becky Miller
7. Holly Leahy
8. Mike Deaven
9. Lynn Novakoski
10. Tracey Hornberger
11. Tony Cek
12. Nicole Snyder
13. Hollie Adams
14. George Wilkins
15. Sandy Wilkins

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EXISTING COUNTY MENTAL HEALTH SERVICES

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	TARGET POPULATION (Adults, Older Adults or Transition-Age Youth)
Treatment	Alleviating symptoms and distress	Symptom Relief	Yes	County, HealthChoices	1,2,3
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	Yes	County, HealthChoices	1,2,3
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Yes	County, HealthChoices	1,2,3
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Yes	County, HealthChoices	1,2,3
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development	Yes	County	1,2,3
Rights Protection (C/FST MHA)	Advocating to uphold one's rights	Equal Opportunity	Yes	County	1,2,3
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Yes	County / Reinvestment	1,2,3
Self Help (CSP + CPSS)	Exercising a voice and a choice in one's life	Empowerment	Yes	County, HealthChoices,	1,2,3
Wellness/ Prevention (MH General)	Promoting healthy life styles	Health Status Improved	Yes	County, HealthChoices	1,2,3
Other	Anything not addressed above	ACT (CTT) Lab Studies	Yes	County, HealthChoices	1,2,3
		Clozapine	Yes	County, HealthChoices	1,2,3

** Please note: Target population refers to:

Adults = 1

Older Adults = 2

Transition-Age Youth = 3

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EVIDENCE-BASED PRACTICES SURVEY

Provider Name and Master Provider Index (MPI) Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served (FY 09/10)	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
Philhaven Behavioral Healthcare Services	Assertive Community Treatment team	53	TMACT	CABHC & the team leader	Annually	No	Yes
Philhaven Behavioral Healthcare Services	Permanent Supportive Housing (Partners for Progress)	13	Actively participating in at least 2 health & recovery programs while in the program	Lebanon County Housing Authority & PFP staff	Annually	No	No
Philhaven Behavioral Healthcare Services	Medication Management		TBD	TBD	TBD	* See Note below	Philhaven reports that there are some psychiatrists utilizing some parts of the EBP but that they are not tracking fidelity. Philhaven will continue to work toward implementation of an EBP program
AHEDD	Supported Employment	1	Staffing caseload: amount/percent of time; Zero exclusion Services: ongoing assessment, rapid search (e.g. length of time to placement,	AHEDD's central office	Quarterly	Yes	Yes

Provider Name and Master Provider Index (MPI) Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served (FY 09/10)	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
Developmental Disability Services (DDS)	Supported Employment		TBD	TBD	TBD	*See Note below	**This provider has expressed an interest in learning more about the EBP model.
Haleyon Activity Center	Illness Management / Recovery		TBD	TBD	TBD	*See Note below	**This provider has expressed an interest in learning more about the EBP model.
Mental Health Association of Lebanon County	Illness Management / Recovery		TBD	TBD	TBD	*See Note below	**This provider has expressed an interest in learning more about the EBP model.

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

Notes: TBD – to be determined

* The County will be reviewing the EBP toolkits with the providers.

** The provider has expressed an interest in learning more about the EBP model.

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COUNTY DEVELOPMENT OF
RECOVERY-ORIENTED/PROMISING PRACTICES**

	Services Exist (Check all appropriate)	Services Planned (Check all appropriate)	#s Served (FY 09/10)	\$\$ Existing	\$\$ Planned
Consumer Satisfaction Team (MHA + HCs)	X		349	\$56,460	\$58,500
Family Satisfaction Team	X		0	Shared with above	Shared with above
Compeer	X		34	\$26,636	\$25,865
Self Help / Advocacy (Halcyon + CSP)	X		167	\$275,793	\$275,793
Outreach for Older Adults	X		2	\$16,000	\$13,000
Warm Line (DA Clubhouse + Warm Line planned)	X	X (Warm-line)	28	DA Clubhouse shared with Peer Support funding	\$39,000 (Warm-line)
Mobile Services/In Home Meds (ACT)	X		53	\$705,669	\$679,216
Fairweather Lodge					
Medicaid Funded Peer Specialist Program	X		28	\$39,121	\$41,039
Other Funded Peer Specialist Program (County funded)	X		14	\$8,000	\$8,000
Dialectical Behavioral Therapy		X Philhaven is in the process Of Training & implementing			?
Trauma Informed Care Wellness Recovery Action Plan (WRAP)					
Advanced Directives					
Shared Decision making					
Other (specify)					

**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 & HealthChoices funding.

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

b. Please see www.parecovery.org and www.nrepp.samhsa.gov for more information on some the practices.

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SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information <u>As of 4/30/2010</u>												
Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.	<p>Please review attached data regarding length of stay prior to answering the following questions. http://www.dpw.state.pa.us/PartnersProviders/MentalHealthSubstanceAbuse/State_Hospitals/ 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="text" value="19"/> How many of those individuals have a targeted discharged date during the current fiscal year? <input type="text" value="0"/> Next fiscal year? <input type="text" value="3"/> ** * If applicable. ** 3 individuals will be discharged in FY 2011-2012 under the Jimmy lawsuit settlement.</p>												
Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.	<p>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions – report involuntary admissions, if the county has selected voluntary – report on voluntary. If the data are not available please check no data.</p> <table border="1" data-bbox="513 848 1520 1045"> <thead> <tr> <th>Previous Fiscal Year <u>09-10</u></th> <th>Current Fiscal Year <u>10-11</u></th> </tr> </thead> <tbody> <tr> <td>Involuntary Admissions- 12</td> <td>Involuntary Admissions- 16</td> </tr> <tr> <td>Voluntary Admissions- 29</td> <td>Voluntary Admissions- 27</td> </tr> <tr> <td>Combined Vol & Invol - 20</td> <td>Combined Vol & Invol - 11</td> </tr> <tr> <td>All Admissions- 61</td> <td>All Admissions- 54</td> </tr> </tbody> </table>	Previous Fiscal Year <u>09-10</u>	Current Fiscal Year <u>10-11</u>	Involuntary Admissions- 12	Involuntary Admissions- 16	Voluntary Admissions- 29	Voluntary Admissions- 27	Combined Vol & Invol - 20	Combined Vol & Invol - 11	All Admissions- 61	All Admissions- 54		
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Combined Vol & Invol - 20	Combined Vol & Invol - 11												
All Admissions- 61	All Admissions- 54												
Goal 3: Within five years the incarceration rate of the target population will be reduced.	<p>How many individuals are currently incarcerated in the county jail in the target population – please select a point in time and report data that is available after working with county jails?</p> <table border="1" data-bbox="513 1184 1520 1289"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year</th> </tr> </thead> <tbody> <tr> <td># individuals 157 (38%)</td> <td># individuals 196 (43%)</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during this fiscal year? <input type="text" value="No Data"/></p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during this fiscal year? <input type="text" value="No Data"/></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="513 1541 1520 1646"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year</th> </tr> </thead> <tbody> <tr> <td># individuals 136</td> <td># individuals 135</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during the current Fiscal Year? <input type="text" value="1"/></p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during current fiscal year? <input type="text" value="No Data"/></p>	Point in time previous fiscal year	Point in time current Fiscal Year	# individuals 157 (38%)	# individuals 196 (43%)	No data	No data	Point in time previous fiscal year	Point in time current Fiscal Year	# individuals 136	# individuals 135	No data	No data
Point in time previous fiscal year	Point in time current Fiscal Year												
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Point in time previous fiscal year	Point in time current Fiscal Year												
# individuals 136	# individuals 135												
No data	No data												

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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. The MOU should be revised (and signed) annually and included with County Mental Health Plan.

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

 Yes X NO

- Last updated (date): September 1, 2009
 - (MOU scheduled for review / revisions in June 2011)
- Is a copy of the MOU attached (Y/N)? Yes

In April 2010, Lebanon County MH/MR/EI originally completed an extensive survey at the request of OMHSAS and updated the information April 2011. The following responses give a better glimpse into the collaboration and communication transpiring throughout our county in regard to the needs of our older adults with serious mental illness.

QUESTION	COUNTY RESPONSE
A) What behavioral health outreach services do you provide in your county for Older Adults?	Lebanon County provides the following behavioral health outreach services for Older Adults: <ul style="list-style-type: none"> ○ Administrative, Resource and Intensive case management services ○ Mental Health Counseling ○ Mental Health Support Groups ○ Supported Housing Program ○ Community Rehabilitation Services ○ Mental Health Transportation ○ Mobile & Site-based Mental Health Crisis Intervention ○ Community Employment Services ○ Social Rehabilitation ○ Peer Support Services ○ Assertive Community Treatment (ACT) Team ○ Adult Developmental Training (Eldercare)

QUESTION	COUNTY RESPONSE
	<p>In addition, we provide the following collaborative Outreach Efforts:</p> <ul style="list-style-type: none"> ○ 50+ festival – an annual program which brings together various community agencies and businesses to provide information to the aging population. Various health screening programs are provided free of charge to the general population of aging adults. ○ Meals on Wheels -- provides limited assessment of aging adults in their residence. ○ Mental Health Association of Lebanon County Newsletter writes a column for the local newspaper for outreach. ○ Community Support Program (CSP) – this is a forum of mental health consumers, family members, MH professionals, community members, veterans and MH/MR/EI representatives that allows for discussion of mental health services in Lebanon County. ○ ARC Rep Payee Program – information is provided to this service to share regarding the services available for aging adults. AAA and MH/MR/EI both use this service. ○ MH/MR/EI and AAA representatives attend the monthly meetings of the Lebanon County Council of Human Services Agencies. <p>(See Attachment B of our Letter of Agreement with Area Agency on Aging)</p>
<p>B) How does your county monitor the outreach of services and collaborative efforts between your local offices of Mental Health and Aging around the behavioral health needs of Older Adults?</p>	<p>Formal meetings are scheduled as needed and would include Area Agency on Aging, Lebanon County MH/MR/EI, as well as Crisis Intervention and Information Services contracted through Philhaven. Otherwise there are informal phone calls and collaboration between Area Agency on Aging and Lebanon County MH/MR/EI.</p> <p>Much of the time, we depend on the strong collaboration between Crisis Intervention and Information Services and Area Agency on Aging around the needs of our older adults. If Area Agency on Aging identifies a problem / need out in the community and the individual is not already identified within the Lebanon County MH/MR/EI system, Crisis will go out to the home with Area Agency on Aging and assist in referrals and resources. In addition, there are monthly phone conferences in order to discuss cases, referrals and any issues.</p> <p>Also, Crisis attends our weekly Team meetings at Lebanon County MH/MR/EI in order to discuss any barriers or problems with our older adults receiving services (this is only One area of discussion during the team meetings).</p> <p>In addition, as mentioned in Question A, services are also monitored through the Community Support Program (CSP) and the Lebanon County Council of Human Services.</p> <p>We are also a collaborative partner of the Lebanon Link Network (partnership with the Office of Long Term Living and community partners). We attend the regularly scheduled meetings and cross trainings designed to bring together community agencies providing services to older adults.</p>

QUESTION	COUNTY RESPONSE
<p>C) How do you evaluate your county's effectiveness in its outreach to Older Adults for behavioral health services?</p>	<p>Since we are a smaller county, one of our strongest areas is in our ability to effectively communicate and collaborate in order to provide the best services for our community. Therefore, we would evaluate ourselves fairly high in our outreach efforts, noting that there are always difficulties and hurdles in any system.</p>

<p>D) Do you measure the access of Older Adults to your behavioral health services? If so, what is your measurement?</p>	<p>Lebanon County does not measure the access of older adults to behavioral health services.</p>
<p>E) Has access to behavioral health services by Older Adults changed since the implementation of the MOU agreement? How has it changed?</p>	<p>There has always been a very strong collaborative effort between Lebanon County MH/MR/EI and Area Agency on Aging. Thus, there are no notable differences since the formal letter of agreement beginning July 2006.</p>
<p>F) How does your county address complaints, issues or concerns from Older Adults about access to services?</p>	<p>In conflict resolution, our first principal is that the complaint, issue or concern be addressed at the lowest table of organization level possible. So, the individual would speak with their assigned case manager first and then a plan would be devised to address the complaint, issue or concern as quickly as possible.</p> <p>If the older adult is not currently open with Lebanon County MH/MR/EI, the complaint / issue / concern would be addressed immediately by a phone call from the agency receiving the information to Lebanon County MH/MR/EI. If this is a complaint / concern / issue regarding an individual, we would devise a plan to assist the individual with their immediate complaint / concern / need. Once addressed, an intake would be scheduled in order to open a case to fully meet their behavioral needs. (The intake can be completed either out in the community or in the office based upon the individual's mobility.)</p> <p>If the complaint / issue / concern are systems related, Lebanon County MH/MR/EI would take this before the committee and create a</p>

	<p>comprehensive plan.</p> <p>Again, our strength in Lebanon county is our ability to communicate quickly and directly in order to fully resolve complaints / issues / concerns.</p> <p>(See section V. Conflict Resolution of our Letter of Agreement with Area Agency on Aging)</p>
<p>G) How does the county specifically monitor outreach efforts to older adults who are identified as having a substance use disorder?</p>	<p>Our Lebanon County Commission on Drug & Alcohol Abuse also maintains a strong collaborative effort with Crisis Intervention and Information Services. Crisis attends many of their meetings including their LCCDAA Board Meetings, Provider Meetings as well as the LCCDAA Treatment Committee. During these meetings, they are able to monitor their outreach efforts within the county.</p> <p>Also, when Crisis identifies someone that needs assistance with substance abuse, the White Deer Run Call Center is called immediately if the person needs detox or assessed within 7 days by a contracted provider or a service provider.</p> <p>As outreach to the community, our SCA attends health fairs, wellness fairs, the 50+ Festival as well as Lebanon county businesses holding employee wellness fairs.</p> <p>The 50+ Festival is an event that is organized and sponsored by the Lebanon County Community Health Council. The Lebanon County Community Health Council is our State Health Improvement Plan (SHIP) for our county. County needs for all age brackets are discussed and addressed during the committee meetings. There is a tremendous amount of collaboration and accountability for all of the services in our county.</p>

<p>H) What resources are available specifically for older adults who have a substance use disorder?</p>	<p>The following services are available specifically for substance abuse disorders:</p> <ul style="list-style-type: none"> ○ Adult Rehab (both inpatient & non-hospital) ○ Adult Detox (both inpatient & non-hospital) ○ Partial ○ Intensive Outpatient ○ Outpatient ○ Recovery House Programs ○ Half-way House ○ AA / NA Support Meetings ○ Prison Education Groups ○ D&A Assessment ○ D&A Case Management Services <p>Our aging adults with substance use disorders would also be able to access the behavioral health outreach services listed in Question A.</p>
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During the Community Support Program (CSP) meetings and the Quality Management Team (QMT) meetings in fiscal year 2010/2011, we had opportunity to review the survey and discuss the services.

We also received the following written feedback from consumers and family members in April / May 2011:

- ❖ “There are several low-income housing facilities located in Lebanon county for older seniors and the existing service providers in the community are doing their best to serve this population but gaps in services are great and of utmost importance:
 - People on kidney dialysis ride buses two or three times each week to access these life saving services. They must make phone appointments each day and pay five dollars, round trip to use these buses. The National Kidney Foundation can be helpful to these people but too many don’t know these national services exist. This is a very depressing and stressful experience for these people. The majority of them have no one to help them except the staff of the housing facilities and clearly it is not their job to be building administrators and social workers at the same time
 - In the city of Lebanon, not many business owners make provisions for the older population to shop. For example, the new farmers market does not accommodate shopping for people in wheelchairs and walkers. Business

owners seem to follow Federal standards to the letter of the law, providing ramps etc, but not focusing on the realities older people face. For example there are no doorbells for people to ring when they can't open a door to a local shop.

- The city of Lebanon and other municipalities must make a greater effort to be pedestrian friendly. The older adults are afraid to cross the street which makes them "shut-ins". Speed limits should be lower and more pedestrian friendly areas like the one in Annville, where a person presses a button and lights flash on the street level works well.
- It is believed by many seniors that the PA lottery helps older folks of limited income with practical matters such as those mentioned. Some accounting of these funds should be given and agency social workers should have some access to these funds.
- There should be better access for those with mental illness to advocates"
- ❖ " These services might be available for those that are low-income but for someone who is in the middle class range, few of these services are available and if they are, they are too expensive for the individuals to afford."

Lebanon County will attempt to address these concerns and issues noted by consumers and family members through all of our available forums including the Community Support Program (CSP), Quality Management Team (QMT) and collaborative meetings with Area Agency on Aging and related stakeholders.

LETTER OF AGREEMENT BETWEEN
Lebanon County Area Agency on Aging
And
Lebanon County Mental Health and Mental Retardation Program

I. General Provisions

A. Legal Base

The legal base for this letter of agreement (LOA) includes the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the federal Public Law 102-321 of 1992 and federal Mental Health and Substance Abuse Block Grant Legislation; the federal Older Americans Act of 1965 (42 U.S.C.); and the Commonwealth Legislation creating the Department of Aging (71 P.S.) Act of 1978. This LOA also meets the requirements of the Memorandum of Understanding between the Pennsylvania Department of Aging and Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services (OMHSAS); and OMHSAS Bulletin OMHSAS-06-01.

B. Nondiscrimination Clause

The Area Agency on Aging (AAA) and the Lebanon County Mental Health and Mental Retardation, Early Intervention (MH/MR/EI) Program prohibits discrimination in all programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program.

II. Purpose

A. Agency Description and Mission

1. The Area Agency on Aging has the responsibility to offer a full range of benefits and services to the Senior Citizens of Lebanon County. The overall major goal is to maintain the ability to provide services in all areas of the county, even to those living in remotely rural areas. The intent of services provided is to maintain consumers in their homes for as long as possible with the provision of supportive services.
2. The Lebanon County Mental Health and Mental Retardation, Early Intervention Program provides a variety of mental health, mental retardation and early intervention services to those county residents who are diagnosed with a mental health and/or a mental retardation disorder and meet eligibility requirements for services. The primary mission of the MH/MR/EI program is to insure the availability of quality mental health and mental retardation services which meet the clinical and support needs of persons with mental disabilities and their families, and assists these persons, in ways which are least disruptive to the lives of the person and the family, to function at the highest possible level and to live as independently as possible in the community.

B. Service Area, Population to be Served

1. The service area includes all of Lebanon County and Wernersville State Hospital.

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2. The population to be served includes those adults who are at least 60 years of age and qualify as low income per the DPW standards of income. The targeted population includes those individuals who are at least 60 years of age and are experiencing mental health issues. A high priority for assistance and services is to those individuals constituting a "target population". These being:
 - The older aging person, particularly those over 75 years of age
 - Those with handicaps or functional disabilities
 - Those living alone
 - Persons existing on low incomes (at or below poverty level)
 - Minority group members
 - Those living in inadequate housing

C. Purpose:

To insure that AAA and MH/MR/EI work in collaboration to meet the needs of older adults with mental health issues in Lebanon County and to provide a mechanism for the joint planning and delivery of services in the local community.

III. Scope

A. Description of population to be jointly served:

Both agencies will reach out to meet the needs of community residents with mental health issues who are at least 60 years of age.

B. Array of Services:

1. AAA – see attachment A
2. MH/MR/EI- see attachment B
3. Process for cross-systems referral – there are three points of access for services.
 - a. The adult may seek the services on her/his own by contacting the appropriate agency.
 - b. The caseworker may contact the appropriate agency and make the referral.
 - c. The provider of any services may contact the appropriate agency to make a referral.
4. Process for cross-systems collaboration and case review/planning and service delivery:
 - a. After the initial referral and approval of requested services caseworkers shall work together with the individual to establish goals for the service and develop the service plan or service plan revision(s).
 - b. The caseworkers shall be responsible for initiating the collaboration efforts and establishing the need for meetings to review the case, update the services plan(s) and monitoring the service delivery.
 - c. If at any time the case workers encounter difficulties with the collaboration, case review, planning and/or delivery of services he/she shall address the issues with his/her supervisor for assistance in resolving the issues.

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5. Resolution of Funding Issues:
 - a. Any mental health funding issues will be addressed to the Director of Mental Health Services or in his/her absence, the MH/MR/EI Administrator.
 - b. Any AAA funding issues will be addressed to the AAA Deputy Administrator or the AAA Administrator.
6. Privacy and Confidentiality
 - a. MH/MR is bound by the Health Information Protection and Portability Act (HIPPA) and DPW regulations to protect personal health information. Therefore, every effort shall be made to insure that the appropriate release of information forms are completed to allow the sharing of necessary information.
 - b. AAA is bound by HIPPA and Department of Aging regulations and when applicable, DPW regulations regarding sharing of information. Therefore every effort will be made to insure that the appropriate release of information forms are completed to allow the sharing of necessary information.
 - c. Continuity of Care issues shall be addressed in accordance with HIPPA guidance.
 - d. Every effort shall be made to maintain the individual's privacy and confidentiality.
 - e. Any issues regarding privacy and confidentiality shall be addressed by the caseworker to her/his supervisor. The supervisor shall make every effort to resolve these issues at her/his level between the two agencies. If these issues cannot be resolved at the supervisor level, the supervisor shall seek clarification through her/his agency's administration.
7. Incorporation of community and natural supports
 - a. During the referral or intake process, the caseworkers shall assess the availability of community and natural supports.
 - b. The caseworker shall make every effort to involve the individual's community and natural supports in the service planning and delivery process. It is anticipated that community and natural supports will be the first avenue to the delivery of the requested services.
8. Collaborative Outreach Efforts
 - a. The Elder Focus Committee of the Community Health Council of Lebanon County meets on a monthly basis to discuss issues with the aging population. Committee members include representatives from AAA, MH/MR/EI, Mental Health Association, Arthritis Foundation, Good Samaritan Hospital, Community Members, and 50+ Festival Committee Members.
 - b. 50+ festival -- an annual program which brings together various community agencies and businesses to provide information to the aging population. Various health screening programs are provided free of charge to the general population of aging adults.

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- c. Meals on Wheels -- provides limited assessment of aging adults in their residence.
 - d. Mental Health Association of Lebanon County Newsletter is sent out with the Meals on Wheels and a column is written in the local newspaper.
 - e. Community Support Program (CSP) -- this is a forum of mental health consumers, family members, MH professionals, community members, veterans and MH/MR/EI representatives that allows for discussion of mental health services in Lebanon County.
 - f. Celebrate Women Program -- an annual program that offers a variety of health screenings focused on women's health issues.
 - g. ARC Rep Payee Program -- information is provided to this service to share regarding the services available for aging adults. AAA and MH/MR/EI both use this service.
 - h. MH/MR/EI and AAA representatives attend the monthly meetings of the Lebanon County Council of Human Services Agencies.
- C. Cross-systems training and in-service efforts
1. MH/MR/EI's Consultation and Education Representative schedules monthly in-service programs including education on medications, best practices and various agencies through out the county.
 2. In-services programs shall be scheduled to provide both agencies the opportunity to educate staff on the services provided and provide updates on issues encountered by both agencies.
 3. AAA will participate in all jointly sponsored collaborative trainings held at the state, regional and local level.

IV. ASSIGNMENT OF STAFF

A. Designation of Lead Responsibility Staff

1. In general, lead responsibility goes to the agency with the first contact with the individual.
2. In case of an involuntary commitment, MH/MR/EI caseworkers are mental health delegates and shall take lead in the completion of the involuntary commitment process/paperwork.
3. The lead responsibility shall be designated to either agency based on the issue at hand, i.e. if the primary issue is a mental health issue then with the agreement of AAA the MH caseworker would take the lead or if the primary issue was an abuse or neglect issue then with the agreement with MH/MR/EI the AAA caseworker shall take the lead.
4. In the case of a crisis event where a Crisis Intervention staff member is involved, the Crisis Intervention worker would have lead responsibility until it is determined to no longer be a crisis event. The lead would then be turned over to the appropriate agency.
5. Any unresolved conflict regarding the lead responsibility shall be addressed at the supervisor level at each agency. If not resolved at this level, it shall be addressed at the next administrative level at each agency and a determination made as to which agency shall assume the lead responsibilities

LETTER OF AGREEMENT

- B. Staff Responsibilities, Authority, Oversight and Supervision – see attachments C – AAA Overview, D – AAA Table of Organization, E – MH/MR/EI Overview, and F – MH/MR/EI Mental Health Division Table of Organization.

V. Conflict Resolution

- A. The first principal of conflict resolution is that it is resolved at the lowest table of organization level possible.
- B. Conflict resolution shall begin with the caseworkers from both agencies. The caseworkers shall determine what the conflict issue is and try to resolve it through negotiation and compromise.
- C. If the caseworkers are unable to resolve the conflict, they shall confer with their individual supervisors for further direction/recommendations. The caseworkers shall meet to discuss the directions/recommendations from the supervisors.
- D. If the conflict cannot be resolved at the caseworker's meeting, another meeting including the supervisors from both agencies shall be held and the team shall attempt to resolve the conflict.
- E. If the team is unable to come to a mutually agreeable resolution, the supervisors shall submit a written summary of the conflict and the attempts to resolve the conflict to the Aging Care Management Supervisor (AAA) and the Director of Mental Health Case Management (MH/MR/EI). These individuals will have 5 business days to review the summary and meet to attempt to resolve the conflict.
- F. If the Aging Care Management Supervisor and the Director of MH Case Management cannot come to a mutually agreeable resolution, a written summary of all activities shall be submitted to the AAA Assistant Administrator and the MH/MR/EI Director of MH Services. These individuals will have 5 days to review the summary and meet to attempt to resolve the conflict.
- G. If the AAA Assistant Administrator and the MH/MR/EI Director of MH Services cannot come to a mutually agreeable resolution, a written summary of all activities shall be submitted to the AAA Administrator and the MH/MR/EI Administrator. These individuals shall review the documentation, meet to discuss the issues(s) and make a decision on how to resolve the conflict. Their decision shall be final and will be submitted for implementation to the caseworkers involved with the consumer.

VI. Amendments

- A. Amendments to this document may be submitted at any time by either agency.
- B. The AAA Casework Supervisor and the MH/MR/EI Director of MH Services shall review the proposed amendment and decided on the appropriateness of the amendment.
 - 1. If these individuals determine the amendment is appropriate, it shall be submitted to the AAA Administrator and the MH/MR/EI Administrator for final approval.
 - 2. If these individuals decide the amendment is not appropriate, a meeting shall be held with the individual(s) who submitted the amendment to discuss the findings of the AAA Deputy Administrator and the MH/MR/EI Director of MH Services.
- C. The Agency Administrators shall review all amendments to the LOA.
 - 1. Each Administrator shall indicate his/her approval by his/her signature to the amendment.
 - 2. If the amendment is not approved, the Administrators shall inform the AAA Deputy Director and the MH/MR/EI Director of MH services.

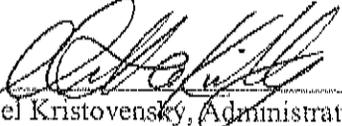
VII. Effective date and term of agreement

- A. This letter of agreement is effective July 1, 2009 and shall expire no later than June 30, 2012.

APR 28 2010

LETTER OF AGREEMENT

VIII. Signatures



Michael Kristovensky, Administrator
Lebanon County Area Agency on Aging

4/26/10

Date



Kevin J. Schrum, Administrator
Lebanon County Mental Health and Mental Health Program

4/15/10

Date

Lebanon County Program**FY 2012-2017 County Plan Update****TOP FIVE TRANSFORMATION PRIORITIES**

TRANSFORMATION PRIORITY	
1	Expansion/redesign of treatment services to provide recovery oriented and resiliency based services to all populations.
2	Continue the development of Crisis Services to meet the need for increased mobile services, intervention, and consumer recovery in the community.
3	Incorporation of the principles of recovery and resiliency into all aspects of the service system.
4	Transformation of social rehabilitation programs to support the identification and development of natural community supports that reduce social isolation.
5	Continuation of service system transition to approved best practices / evidence based practices and performance based outcome measures.

Lebanon County Program

FY 2012-2017 County Plan

EXPENDITURE TABLES, CHARTS & FUNDING REQUESTS

County Funds Expenditure Table 1
Current Fiscal Year 2010-2011

Service Description/Cost Center	Service Category	Expenditure FY 10/11 (in 1000's of \$)
Outpatient Psychiatric Inpatient Hospitalization Partial Hospitalization Family-Based MH Services Community Treatment Teams	Treatment	327
MH Crisis Intervention Services Emergency Services	Crisis Intervention	400
Intensive Case Management Resource Coordination Administrative Management	Case Management	1606
Community Employment & Employment Related Svcs Community Residential Services Psych Rehab Children's Psychosocial Rehab Other Services	Rehabilitation	478
Adult Developmental Training Facility Based Vocational Rehab Services Social Rehab Services	Enrichment	377
Administrator's Office	Rights Protection	13
Housing Support Services Family Support Services	Basic Support	254
Community Support Program	Self Help	0
Community Services	Wellness Prevention	149

County Funds Expenditure Table 2
Plan Fiscal Year 2012-2013

Service Description/Cost Center	Service Category	Plan Fiscal Year 12/13 Estimated (in 1000's of \$)
Outpatient Psychiatric Inpatient Hospitalization Partial Hospitalization Family-Based MH Services Community Treatment Teams	Treatment	439
MH Crisis Intervention Services Emergency Services	Crisis Intervention	366
Intensive Case Management Resource Coordination Administrative Management	Case Management	1648
Community Employment & Employment Related Srves Community Residential Services Psych Rehab Children's Psychosocial Rehab Other Services	Rehabilitation	483
Adult Developmental Training Facility Based Vocational Rehab Services Social Rehab Services	Enrichment	505
Administrator's Office	Rights Protection	13
Housing Support Services Family Support Services	Basic Support	188
Community Support Program	Self Help	0
Community Services	Wellness Prevention	179

HealthChoices Funds Expenditure Table 3
Current Fiscal Year 2010-2011

Service Description/Cost Center	Service Category	Expenditure FY 10/11 (in 1000's of \$)
Inpatient Psychiatric Outpatient Psychiatric RTF – Accredited RTF – Non-Accredited Family Based Services for Children and Adolescents	Treatment	10,410
Crisis Intervention	Crisis Intervention	57
Targeted CM, ICM Targeted CM, Blended Targeted CM, RC Targeted CM, ICM-CTT	Case Management	731
BHRS for Children & Adolescents Rehabilitative Services	Rehabilitation	7448
Specify if used	Enrichment	0
Specify if used	Rights Protection	0
Residential and Housing Support Services Family Support Services	Basic Support	0
Peer Support Services	Self Help	39
Mental Health General	Wellness/Prevention	23
Any services not defined above	Other = Clozapine support services / lab studies / ACT	712

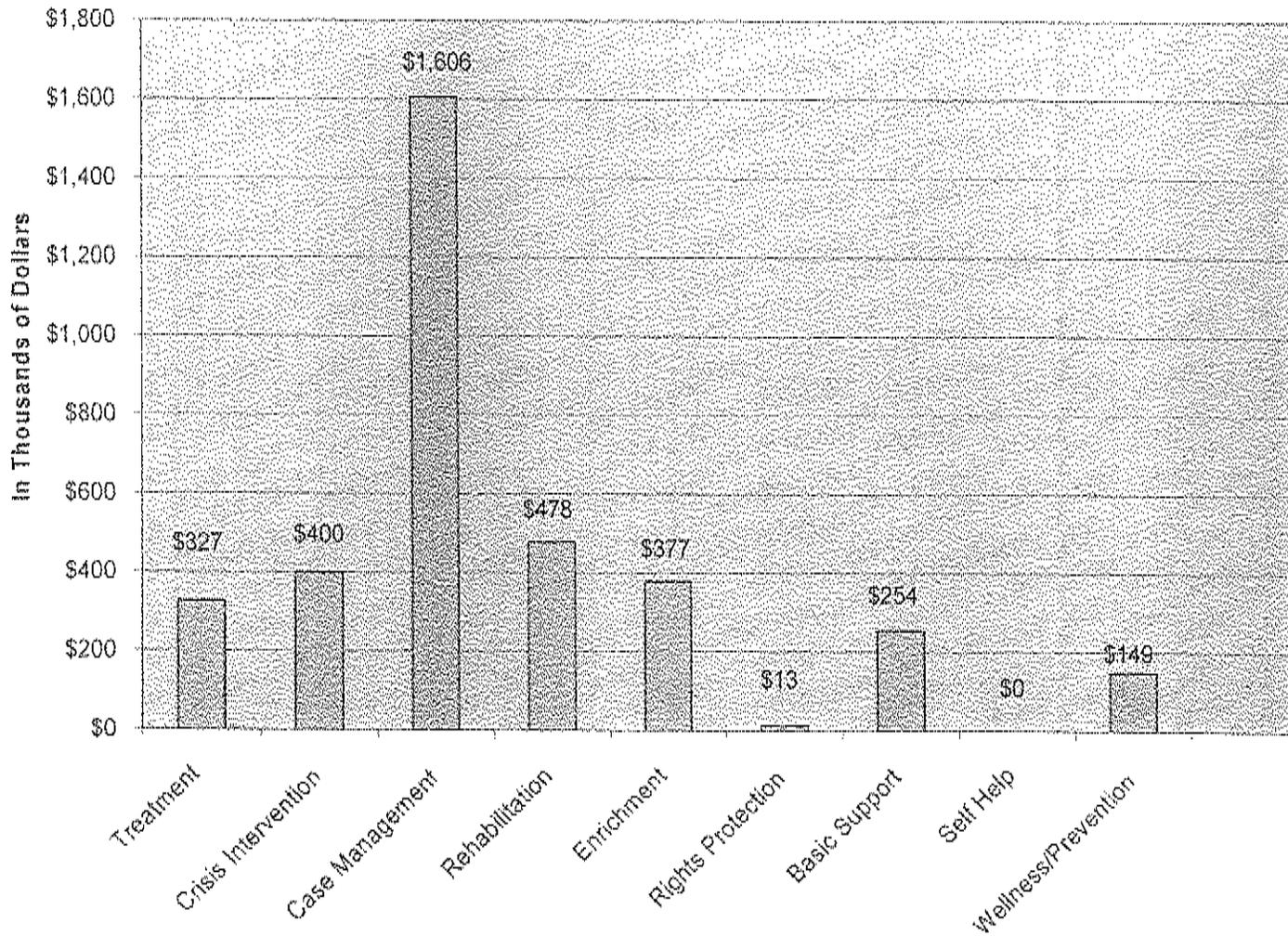
HealthChoices Funds Expenditure Table 4
Plan Fiscal Year 2012-2013

Service Description/Cost Center	Service Category	Plan Fiscal Year 12/13 Estimated (in 1000's of \$)
Inpatient Psychiatric Outpatient Psychiatric RTF – Accredited RTF – Non-Accredited Family Based Services for Children and Adolescents	Treatment	10,677
Crisis Intervention	Crisis Intervention	59
Targeted CM, ICM Targeted CM, Blended Targeted CM, RC Targeted CM, ICM-CTT	Case Management	766
BHRS for Children & Adolescents Rehabilitative Services	Rehabilitation	7,664
Specify if used	Enrichment	0
Specify if used	Rights Protection	0
Residential and Housing Support Services Family Support Services	Basic Support	0
Peer Support Services	Self Help	41
Mental Health General	Wellness/Prevention	23
Any services not defined above	Other = Clozapine support services / lab studies / ACT	690

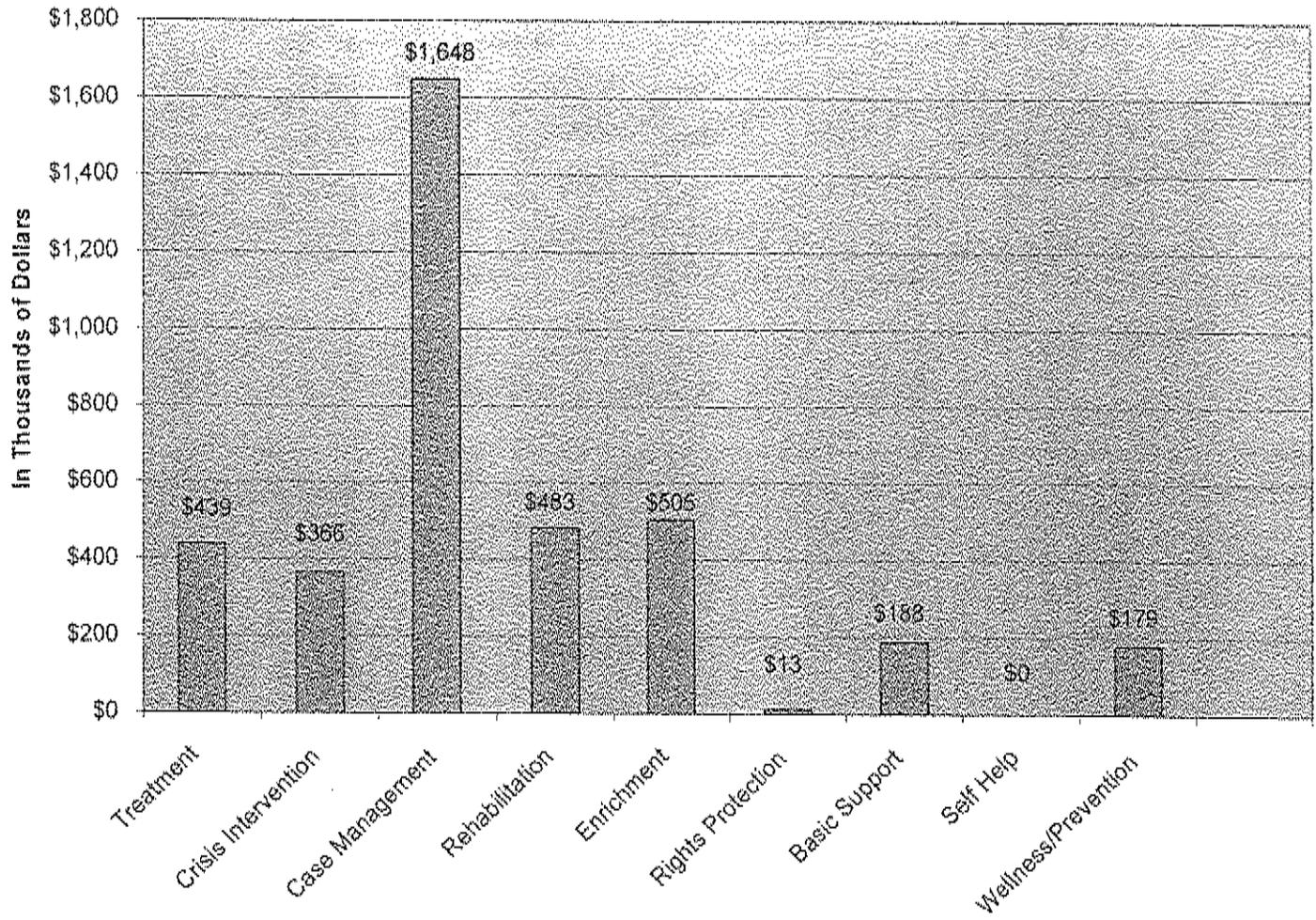
HealthChoices Reinvestment Funds Expenditure Table 5
Current Fiscal Year 2010-2011

	Expenditure FY 10/11 (in 1000's of \$)
Respite Services	14
SA Recovery House Scholarships	9

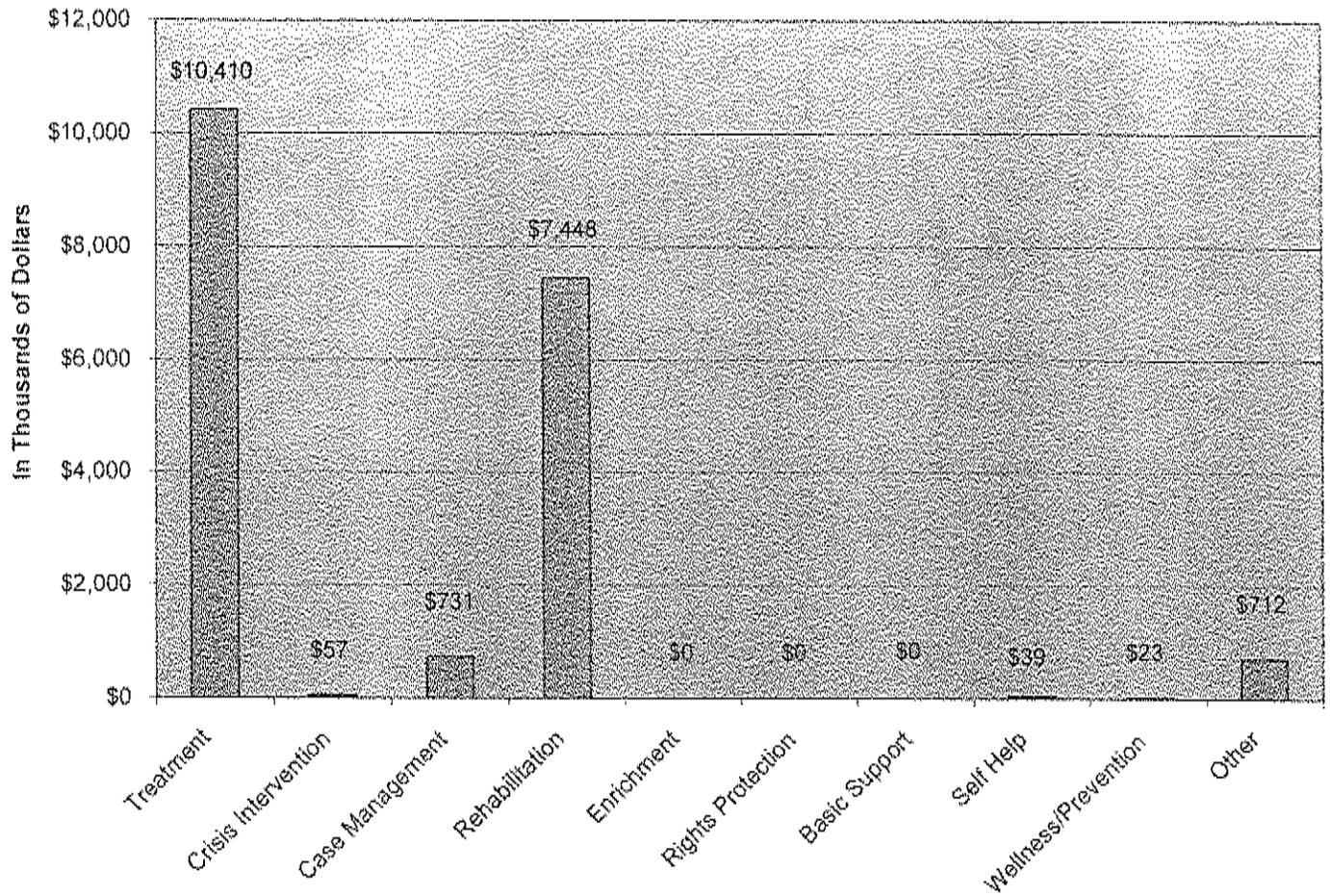
County Funds Expenditure Chart 1
Current Fiscal Year 2010-2011



County Funds Expenditure Chart 2
Plan Fiscal Year 2012-2013

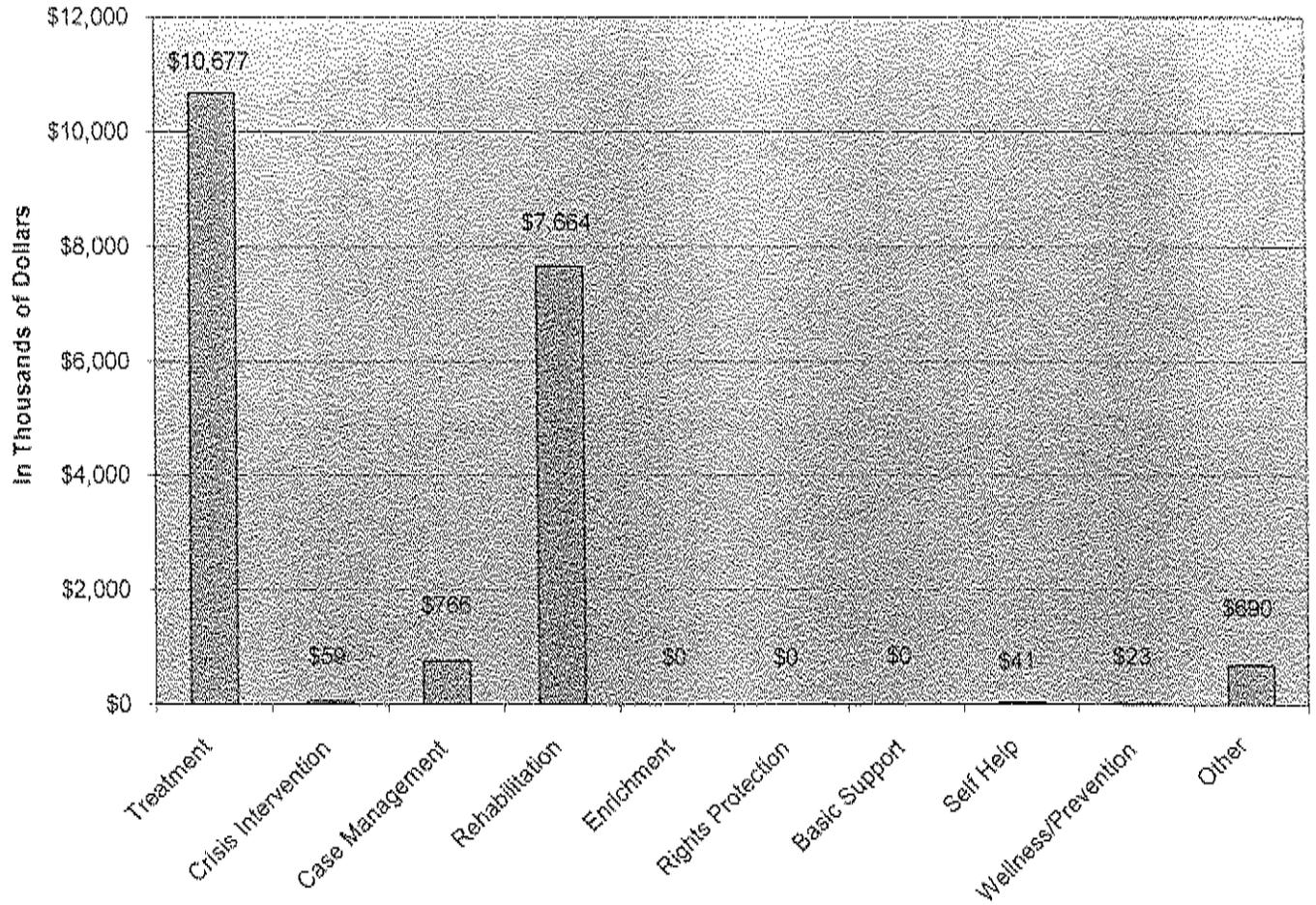


HealthChoices Funds Expenditure Chart 3
Current Fiscal Year 2010-2011



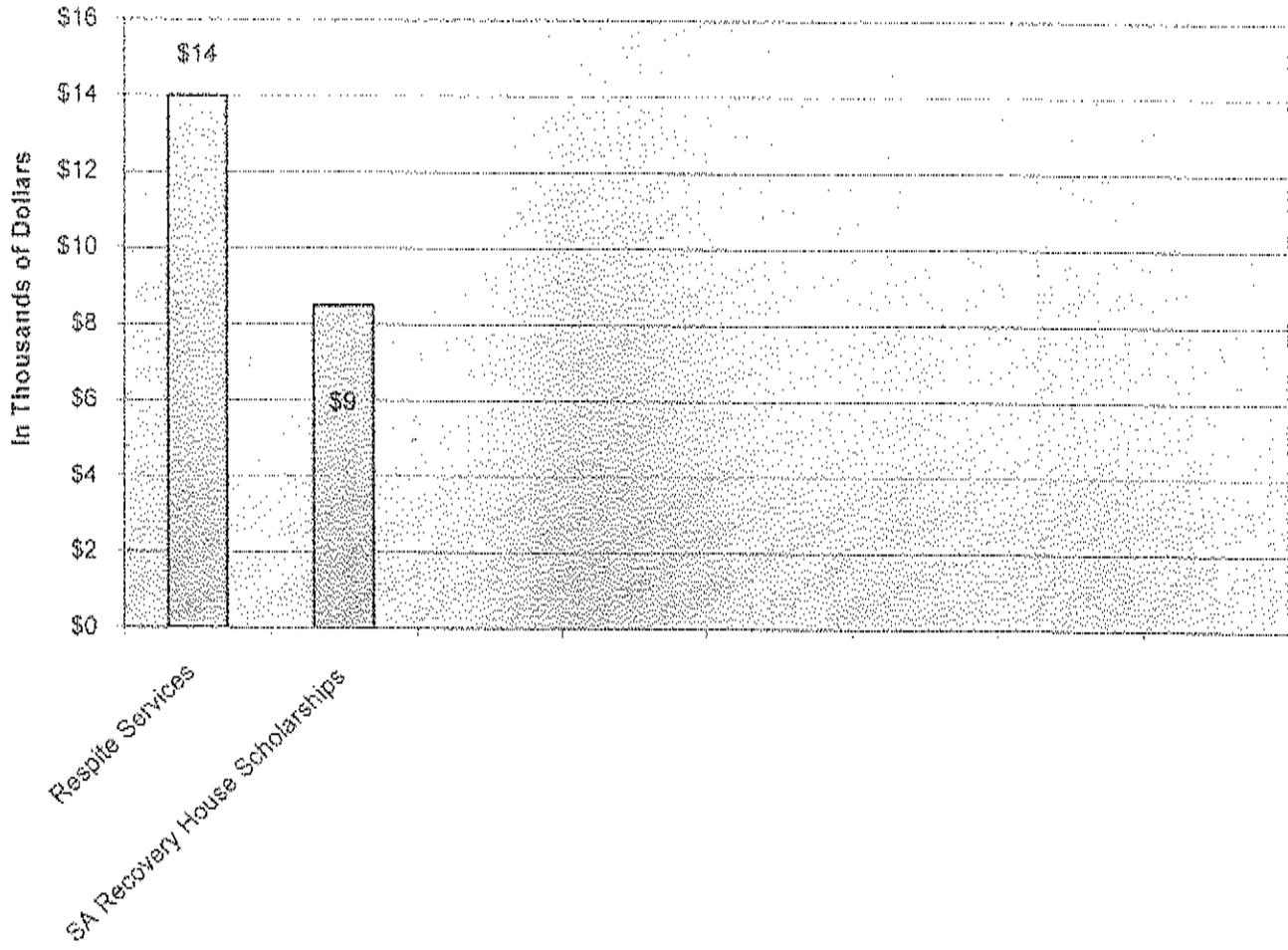
Other = Clozapine support services / lab studies / ACT

HealthChoices Funds Expenditure Chart 4
Plan Fiscal Year 2012-2013

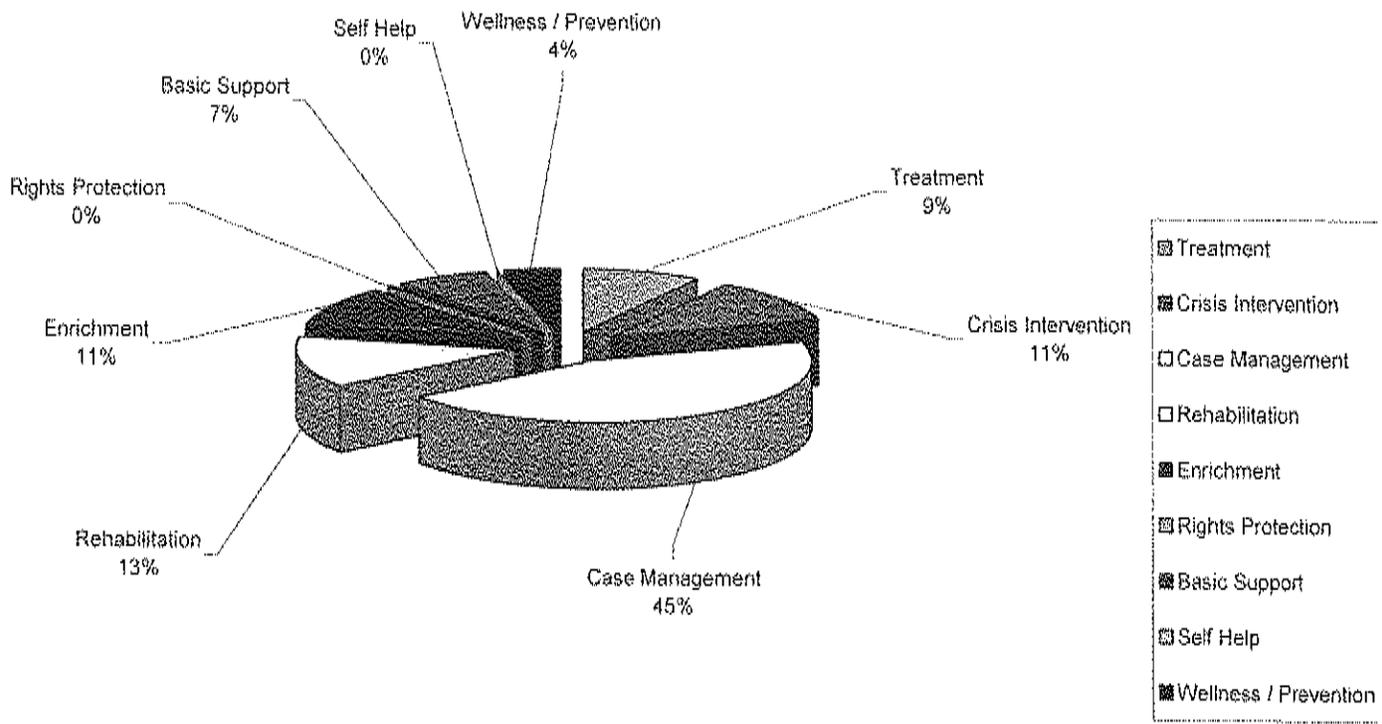


Other = Clozapine support services / lab studies / ACT

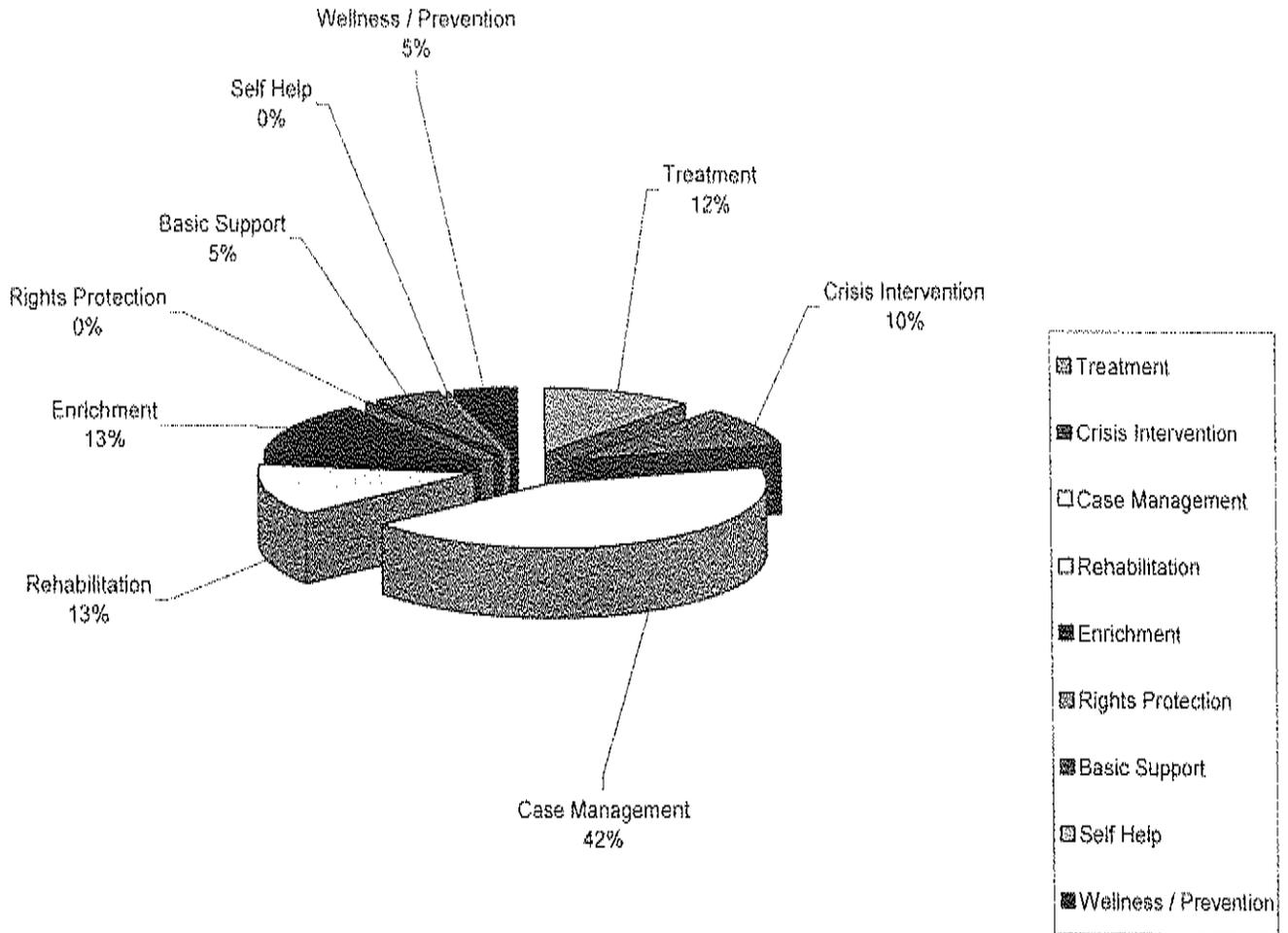
HealthChoices Reinvestment Funds Expenditure Chart 5
Approximate Fiscal Year 2010-2011



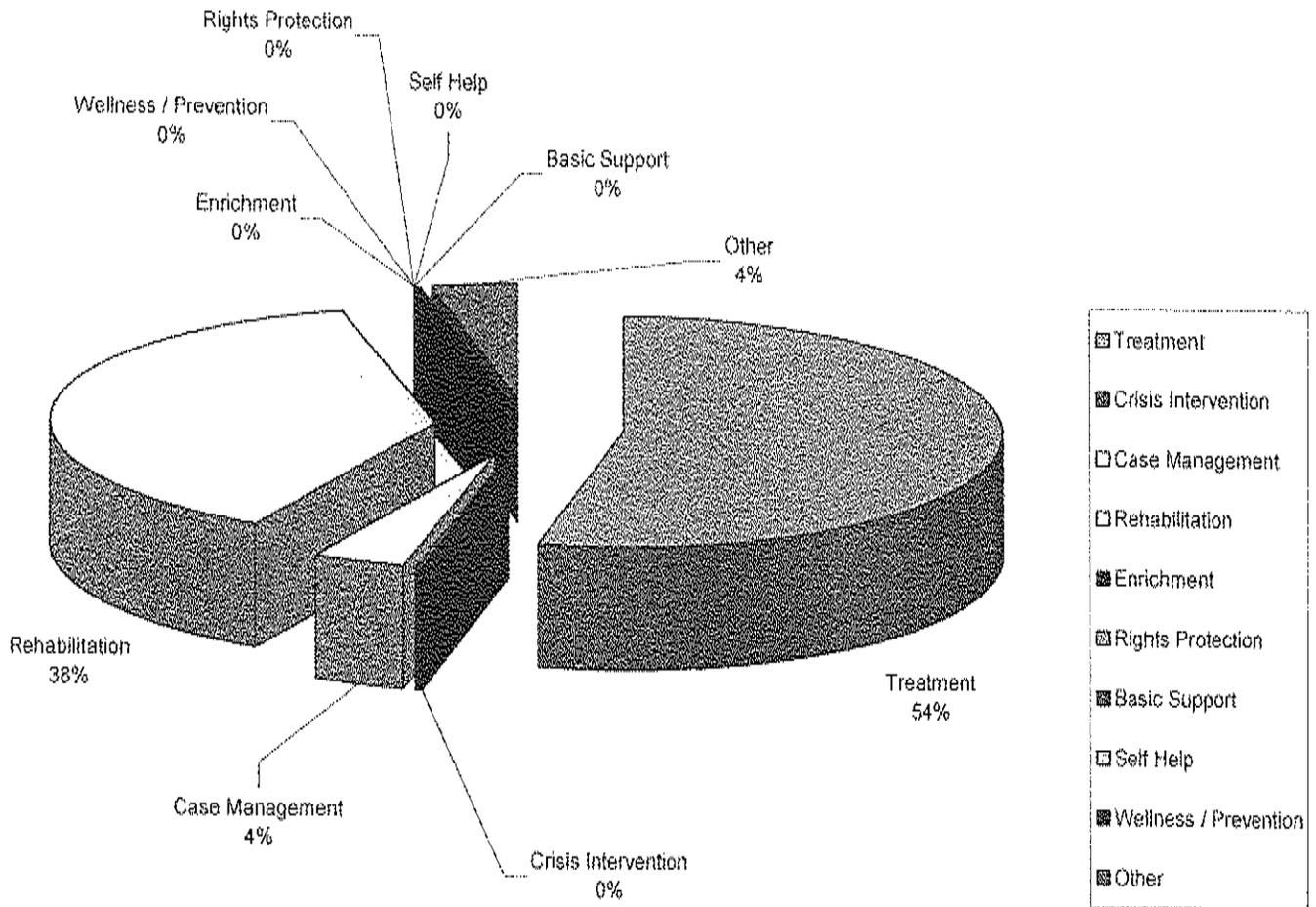
County Funds Percentage Chart 1
Current Fiscal Year 2010-2011



County Funds Percentage Chart 2
Plan Fiscal Year 2012-2013

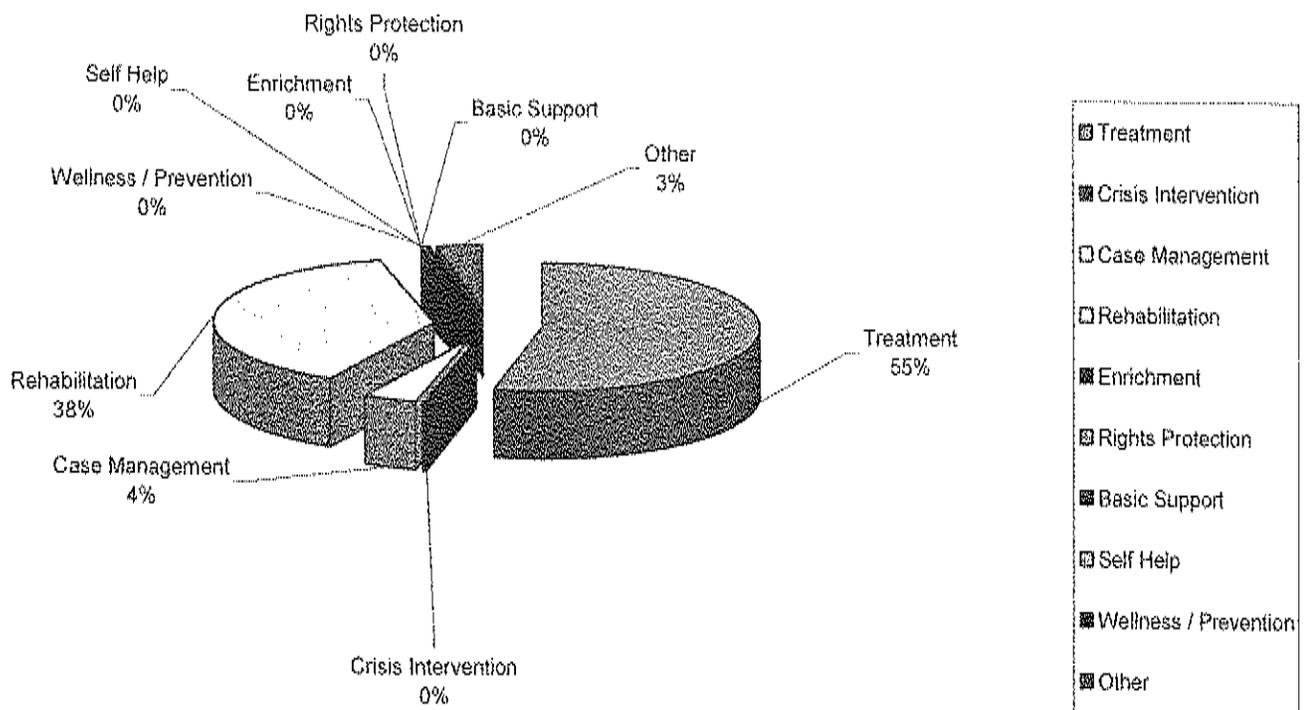


HealthChoices Funds Percentage Chart 3
Current Fiscal Year 2010-2011



Other = Clozapine support services / lab studies / ACT

HealthChoices Funds Percentage Chart 4
Plan Fiscal Year 2012-2013



Other = Clozapine support services / lab studies / ACT

NEW FUNDING REQUESTS

	Target Population *	Identify the request	Cost Center**	6 Month Cost	Annualized Cost
1	1	Mobile Psychiatric Team – includes nursing services, medication management, psychiatric rehabilitation, an on-call Psychiatrist, and mobile crisis intervention	Assertive Community Treatment Team /	\$40,000	\$80,000
			Emergency Services	\$20,000	\$40,000
2	1,2,3	Transition Services – includes transition from treatment facilities to the community and services for transition age youth and aging adults	Transition & community Integration Services /	\$77,710	\$155,421
			Housing Support	\$38,500	\$77,000
3	1	Respite Services – includes emergency respite, peer specialist, warm line and mobile crisis.	Other Services /	\$15,000	\$30,000
			Peer Support Services /	\$5,000	\$10,000
			Consumer Driven Services /	\$19,500	\$39,000
			Emergency Services	\$20,000	\$40,000
4	1,2,3	Psychiatric Rehabilitation Services – includes services for adults with serious mental illness from young adult to aging adults, adults with co-occurring disorders, and adults with dual diagnoses.	Psychiatric Rehabilitation	\$99,850	\$179,604
5	1,2,3	Training for professional staff, case management staff, community first responders, community caregivers, family members, and crisis outreach teams in the principles of recovery and resiliency, and in best practices.	Community Service	\$45,000	\$60,000

*These requests for new state funds are to be prioritized for Adult Priority Group (adults with serious mental illness who also meet some other requirements as outlined in OMHSAS bulletin OMH-94-04). The counties are strongly encouraged to target one of the top five requests to older adults or transition-age youth (provided the targeted populations meet the Adult Priority Group criteria).

Target population refers to:

Adults = 1

Older Adults = 2

Transition-Age Youth = 3

Lebanon County Program

FY 2012-2017 County Plan

HOUSING PLAN

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH
DEPARTMENT OF PUBLIC WELFARE
COUNTY MENTAL HEALTH/ SUBSTANCE ABUSE HOUSING PLAN TEMPLATE
FY 2011-12

COUNTY PROGRAM: Lebanon

CONTACT:

Name: David R. Hartman
Title: Community/Hospital Integration Program Project Director
Address: 220 E. Lehman Street, Lebanon, PA 17046
Phone: (717) 274-3415
Email: dhartman@lebcnty.org

SUMMARY OF COUNTY HOUSING PLAN:

In accordance with the Pennsylvania OMHSAS County Mental Health Plan Guidelines for Fiscal Years 2012/2013-2016/2017, Lebanon County MH/MR/EI will include the following County Mental Health Housing Plan. While bearing similarity to the initial submission for FY 2009-2012, this major system priority area will incorporate necessary revisions to be successful beginning in FY 2012/2013 by focusing on the five statewide priorities established by OMHSAS during FY 2011 and 2012.

1. **Continuation or creation of housing development and/or rental housing, and partnerships with housing organizations** - The Housing Authority of Lebanon County (HACL) and Lebanon County MH/MR/EI have enjoyed an ongoing cooperative working relationship for many years by helping persons with serious mental illness access affordable housing in Lebanon County. As a result of this relationship, eighty (80) people in the target population have been able to access affordable housing through receipt of Housing Choice Vouchers. Additionally in 2003, through a collaborative effort initiated through the Local Housing Options Team (LHOT) of Lebanon County, the HACL and Philhaven contracted to provide ten (10) Permanent Supportive Housing units for homeless persons with SMI. The LHOT has recently expanded its membership to include Community Homes of Lebanon Valley, Inc, and Blue Rock Real Estate LLC, with intentions to explore further development of affordable housing options for the target populations in Lebanon County. Lebanon County maintains its involvement with a Continuum of Care affiliation with our Regional Housing Advisory Board (RHAB) as one of twenty-six member counties in the Central Region. Bryan Hoffman, Executive Director of the Lebanon County Housing and Redevelopment Authority, and Phyllis Holtry, Executive Director of the Community Action Partnership (CAP) serve as Lebanon County representatives on the Central Region RHAB. Through this affiliation and further work in identifying housing needs, Lebanon County intends to explore the development of needed affordable housing units in Lebanon County.

2. **Development of evidenced based services and supports for persons who want and need supportive housing or other evidenced-based housing** – In order to effectively assure all persons are provided the opportunity to access housing in the most integrated setting possible, Lebanon County MH/MR/EI will follow procedures identified within our Housing Options Policy. Following a case manager's review of the consumer's current strengths, needs and resources to determine whether the consumer can live independently, the Recovery/Resiliency Assessment will be completed. As the consumer identifies personal goals, choice of housing, summarization of financial resources, identification of potential barriers to achieving the housing goal, a goal plan will be developed to address any identified barriers. A Housing Options Meeting will then be conducted which will include the consumer, natural supports and all current team members in order to fully explore every housing option that may exist to meet the individualized needs of the consumer. Consumer choice and natural supports will be given priority when considering identified, completing applications or necessary forms, securing financial assistance and touring potential locations. The case manager will use all available resources to assist the consumer in reaching the housing option goal. Housing will be assessed for each individual at a minimum once per year.

3. **Continued conversion of CRRs to supportive housing or disposition of CRRS wherein proceeds or savings can be utilized for supportive housing for current or future residents.**

The Lebanon County MH/MR/EI Program is in the process of conducting an evaluation of our Community Residential Rehabilitation Service (CRR) in an effort to look at developing a possible alternative housing option. The CRR, operated by Community Services Group, Inc, is currently being utilized as a transitional residential program or for Respite Care, by persons who are being discharged or diverted from Wernersville State Hospital, and persons who are in the Forensic population. The average length of stay in the CRR is twelve (12) months.

4. **Sustainability of Re-Investment Plans approved in FY 2008-10 that include supportive housing.**

We are seeking technical assistance from the Technical Assistance Collaborative (TAC) to resolve the sustainability need for HealthChoices Re-investment funding.

5. **Development of a Housing Report to be submitted by Counties to OMHSAS.**

As directed by OMHSAS, Lebanon County MH/MR/EI submitted a Housing and Residential Services Report for the period of April, May & June 2010 on 8/23/2010. Per OMHSAS request, Lebanon County MH/MR/EI included the following statistics regarding our Community Hospital Integration Program Project (CHIPP):

Community Residential Rehabilitation (Facilities) - Total allocated funds - \$255,980

Current # People Served	Number of Rental Units	# of People/Facilities	Occupancy Rate	Average LOS
4	0	4/1	67%	116 days

Although the CRR maintains a 6-bed capacity, during the specified report period, 2 beds remained vacant. Pending further guidance from OMHSAS we will continue to monitor the utilization of residential housing services in Lebanon County.

1. **SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY) PROPOSED** *activity includes any new CHIPP, Reinvestment or other Projects that are being planned, whether funded or not. This includes any activity approved within the last fiscal year that is in the implementation process.*

1. Capital Projects

Description:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

2. Project Based Operating Program (this includes any program where the County invests to assure rental units are available to priority consumers in a rental program—the funds are available to the project owner or manager and are not portable; it typically is used to secure set asides in new or existing federal Low Income Housing Tax Credit programs; it is different than either tenant based or master leasing where specific funds for are made available for tenants regardless of their location.):

Description:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

3. Tenant Based Rental Program

3a. Bridge Subsidy Program

Description (include plans for people on bridge subsidies to get permanent subsidies):

The funding amount listed below are funds remaining from contract year 2005-2006 HealthChoices Reinvestment Plan that were initially designated to be accessed from years 2008 through 2012. Access to Tenant-Based Section 8 vouchers for which to be able to bridge people to affordable housing, is currently not available in Lebanon County. Our intent is to provide temporary assistance to help people relocating to or residing in private housing units. After attempts to access community resources have been exhausted, the subsidy plan is to help people with:

- Rental Subsidies – by assisting consumers in the payment of rent in situations when rent or living expenses are a large percentage of the consumer's income
- Rent Guarantee – by assuring a landlord that MH/MR will be making a rental payment(s) on behalf of a consumer over a limited period of time.
- Emergency Rent or Utility Payments – by providing financial assistance for a portion or the entire balance of monthly rent or utility payment when unusual circumstances such as hospitalization, loss of roommate, or the loss of job or benefits make it impossible for the consumer to make rent and or utility payments.
- Security Deposits – by providing the security deposit when consumer has located a new living arrangement but does not have the funds available to meet the requirement.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Amount: \$46,691.59 (as of 4/11/2011) Source: Local funding - HealthChoices Reinvestment

3b. Master Leasing Program

Description (include plans for people on master leasing to get permanent subsidies):

Amount and Sources by type: (sources may include federal, base, other state, local funding:

X 4. Program Management/ Clearinghouse

The Lebanon County CHIP Coordinator, as a part of the Lebanon County Mental Health Program, will perform the duties of Mental Health Housing Specialist. The Housing Specialist in collaboration with existing resources will have an expanded role and be specifically responsible to:

- ❖ Serve as liaison between Lebanon County MH/MR/EI and the Housing Authority for matters concerning access to Housing Choice Vouchers, potential McKinney-Vento funded grants, and/or other HUD funded permanent supportive housing options.
- ❖ Coordinate activities of the Local Housing Options Team (LHOT), to include but not limited to organizing and facilitating monthly meetings.
- ❖ Maintain outreach with community landlords and interested developers, such as with the Lebanon Rental Property Owners Association.
- ❖ Participate with the Lebanon County Coalition to End Homelessness.
- ❖ Track & report annually the outcome of all completed Housing Options Worksheets, in accordance with the Lebanon County MH/MR/EI Housing Options Policy.
- ❖ Provide updated housing option information to consumer groups, tenants, case managers, and service providers. This includes the further development and distribution of a Housing Resource Guide.
- ❖ Review all requests for Housing Support Funds for persons with housing-related needs, such as Rental subsidies or Housing Contingency requests, and maintain a database to track all requests.
- ❖ Participate in Philhaven/CSG Supported Housing Program Advisory Board.

Description and Source:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

5. Housing Support/ Support Services

X 6. Housing Contingency Funds:

Description:

The funding amount listed below are funds remaining from contract year 2005-2006 HealthChoices Reinvestment Plan that were initially designated to be accessed from years 2008 through 2012.

We anticipate that persons within the priority population will require financial support in order to equip their existing or newly acquired community living arrangements and a Contingency Fund will be needed for the purpose of providing one-time funding assistance. Our hope is that the provision of this type will play a synergistic role in averting homelessness. After attempts to access community resources have been exhausted, the Housing Contingency plan is to help people with:

- Repair Guarantees - by assisting to property owners for certain types of repairs for damages caused by the consumer. This service is not intended to pay for routine repair and upkeep. The case manager will be responsible for reaching an agreement with the consumer and the landlord about the repairs to be covered.
- Room and Board Payments – are assisting consumers by making time-limited payments to Personal Care Homes or the Community Residential Rehabilitation program on behalf of a consumer in instances where the consumer has insufficient or no income, i.e. trial visits from state hospital, loss of benefits, or other cases of hardship.
- Moving Assistance – by providing financial assistance to help a consumer relocate to a new living arrangement.
- Emergency Food, Clothing, and Household Items – by providing financial assistance for basic necessities that a consumer requires to maintain housing.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Amount: \$16,762.09 (As of 4/11/2011) Source: Local funding - HealthChoices Reinvestment

7. Enhanced Personal Care Home(s):

Description:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

8. CRR Development or Conversion:

Description:

9. Fairweather Lodge:

Description:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

10. Other:

II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:

A. **Existing Resources:** Please describe your existing Services: CRRs, LTSRs, E-PCHB, Supportive Housing, Fairweather Lodges by the number and size of your facilities/programs, your current occupancy levels by facility or program and your annual turnover rate if applicable and the total number of people served in each of these programs in the last fiscal year.

FY 09-10 Applicability	CRR	Permanent Supportive Housing (Partners For Progress)
# / Size of Facility / Program	6 Beds	10 Beds
Occupancy Level as of 6/30/2010	4 Residents / 1 Facility	9 Residents / 10 Apartments
Turnover Rate	100%	40%
Total # Served	15	12

* Turnover Rate is the percentage per year of the total units in a housing project or housing stock that change owners or tenants.

Supported Housing Program Services (SHP) – Lebanon County MH/MR/EI allocates approximately \$100,000.00 per fiscal year for the provision of Supported Housing Program services. SHP services are provided through mobile counselors who work with individuals in their own homes. The anticipated outcomes include the consumers’ ability to be able to obtain and demonstrate an ability to manage a desirable living arrangement with access to appropriate services. Consumers will

develop increased confidence and ability for independent living, including improved ability to manage daily living skills. The flexible nature of this program allows for decreasing the frequency of contacts over time without fully terminating the service.

Community Residential Rehabilitation (CRR) – A Partial Care transitional housing program's purpose is to enhance participant's independence and quality of life by empowering them, assisting them in gaining skills in individually identified need areas and increasing participant's involvement in the community. Interventions are designed to facilitate the process of recovery. The principle of individual involvement in leading the planning and engaging in the treatment process guide the CRR program. The staff strives to work in a very individualized manner with each participant to increase independence in daily living skills. Group activity may occur based on individual need. The amount of time spent with each individual depends on the individual interest and need of each participant. Staff time also involves record-keeping, training, and service team interactions. Individuals are encouraged to participate in regularly scheduled community-based activities, such as employment, volunteer work, school or therapeutic programming as well as social activities. Residents will have a financial responsibility in order to participate. Program staff, in conjunction with Case Management, will be responsible for ensuring that individuals have an income, access to medications, and access to food.

Partners For Progress Program (PFP) - Lebanon County's Permanent Supportive Housing Program, has recently been renewed for a one year term from August 2011 through July 2012, with 80% funding provided by a McKinney-Vento funding grant and 20% cash match provided by Act 137 funds. The purpose of this McKinney-Vento Homeless Assistance Act program is to move homeless persons from the streets and shelters to permanent housing and maximum self-sufficiency. The program serves single adults, is administered by the Lebanon Housing Authority and sponsored by Philhaven Behavioral Healthcare Services (Philhaven). The program provides permanent supportive housing and case management to up to ten (10) single adults living in one-bedroom apartments dispersed throughout Lebanon City. Participant's rental expenses are calculated at 30% of their income level. In the past, the grant for Partners For Progress was renewed for a period of three years. However, Housing and Urban Development (HUD) no longer offers renewals for more than a one year term. This fund is for Lebanon residents who have a major mental health disorder and meet homeless criteria under Housing and Urban Development (HUD) guidelines.

Housing Support Funds (HSF) – Lebanon County MH/MR/EI allocates \$8,000.00 per fiscal year of Community/Hospital Integration Program Project (CHIPP) funding to assist consumers that have been identified within the CHIPP-Diversion program that are experiencing a short-term housing-related need in obtaining, maintaining and furnishing living arrangements in the community. HSF approved uses are payments of emergency rent, utility bills, rent guarantees, security deposits, repair guarantees, room & board, moving expenses, emergency food-clothing or household items and other requests by exception for unusual or mitigating circumstances.

- B. **Resources Being Developed**-Please describe your progress on implementing new CHIPP projects, Re-Investment funding (2006-2010) or other programs being created (or partially funded) by other sources. Please identify the proposed number of people (by priority group) being served and slated to be served by program and housing type, size of facility, lease arrangement type (tenant or master lease where appropriate) and any specific implementation challenges.

It has come to our attention that a small group of people have expressed an interest in creating a Fair-weather Lodge in Lebanon County. The group reportedly is just in the preliminary stages of collecting information and data. Following the assembly of data our understanding is that a presentation will be made to an independent provider who would be the primary funding source. We are interested in learning more and will be monitoring the development.

- C. **Unmet Needs, Successes and Challenges**-Please describe your greatest unmet needs (quantify if possible) by target group, type and amount of housing and or type and amount of services. Please

describe your greatest challenges for increasing housing, building management capacity and forming relationships necessary to secure housing resources. Please describe your community's provider capacity to provide evidenced based supportive housing services. Include in this description your success in using Health Choices In-Plan services for evidenced based pre-tenancy, move-in and post tenancy services. Also include in this reference examples of your success and challenges for serving your priority populations. Describe your success in securing other services resources for each of your priority groups listed below.

Unmet Needs - Support for persons in or considering Shared Living Arrangements

- **Adults Receiving Room-mate Matching Services:** Adults who are striving to find suitable living arrangements that are safe, stable and affordable find themselves with few options. Recently, under the Fair Housing Act, while offering a rent that is substantially lower, some landlords have begun to offer shared living arrangements in which tenants agree to a lease that permits more than one person to occupy an apartment with a locking bedroom unit, while sharing the common areas with each other. With Section 8 rental units virtually unavailable, persons in the **forensic population**, typically disqualified from participation in the Section 8 Voucher program, would perhaps have workable housing options with a shared living arrangement. However, little has been done to prepare tenants for this type of living arrangement.
- **Mobile Services for the Transition Age Youth** – Few youth that are graduating from high school identified in the **Transition age** population have sufficient skills to live independently, primarily youth that are transitioning from restricted settings such as residential treatment facilities. In order to assure the individual's safety, a service would seem to be needed, perhaps similar to Assertive Community Treatment, which would be able to provide intensive daily assistance in an affordable housing unit. Care would need to be given to the mix of persons sharing the living arrangement.

Successes -

- We have experienced good collaborative efforts among Lebanon County MH/MR/EI and community housing partners. As funders of last resort, the County has been able to fully maximize our resources.
- Lebanon County MH/MR/EI and behavioral health providers have developed a strength in our ability to assess consumer's needs. Both of our SHP providers deliver quality in-home skill development for tenants who are receiving bridge subsidy and contingency funds, that have allowed persons to transition from long term care treatment facilities, and community residential rehabilitation services.
- We have gained a high level of cooperation between Lebanon County MH/MR/EI and local non-profit organizations and landlords who are not contracted with the County.

Challenges –

- With regard to the reinvestment funds, it has been difficult to identify persons who are willing to engage in needed services so that they will become self-sustainable, which is a barrier to fulfilling the plan to provide short-term funding assistance.
- The closure of the Lebanon Housing Authority's Section 8 Housing Choice Voucher rental assistance program waiting list has made it very difficult for persons to access affordable housing. Part of our Housing Plan hinged on persons having access to the Section 8 Voucher program.
- There is a lack of affordable one (1) bedroom Section 8 approved units that are first floor accessible. Most of the apartments in this area have several steps at their entrances.
- There are very large waiting lists for affordable Public Housing units in Lebanon County.
- Very few consumers are agreeable to accept individually leased but shared living arrangements that provide locking bedroom units which include common use of a kitchen, bathroom, and living room by 2-3 persons who are unrelated.

D. Housing Resource Mgmt and Services Capacity -Please describe your capacity to manage and contract current and proposed housing resources. Within that description, include capacity your have in house including but not limited to your Housing Specialist (if you have one) and your contract assistance you are getting or need to successfully implement your housing plan. For example, do

you get or need assistance (short term and long term) in working with developers, the Public Housing Authority or other housing groups to assure your plans will be successful. Please identify how you assure you are getting and using information on best practices particularly for providing services and housing for priority populations.

The Lebanon County CHIPP Coordinator will have the role of Housing Specialist, as a part of the Lebanon County Mental Health Program, will perform these duties. The Housing Specialist will continue to serve as liaison between Lebanon County MH/MR/EI and the Housing Authority and as the coordinator of the LHOT. The Housing Specialist duties will be expanding to include increased work with interested developers and local landlords to explore and develop housing options that have been identified in the community. The Housing Specialist will become updated on permanent supportive housing opportunities, educate providers, case managers and consumers and coordinate with the Housing Authority for access to Housing Choice vouchers. The Housing Specialist will develop and distribute updated housing information to consumers, case managers and providers through development of a Housing Resource Guide which will be periodically updated. The Housing Specialist will periodically review Personal Care Home (PCH) licensure status of Lebanon County PCH's to ensure no referrals are made to homes that are provisionally licensed.

- E. **Partnerships:** (Please describe your agreements with organizations listed below. Describe the type of agreement (written agreement, liaison activity, working group, informal relationships)? If you do not have an agreement(s), please describe your past, current or planned efforts to achieve one.

1. Public Housing Authorities:

The Housing Authority of Lebanon County (HACL) – HACL and Lebanon County MH/MR/EI have retained a cooperative informal working relationship, with Lebanon County MH/MR/EI CHIPP Coordinator as liaison between the agencies. Both agencies meet together on a quarterly basis and more frequently during monthly Local Housing Option Team (LHOT) meetings. Both meetings provide an excellent forum for agency staff to coordinate program efforts in helping people access affordable stable housing. While no longer in place, there had been an existing agreement with the Housing Authority for a Section 8 Preference that afforded persons with serious mental illness the opportunity to receive Section 8 rental vouchers. Prior to the closing of the Section 8 waiting list on July 1, 2010, applicants were able to receive Section 8 vouchers through a lottery selection process. At the present time, the prospect to “bridge” people with subsidized rents pending the acquisition of Housing Choice Vouchers has been severely hampered. The Housing Authority eliminated the Section 8 Preference, and began to select applicants through a lottery system. In addition, the Section 8 waiting list was closed on July 2010.

County staff continue to work together assisting persons currently in receipt of Section 8 and look forward to the potential future reopening of the application process to assist more residents achieve goals of independent living.

The HACL is instrumental in the provision of Permanent Supportive Housing, through its HUD contract for Partners For Progress for homeless adults by administering the program and working to acquire cash match requirements. With Philhaven Behavioral Healthcare Services, as program sponsor, Lebanon County MH/MR/EI case management staff work cooperatively with Partners For Progress staff in attaining short & long term goals.

2. Community Development Authority(ies):

3. Other Housing Organizations including Developers:

Lebanon Rental Property Owners Association (RPOA) - The RPOA has an informal working relationship with Lebanon County MH/MR/EI. In an effort to provide outreach to the disability community with possible affordable housing, the RPOA is a regular participant in Lebanon County's

Local Housing Options Team. (LHOT), and has provided an insert to our Housing Resource Guide. Persons interested in accessing rental units owned by an RPOA member may contact the RPOA administrator with specific listed housing needs. It is strongly recommended that interested consumers meet with assigned service provider or case manager from the agency affiliated with the LHOT. Once a release of information has been completed, assistance can be provided to facilitate and expedite requests for available housing.

Homes, Homes, Homes Inc (HHH) - HHH has an informal working relationship with Lebanon County MH/MR/EI has been endeavoring to serve the housing needs of persons with serious mental illness. HHH is working with the Lebanon VA Med center and Lebanon County MH/MR/EI by providing a shared living arrangement apartment as a viable housing option for persons with behavioral health case management.

Community Homes of Lebanon Valley, Inc (CHLV) – CHLV has an informal working relationship with Lebanon County MH/MR/EI. CHLV has acknowledged that the behavioral health community has been under-served with regard to affordable housing options and has offered "The Manse" shared living arrangement apartments as an option. CHLV is working with Philhaven Behavioral Healthcare Services and Lebanon County MH/MR/EI so that all applicants have necessary supporting case management and services.

Blue Rock Real Estate LLC (BRRE) – BRRE has approached Lebanon County MH/MR/EI with the intention of developing an affordable housing option for the underserved behavioral health community in Lebanon County. BRRE has become a member of the Lebanon County LHOT and the relationship with Lebanon County MH/MR/EI is informal.

Lebanon County Coalition to End Homelessness (LCCEH) – The LCCEH has an informal working relationship with Lebanon County MH/MR/EI as it does with other county, non-profit and provider member agencies. Lebanon County MH/MR/EI is a member of the LCCEH. Employees of Lebanon County MH/MR/EI serve in various capacities on committees in the coalition and contribute annual dues. The CCEH's current project is in exploring the development of an emergency family shelter in Lebanon County that would assist persons facing homelessness through collaboration w/ local agencies.

4. Other groups (LHOTs, CoCs, planning groups, etc.):

Local Housing Options Team of Lebanon County (LHOT) – The LHOT has an informal working relationship with all stakeholders represented that are participating on the team. In 2003 Lebanon County MH/MR/EI initiated the creation of the LHOT with support of the Office of Mental Health and Substance Abuse Services (OMHSAS) and appointed the CHIPP Coordinator to be the LHOT Coordinator. Meetings are conducted on a monthly basis. The LHOT mission is "to identify necessary housing and resource needs to create or expand accessible, affordable and safe housing opportunities for persons with disabilities in Lebanon County". Some of the LHOT products made available in service to the Lebanon community include, but are not limited to, the creation of Partners for Progress, Tenant/Landlord Flowchart, and a Housing Resource Guide. Following review of community input received from consumer and family groups, the LHOT will be creating a **Needs Assessment** Tool to identify specific housing needs in Lebanon County for review by the LHOT. The target date for completion of the Needs assessment with recommendations to Lebanon County MH/MR/EI program will be **August 31, 2011**. This survey will attempt to identify barriers to appropriate and affordable housing.

Developer / Landlord Forum – In order to capitalize on local interest to address the needs of Lebanon Countians for affordable housing options, a Developer / Landlord Forum will be conducted to include all interested developers and landlords and members of the LHOT. The target date for the forum is **October 1, 2011**. The purpose of the forum is so that landlords and developers will be able to express their needs and capacity for the development of affordable housing.

- F. Partnerships with Consumer, Family and Other advocacy groups- Please describe your partnerships, formal and informal, with advocacy groups to promote housing, get feedback on satisfaction and to help set your County's housing agenda and develop your housing plan.

Mental Health Association Consumer Satisfaction Team (CST) – The CST has a formal contractual relationship with Lebanon County MH/MR/EI to conduct assessments and interviews for persons being served through the Lebanon County CHIPP. The CST survey instrument contains questions regarding consumer satisfaction about current and considerations for future living arrangements. In focusing on future goals for a living arrangement, consumers are asked for their preference concerning a personal care home, apartments with care, independent apartment, shared home, persons own home, or living with family. Following the summarization of survey responses, the MHA submits a Survey Recommendation Report to Lebanon County MH/MR/EI.

The following questions were asked during the most recent CST survey with regard to Living Arrangements:

" Do you like where you live? No response Yes No Don't know "

" What is your goal for a living arrangement in the future? No response Personal Care Home Independent apartment Shared home My own home Living with family I don't know

Following receipt and review of all responses the CST Recommendation Report reflected that "some consumers complained that they do not like where they live."

Consideration will be given to the 2 questions asked by the CST and possible re-wording or additional questions to obtain more beneficial information and CST recommendations.

Community Support Program of Lebanon County (CSP) – The CSP has an informal relationship with Lebanon County MH/MR/EI. The CSP meets on a monthly basis and considers input to provide for the County Mental Health Plan process. Receipt of the Consumer Satisfaction Team Summary Report has been an aid to the CSP in providing input to the Mental Health Housing Plan.

Compeer of Lebanon County (Compeer) – Compeer has a formal contractual relationship with Lebanon County MH/MR/EI to promote positive supportive relationships through effective role-modeling. By matching people with supportive lay volunteers, Compeer makes a significant contribution toward helping people with serious mental illness to develop or relearn skills necessary to live in the community, who then are afforded the encouragement to provide input to development of community services and supports.

Halcyon Drop-In Center (Halcyon) - Halcyon has a formal contractual relationship with Lebanon County MH/MR/EI to provide Psycho- Social Rehabilitation through a Drop-in Center that promotes self advocacy. Through participation in consumer-directed and recovery-informed program activities, members are afforded the support to provide input to development of community services and supports.

"Housing & You"

Earlier this spring, we were able to meet with two Lebanon County consumer groups to have targeted discussion focusing on current housing in Lebanon County. The sessions were entitled "Housing & You" and involved members of the consumer-run Drop-in Center @ Halcyon and Compeer of Lebanon County. With the Housing Specialist facilitating, each participant shared their personal observations, thoughts and opinions concerning various housing options and provided a personal rating, using a questionnaire that included a force-field analysis. By rating each type of housing option in a scale from 1 to 10, with 1 being poor and 10 being excellent, the group's responses were totaled to arrive at an average score. The results of each Housing & You meeting as well as steps needed to cause housing options to score in the "excellent" range" are as follows:

Factors influencing the rating of housing options in Lebanon County:

> Safety	> Affordable Rent & Utilities	> Lead paint – age of house
> Parking Access	> Location of housing unit near stores	> Landlords making needed repairs to plumbing & electric wiring
> Pest / Insect control	> Warmth in winter months – heat costs	> Accessibility for persons with physical disabilities

Average ratings by the persons meeting at the Drop-in Center and Compeer Coffee Klatch

(Scale of 1 – 10: 1 = poor and 10 = excellent)

Housing Types	Halcyon Drop-In Center Rating:	Compeer Coffee Klatch Rating:
1. Apartments	4.6	6.7
2. Apartments shared common areas	3.6	6
3. Rooming House	3.8	7
4. Personal Care Home	7.2	5.7
5. House rented	6.1	7.8
6. House owned	7.2	8.2

What needs to happen in order to move the rating to an Excellent range.

- Ask landlord for a lead-paint abatement
- Landlords make repairs to fix needed plumbing and electric problems
- Tenants become better informed and learn about other possible housing options
- Landlord reduce rental costs to tenants
- Tenants learn how to apply for subsidized housing options

As stated previously, the results and feedback will be collectively reviewed by the Local Housing Options Team along w/ any and all other know feedback for the development of an effective housing needs assessment to be conducted over the summer of 2011.

Note: Two Housing & You sign-in sheets and questionnaires with rating averages follow page 15 of this plan.

**Survey of Services in Lebanon County
April 2011**

During the month of April the Lebanon County MH/MR/EI Program, seeking feedback from the community, distributed a 14 item questionnaire to the behavioral health community which included 3 questions dealing specifically with housing. A total of 98 survey questionnaires were returned. Of the surveys that were returned, 74 were completed by consumers / individuals in recovery, 2 by family members, 6 by agency representatives, and 6 by service providers. 10 of the surveys returned were not completed per the person's choice. The housing-related questions were:

"On a scale from 1 to 5, with 1 being "not satisfied" and 5 being "very satisfied", how satisfied are you with the housing resources in Lebanon County?"

"What are the good things (strengths) about housing resources in Lebanon County"?

"What are we missing (gaps) about housing resources in Lebanon County"?

Summary of Responses:

Satisfaction with Housing Resources in Lebanon County

Respondents indicated a slightly better than average satisfaction regarding the housing resources in Lebanon County, reflecting a rating of 3.1

Strengths about Housing Resources in Lebanon County

Respondents generally indicated that Lebanon County MH/MR/EI and housing providers such as Community Action Partnership (CAP) were very helpful in addressing individual housing needs, in finding housing. Help seems to be available to make partial rental payments and the Housing Choice Voucher program is valued. The perception is that case managers and providers are invested and very involved, collaboratively for the individuals' benefit in trying to prevent homelessness.

Gaps about Housing Resources in Lebanon County

Respondents overwhelmingly indicated that there was a lack of affordable housing options in Lebanon County, and there was a perception that much of the available housing was devoted to senior citizens and not enough for mentally disabled persons. Waiting lists for subsidized housing units are very long and the Housing Choice Voucher program is closed and is no longer accepting applications. Due to the limited affordable housing options, and with rents increasing, some people appear to have moved into substandard housing and/or potentially being exposed to unscrupulous landlords. There is an indication that many families are doubled up or sharing housing with someone that is unrelated. There is a concern that there are not enough personal care homes, or housing for transition-aged youth that incorporate development of life-skills.

While the Lebanon County MH/MR/EI Quality Management Team will continue to review feedback from the entire survey, a cooperative effort in reviewing the housing related questions will be made by the Local Housing Options Team in striving to identify necessary housing for persons with disabilities.

- G. Partnerships with Provider agencies- Please describe your working relationships with your provider community to promote best practice in supportive housing and to increase the capacity of your provider community to provide evidenced based supportive housing services. Include in this description any efforts underway to assist providers with changing or shifting practice models if you are in the process of adopting new practices approaches.

Partners for Progress (PFP) Meeting – On a semi-annual basis Lebanon County MH/MR/EI hosts a Partners For Progress meeting with Philhaven PFP Staff, and the Lebanon Housing Authority. Our intent is to ensure communication is effective at all levels so that persons that have been identified as homeless are being served in a timely and effective manner through permanent supportive housing. The PFP Housing Counselor meets with Lebanon County MH/MR/EI Case Managers routinely on an as-needed basis in order to facilitate resident's success in achieving personal recovery housing goals. An occupancy report is provided to the Lebanon County MH/MR/EI Housing Specialist on a monthly basis. Following review, an update is then provided to the Lebanon County MH/MR/EI Mental Health Program Staff.

Supported Housing Program Meeting (SHP) - On a semi-annual basis Lebanon County MH/MR/EI hosts a SHP meeting with Philhaven Behavioral Health SHP Staff and Community Services Group SHP Staff. In Lebanon County, SHP is valued as a primary Diversion service for persons who have an increased risk for long term care hospitalization. Our intent is to ensure communication is effective at all levels so that this critical service is delivered in a timely and effective manner. The meeting agenda includes discussion about SHP best practices and methods that support each person's recovery goals in the housing of their choice. The Housing Specialist participates in a provider-led Philhaven/CSG SHP Advisory Board which meets on a quarterly basis.

- H. Sustainability Plan for Housing related Reinvestment Plans-Please describe your overall sustainability strategy and specific strategies by type of resource (rental assistance, clearinghouse, supportive services and contingency funds) for any housing related Reinvestment Plans approved by DPW since 2007.

Although we are currently seeking technical assistance from the Technical Assistance Collaborative (TAC) with regard to how to best achieve sustainability, there are several steps we are currently following that support sustainment of funds. To begin with, only requests for funds coming from Lebanon County MH/MR/EI are considered. As we are a funder of last resort, each request is thoroughly reviewed by the Housing Specialist before submission to the Director of Mental Health Services and Administrator for final approval. Part of the review entails ensuring that potential recipients of County funds are eligible for reimbursement and have completed an IRS W-9 form. Depending on circumstances, the County may be reimbursed by a landlord or representative payee.

Reimbursement by Landlords and Representative Payee - The Lebanon County MH/MR/EI Program will be making every effort to assure that funds are utilized in an appropriate manner and to recoup such funds whenever possible. To that extent, there are two circumstances in which vendors / landlords would be providing reimbursement to Lebanon County MH/MR/EI following receipt of County funds:

- **Person needs assistance for payment of security deposit** – Landlords will be receiving a letter from the Housing Specialist indicating the requirement for reimbursement of the security deposit to Lebanon County MH/MR/EI. In the event a consumer decides to relocate, the landlord will be reminded to disperse any remaining security deposit to the payer rather than to the tenant.
- **Person is waiting SSA Determination of benefits and needs Rental Subsidy or Contingency funding support.** - At the time of application for SSI benefits, and prior to their receipt, the Housing Specialist will ensure that a representative payee has been identified and in agreement to reimburse the County upon receipt of SSI funds following a favorable determination of benefits by the SSA. A letter from Lebanon County MH/MR/EI will be sent to the Representative Payees requesting reimbursement to the County.

III. IDENTIFICATION OF PRIORITY CONSUMER GROUPS

- A. OMHSAS has identified persons from your county residing in institutions including Personal Care Homes that have over sixteen residents as the highest priority group for access to supportive housing in your community as is most often the most integrated setting possible for this target group. This includes identifying your housing goals for serving this target group in FY 2011, what services will be made available to them to assure they have access to the most integrated setting possible and steps you will take to do as part of your housing planning. The most integrated settings possible include permanent supportive housing with both In Plan services and other services. If your plan is to assist people leaving institutions to move into CRRs and people from CRRS to move into supportive housing, please describe below your plan to assure this is a one-for-one exchange.

Priority Group 1: Adults with SMI in state psychiatric facilities or Personal Care Homes that have over sixteen residents for access to supportive housing. - "Highest Priority"

Rationale for Priority:
 Persons who are in state psychiatric institutions or Personal Care Homes with greater than sixteen residents are in need of intensive psychiatric services in order to successfully access supportive housing units in the community. It is the goal of the Lebanon County Mental Health Program that all individuals with mental illness shall live as safely, independently and in the least restrictive environment as possible. To that end, mental health staff shall assist consumers with assessing their individual housing needs and resources and assist consumers in working toward achieving their housing goals with their personal choice as the guiding factor. When relocating from large Personal Care Homes, CRR or State Psych

Hospital our goal is to assure persons have access to the most integrated setting possible. In addition to being provided with a **Targeted Case Management** option,

Targeted Case Management (TCM) – In Lebanon County TCM is provided through Resource Coordinators (RC) and Intensive Case Managers (ICM). While each type of TCM is distinct in the level of support provided, each assures that a persons' needs become linked to available services and resources, provides assistance to access the services and monitors the services or supports received, to include but not limited to outpatient medication management appointments. It shall be the responsibility of the TCM to work with consumers in need of assistance with housing options. New intakes, or existing consumers not already on a TCM caseload, will be referred to TCM when there is a need for housing placement. Priority for assignment to a TCM caseload will be given to those consumers with an emergent housing need.

Upon identification of a housing need for a consumer, the TCM will begin completion of the Housing Options Worksheet. The TCM will conduct a housing situation reassessment yearly at a minimum using the Housing Options Worksheet per the housing options plan.

Community Residential rehabilitation (CRR): has proven to be very helpful to persons with personal goals to return to independent living. CRR will be a transitional residential step to help people attain or regain the skills necessary prior to moving into an independent living arrangement. As persons discharged from long term state hospitalization complete CRR, Supported Housing Program Services can be offered to assist persons in identifying and transitioning into their new affordable living arrangement.

Supported Housing Program Services (SHP) consist of mobile counselors that provide in home skill development which focus on the necessary activities of daily living people require to live independently. Everyone will be afforded the choice between two providers of SHP.

Assertive Community Treatment (ACT) – known as "a clinical home" provides direct treatment, rehabilitation, and support services to adults with severe and mental illnesses. ACT philosophy is to provide services in an aggressive outreach manner meeting the client in the community as well as streamlining service provision through a coordinated team of professionals.

- B. Identify up to three additional priority groups (who are MA eligible) for these targeted housing resources. You have a choice of listing them all as "high" priority or may be listed in descending priority order; please indicate which method you are using. Counties can choose to identify the priority group by age, type of disability/need or other designation. In the rationale for priority, please discuss why the priority group is "most in need" of permanent housing to be created by this initiative. Provide local or state data and statistics to support your priority consumer targeting plan. Keep in mind that Reinvestment funds must be targeted to address the "unmet need" for permanent supportive housing among MA eligible persons in your County. In the rationale for priority, please describe any strategic, systems considerations for identifying a priority consumer group.

Priority Group 2: Transitional Age Population – "High Priority"

Rationale for Priority:

The population to be served is within the component of the 18-25 year old age group in the behavioral health community who may have diagnoses of: Attention Deficit Hyperactivity Disorder (ADHD), Mood disorder, Oppositional Defiance Disorder (ODD) or a serious mental illness (SMI) and are not prepared to live independently.

Individuals within this target population may have lacked a supportive nurturing upbringing and often have been exposed to various forms of child-abuse from their parents or other family members to include physical, sexual, drug or alcohol abuse. The families may not have supported school attendance, and could have been involved with Children & Youth Services. As a result:

- Persons often display physical/verbal violence towards others and lack skills needed to get along with others in a job setting. This population may lack focus needed for a job setting due to MH diagnosis.
- This age group displays an increased use of drugs and/or alcohol and is unwilling to participate in support group meetings such as Alcoholics Anonymous or Narcotics Anonymous.
- Depending on the treatment and/or services needed, persons typically are not interested in participating with services, and particularly resist the appropriate use of prescribed medications.
- This group tends to shun responsibility to maintaining a healthy lifestyle and left unchecked will spend most of the day asleep in bed after remaining out late throughout the evening on a regular basis.
- Persons still in school will display numerous absences from school and will have difficulty attaining a good education.
- Persons typically have been residents in Residential Treatment Facilities and were discharged after "aging out" upon reaching their 19th or 22nd birthday.
- Persons in this group may not have the experience necessary to live independently, due to never having received basic living skills such as balancing a checkbook, paying bills, or budgeting.

In view of the challenges mentioned above, Lebanon County MH/MR/EI, initiated an aggressive approach, striving to address needs being identified in this troubled population. Lead by the CASSP Coordinator, the Lebanon Transition Collaboration Team (TCT) was created to achieve improved communication and cooperation among individual, family members, school personnel, agency personnel and all other involved persons. Core team members of this group are representatives from Children and Youth Services, Drug & Alcohol, PA Office of Vocational Rehabilitation, Lebanon County IU 13, Mental Health/Mental Retardation, GSH Family Practice, The Arc of Dauphin & Lebanon Counties, Family Member(s), and the School District. The agencies represented by the Core Team are not necessarily involved with the adolescent being reviewed. The Core Team members bring a wealth of knowledge to the TCT review table, and are aware of many resources available to assist families with their current concerns.

Over an 8 month period from July 2010 through March 2011, there were 34 unduplicated transition-aged youth referred for TCT review. The following statistics are in support of the priority group #2 Transition Age Population. Of the 34 youth that were referred:

- 29% needed assistance with housing.
- 68% were active with Lebanon County MH/MR/EI and receiving case management services.
- 53% originated from Lebanon County MH/MR/EI, 26% came from Children & Youth Services, and 21% came from community service providers.
- 29% were for youth who were in custody of Children & Youth Services.
- 71% showed that fathers were not involved, while just 53% had both parents or adoptive parents involved.

These statistics are not all-inclusive for the needs of transitional age youth in Lebanon County, but rather a snap-shot of our currently identified transitional age youth and housing needs. We also recognize that transitional age youth typically need very intensive services in order to be successful in an adult recovery and resiliency-focused model.

Priority Group 3: Adults with SMI having a forensic affiliation, that require psychiatric services to live successfully in the community – "High Priority"

Rationale for Priority:

The rationale for serving this priority population is identical to Priority Group 1 (above) with the following exceptions. This group has either spent time in a facility operated by the County or State Department of Corrections and been paroled or has been criminally charged but on probation. Persons whom have been criminally charged will have had infractions at misdemeanor or felony level regarding illegal substances, and/or offenses to persons or property. As a result:

- Persons with assault charges or drug-related charges are restricted from accessing federally funded housing programs, such as Section 8 or public housing, until a period of five years has lapsed, and are to have achieved successful rehabilitation.
- Persons whom have been charged with methamphetamine abuse are permanently prohibited from receiving any federally funded housing assistance.
- Persons whom are on probation or parole that are required to have a home plan as part of their strategy to live outside of prison, can not be classified as homeless and are prohibited from accessing housing programs supported by McKinney-Vento funds.

The following statistics are in support of the priority group #3 Forensic Population:

In a review of the Forensic Resource Coordinator's case load of 29 persons:

- 92% of persons in community settings were receiving intensive services such as the Supported Housing Program and Psychiatric Services. (does not include 2 persons presently incarcerated and 1 person receiving inpatient psychiatric services)
- 10% were receiving inpatient psych services or were incarcerated
- 41% were living independently
- 34% were living with a family member
- 7% were living in a Rooming House
- 3% were living in transitional housing such as Community Residential Rehabilitation
- 3% were living in a Personal Care Home
- None of the persons in community residence were receiving section 8 rental subsidies due to their forensic history. (Note: In response to this finding, the Housing Specialist will be following up with the Housing Authority in order to assist in identifying potential options to support persons in achieving identified personal goals of affordable housing.

It is evident that this population will need a rental subsidy and a high level of support while in community rehabilitation. This will require active support from case management and the ability to collaborate with other community programs.

Priority Group 4: None identified

Rationale for Priority: N/A

Lebanon County Program

FY 2012-2017 County PlanFORENSIC PLAN GUIDELINES

Using the Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships, please provide available services under each Intercept and corresponding subgroup within the Intercept. Please reference the Intercept Model Diagram attached.

Service	Yes	No	Comments
<i>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</i>			
911 Training:	X		In January 2009, Lebanon County received a joint Pennsylvania Commission on Crime and Delinquency (PCCD) and Pennsylvania Commission on Sentencing grant to provide training entitled "Mental Health Training for Police, Other First Responders, and Mental Health Advocates". This was the first cross-training provided in Lebanon County.
Police Training:	X		All Lebanon County officers complete the basic training and refresher training curricula required by the Municipal Police Officers' Education and Training Commission (MPOETC). Two of the "refresher trainings" since 2003 have been geared toward police interaction with individuals with special needs and/or mental health issues. In January 2009, Lebanon County received a joint Pennsylvania Commission on Crime and Delinquency (PCCD) and Pennsylvania Commission on

		<p>Sentencing grant to provide training entitled "Mental Health Training for Police, Other First Responders, and Mental Health Advocates". This was the first cross-training provided in Lebanon County.</p> <p>Lebanon City Police Department may provide annual officer trainings regarding use of force and de-escalation in crisis situations, but this training is not always available to other police departments in Lebanon County.</p>
Documentation of Contact:	X	Participated in the Center of Excellence cross-systems mapping process on February 9 & 10, 2011
Emergency/Crisis Response:	X	Provides confidential and free 24/7 services, provided by Philhaven Hospital and funded through a contract with Lebanon County Community Action partnership. (funded by multiple funding streams / county agencies)
Follow Up:	X	<ol style="list-style-type: none"> 1) Implement a more proactive crisis intervention system (as opposed to crisis response) by adding additional mobile crisis 2) Develop a data plan 3) Inclusion of trauma-specific treatment and informed systems across intercepts 4) Develop Forensic Peer Supports across intercepts
Evaluations of Services:	X	<p>Identified Gaps:</p> <ul style="list-style-type: none"> ❖ Lack of training at law Enforcement can lead a person with SMI to have more charges ❖ Funding for crisis intervention is limited ❖ Not enough early intervention for acute folks ❖ No data right now for mobile

		<p>crisis</p> <ul style="list-style-type: none"> ❖ Vets ending up in ER -- lack of communication between VA and Good Samaritan Hospital ❖ Needs to be increased communication between VA and Social Services ❖ VA does not have their own mobile crisis ❖ Fragile budget for crisis intervention ❖ Community shared responsibility to fund crisis not there ❖ Hard to show cost/benefit of crisis across all systems <p>Identified Opportunities:</p> <ul style="list-style-type: none"> ❖ Police and Crisis can/do respond together when possible ❖ Good collaboration among many intercept 1 services ❖ 2 day TCI annually ❖ New Chief of Police at the VA is increasing communication with other police departments ❖ Other agencies such as ICM, Probation and PA Counseling Services meet consumers at Emergency department ❖ Live call-in crisis line, not an answering machine ❖ Crisis intervention is a good resource for law enforcement and emergency department ❖ Many informal agreements and systems ❖ Philhaven has been working on a program to get data for mobile crisis ❖ Have 911 codes to dispatch so we can breakdown who is calling ❖ Computer Assisted Dispatch
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			(CAD)
Other:			
Contact information for Intercept 1: Name, email, and Phone number	X		Crisis intervention: Carol Saltzer, 717-644-4604, csaltzer@philhaven.org
<i>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</i>			
Screenings:	X		When an individual is arrested in Lebanon County, he/she is taken to Lebanon County Central Booking. Central Booking completes a preliminary suicide risk and mental health crisis assessment based on the account of the transporting officer.
Pre-Trial Diversion:	X		If an individual is currently in crisis and screening positive for suicidal ideation or mental health crisis, he/she is transported to the emergency room at Good Samaritan Hospital to be cleared by Lebanon County crisis intervention before returning to Central Booking.
Service Linkage:			
Other:	X		Identified Gaps: <ul style="list-style-type: none"> ❖ More education needed at central booking re: what crisis can and cannot do ❖ No mental health screening at Central Booking ❖ No pretrial services ❖ No MDJ relationship with crisis ❖ Back and forth for medical clearance ❖ Detox ties up ED rooms Identified Opportunities: <ul style="list-style-type: none"> ❖ Central Booking – people come to ED less agitated because they have a chance to calm down ❖ DA oversees central booking ❖ Lebanon County law enforcement provides some security for central booking ❖ There is always a detox bed

			<ul style="list-style-type: none"> ❖ available for probation ❖ Some suicide prevention measures ❖ Good informal relationship between police officers and central booking
Contact information for Intercept 2: Name, email, and Phone number			
<i>Intercept 3: Jails and Courts</i>			
Screening:	X		<p>At intake, individuals entering LCCF are screened for suicide risk with the Suicide Prevention Screening Questionnaire. Inmates are also given a physical examination that includes basic mental health and medication questions.</p> <p>If an inmate presents as a suicide risk, he/she is placed in an isolation cell with a "suicide blanket". These cells are checked in-person every 15 minutes by a correction officer, and are monitored constantly through video surveillance in the LCCF control center.</p>
Court Coordination:	X		<p>DUI Treatment Court:</p> <ul style="list-style-type: none"> ❖ In existence since Dec 2008 ❖ Capacity of 70 participants ❖ Participants must meet eligibility criteria ❖ Participants have direct and frequent contact with the DUI Court treatment team members ❖ Treatment program includes electronic monitoring and/or the use of a SCRAM unit in lieu of incarceration or the program may provide a combination of incarceration and electronic monitoring to fulfill the mandatory sentencing required by the DUI statute. ❖ Participants are enrolled in the program for a minimum

			<p>of 2 years</p> <ul style="list-style-type: none"> ❖ Successful completion of the program is recognized during a graduation ceremony and an aftercare program is specifically designed to enable graduates to maintain the momentum they already achieved <p>Accelerated Rehabilitative Disposition (ARD) Program</p> <ul style="list-style-type: none"> ❖ One-time alternative to trial, conviction or a possible jail sentence ❖ Upon application and completion of a probationary period, charges are dismissed
Service Linkage:			
Court Feedback:			
Jail-Based Services:	X		<ul style="list-style-type: none"> ❖ Prison psychiatrist once per week and a prison social worker twice per week ❖ Anger management stress and anger treatment program ❖ Chaplain/religious services ❖ Counseling services ❖ Drug & Alcohol Services ❖ Education Programs ❖ Individual treatment services (1:1) ❖ LCCF, in conjunction with crisis intervention, also has a Critical Incident Stress Management Group (CISM) that helps debrief correction officers following crisis situations at the prison
Other:	X		<p>Identified Gaps:</p> <ul style="list-style-type: none"> ❖ No data for who is going in and out of the prison for 2 years because of budget, technology and resource issues ❖ Jail has data but it must be hand sorted

		<ul style="list-style-type: none"> ❖ Once a person is arraigned they become the jails responsibility ❖ Issues with people in the jail having access to medications – continuity of care ❖ No mental health track in DUI court ❖ Lack of data ❖ Treatment and security sometimes bump heads ❖ MH/MR/EI case is closed when they go to prison ❖ D&A in jail limited, more education vs. treatment ❖ 20-30 people are taken to the jail prior to preliminary hearing. Increased length of stay for low level charges for people with SMI ❖ Identification of non-frequent users is difficult ❖ Many in the jail are not known to the MH/MR/EI system <p>Identified Opportunities:</p> <ul style="list-style-type: none"> ❖ Electronic records are being done in the last 2 months ❖ Collaboration meetings at the jail with crisis, MH, probation, jail and VA ❖ Video arraignment ❖ Jail has been tracking information, there is a list ❖ Jail does suicide screenings ❖ DUI court ❖ Decreased population in jail ❖ Early diversion available with minimum time served with electronic monitoring (SCRAM) ❖ ARD for other first time offenses besides DUI ❖ MH/MR/EI has a shared formulary with the prison ❖ Work release
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		<ul style="list-style-type: none"> ❖ Collaboration between jail and crisis ❖ Physician Assistant in jail trying to keep people on their meds ❖ Lots of volunteer services in jail – work with chaplain and jubilee ministries to provide support services
Contact information for Intercept 3: Name, email, and Phone number	X	Anthony Hauck, LCCF Deputy Warden of Treatment ahauck@lebcnty.org 717-274-5451
<i>Intercept 4: Re-Entry from Jails, Prisons and Hospitals</i>		
Assess:		
Plan:	X	Individuals are typically released from Lebanon County Correctional Facility at 6 am on the morning of their release date. Inmates who have a known release date and were on psychotropic medications within the jail typically leave LCCF with 6 days of medication and a prescription for an additional 30 days of medication.
Identify:		
Coordinate:	X	An appointment with Lebanon County MH/MR/EI (typically within the two weeks following the release date) is sometimes scheduled before an inmate leaves the facility. MH/MR/EI prioritizes appointments for individuals with recent prison releases and is able to provide some funding to fill the first prescription post-release. Lebanon County does not have a formal re-entry program. However, individuals qualifying for the Intensive Mental Health Caseload through probation /parole are identified as soon as possible and as an individual's parole date approaches the IMHC officer works with the Forensic Resource

		<p>Coordinator (Lebanon County MH/MR/EI) to connect the client to services.</p> <p>Jubilee Ministries also provides some faith based re-entry assistance including "pre-release" classes in the jail, an aftercare program, and temporary housing solutions upon release.</p>
Other:	X	<p>Identified Gaps:</p> <ul style="list-style-type: none"> ❖ Hard to find doctors who accept insurance ❖ Do not get prescription if jail doesn't know they are being released ❖ Not using COMPASS system in jail ❖ DOC list of Lebanon County inmates and potential release dates not utilized ❖ ½ jail on psychotropic medications ❖ Transportation from jail at time of release ❖ Unplanned releases ❖ Case management has a waiting list <p>Identified Opportunities:</p> <ul style="list-style-type: none"> ❖ Have data for everyone who is in State Corrections that has SMI ❖ A person can go from jail to crisis to community ❖ 6 days of in-hand medication + 30 day prescription ❖ MH/MR/EI has funding to pay for the 30 days of meds if person keeps their intake appointment ❖ Volunteers in medicine ❖ Opportunity to work with County Assistance Office (CAO) ❖ Work release folks can get treatment in the community ❖ Transitional housing program

			at Jubilee Minisitries
Contact information for Intercept 4: Name, email, and Phone number	X		Sally Barry (Adult Probation) sbarry@lebcenty.org 717-273-1557, ext 104 OR Tamara Guilliams (Lebanon County MH/MR/EI) tguilliams@lebcenty.org 717-274-3415
<i>Intercept 5: Community Corrections and Community Support Services</i>			
Screening:	X		IMHC participants are selected based on past history, diagnosis and medication.
Maintain a Community of Care/Service Linkage:	X		Housing Resources: <ul style="list-style-type: none"> ❖ Lebanon Rescue Mission Women's Ministry ❖ Lebanon Rescue Mission Men's Ministry ❖ Lebanon County Community Action Partnership (LCCAP) ❖ Partners for Progress ❖ Jubilee Ministries Transition House ❖ Community Residential Rehabilitation Home (CRR) Community Resources: <ul style="list-style-type: none"> ❖ Haleyon Activity Center
Implement a Supervision Strategy:	X		Lebanon County adult probation and parole has a designated Intensive Mental Health Caseload Probation Officer and an MH/MR/EI Forensic Resource Coordinator that collaborate on the handling of offenders with mental health diagnoses. The Intensive Mental Health Caseload (IMHC) is limited to approximately 35 individuals. The program requires weekly meetings with both the IMHC probation officer and Forensic Resource Coordinator and provides offenders with assistance for housing, vocational/educational advancement, counseling, medication access, and other ancillary services as required. The

		intensive supervision and case management model is designed to reduce recidivism and provide support for symptom management.
Graduated Responses and Modification of Conditions of Supervision:	X	<p>Lebanon County Restrictive Intermediate Punishment:</p> <ul style="list-style-type: none"> ❖ Used to divert level 3 & 4 offenders into long-term treatment program, who are initially identified prior to sentencing disposition by the DA or Public Defenders, or more commonly, at the Pre-sentence investigation stage by the adult probation officer ❖ Program and supervision usually completed within 34 months ❖ 6 Phases ❖ 1st phase: residential placement at Renaissance Crossroads ❖ 2nd phase: securing legal, full-time employment or another type of consistent daily activity ❖ 3rd Phase: transition to intensive treatment and independent living with electronic monitoring ❖ 4th Phase: transfer to intensive outpatient ❖ 5th Phase: outpatient treatment and the final phase of treatment is general supervision
Other:	X	<p>Identified Gaps:</p> <ul style="list-style-type: none"> ❖ No Forensic Peer Specialists ❖ Some folks do not get identified with SMI and don't get the best access to services and supervision ❖ Case management waiting list ❖ Housing for all and especially for high needs

		<ul style="list-style-type: none"> ❖ Med stabilization, no alternatives besides jail ❖ Connection to the community not as good when the probation department is not involved ❖ Difficult to place sex offenders in housing and other programs ❖ No sex offender counseling ❖ Lack of trauma-informed care or specific trauma services across all intercepts <p>Identified Opportunities:</p> <ul style="list-style-type: none"> ❖ MH probation/parole and Forensic Resource Coordinator work closely with CRR ❖ Forensic Resource Coordinator works with MH adult probation and parole and has a small caseload ❖ Stats on who is on probation and parole for this population – been tracking since 2009. Other basic offender information can be gathered from PA Board of Probation & Parole and the PA Commission on Sentencing ❖ Grow programs such as Halcyon by using models such as Mosaic in Berks ❖ Numbers on probation and Parole ❖ Practice Community-based supervision ❖ Probation has questionnaire as part of the home plan that includes information about medication and appointments
<p>Contact information for Intercept 5 Name, email, and Phone number</p>		<p>Craig Cook (Adult Probation) ccook@lebenty.org 717-273-1557, ext 104 OR Tamara Guilliams (Lebanon County MH/MR/EI)</p>

		tguilliams@lebcntv.org 717-274-3415
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During the Cross-systems mapping process on February 9 & 10, 2011, we developed our Top Seven Priorities:

1. Develop jail diversion at Intercept 2
2. Develop more proactive crisis intervention (as opposed to crisis response)
3. Expand identification and treatment services in the prison
4. Expand transitional housing
5. Develop a data plan
6. Inclusion of trauma-informed specific treatment and informed systems across intercepts
7. Develop Forensic Peer Supports across intercepts

(Please refer to the complete Lebanon County Report, "Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System" following this Attachment M.)

Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:

Collaborative Efforts

A collaborative relationship has been established between Lebanon County MH/MR/EI and applicable State Correctional Institutions.

The Forensic Resource Coordinator serves as a contact person for individuals being released from a state correctional institution. This connection is essential to the provision of information to the SCI staff members regarding the mental health services in Lebanon County and for the SCI staff to provide treatment/service plan information to the RC. It is anticipated that this case manager will be a home/treatment/service plan resource for individuals being released on parole.

A letter of agreement (LOA) between the LCCF and the MH/MR program is in place. The LOA specifically defines the psychiatric and social worker services provided at LCCF. The psychiatric services are provided by a psychiatrist and a social worker in the LCCF on a weekly basis. The psychiatrist is available one day a week for medication management and the social worker is available 2 or 3 days per week to provide assessment, intervention, referral and counseling services. We are currently in the process of increasing the psychiatric and social work time at LCCF beginning July 1, 2011 for the new fiscal year (2011/2012). (Although this is in process, the final paperwork is yet to be completed with the specified additional hours.) These services have been beneficial in assessing and maintaining treatment during the incarceration period.

Criminal Justice Advisory Board (CJAB) Participation

Lebanon County established a CJAB in fiscal year 2007-2008. The Lebanon County MH/MR Administrator is an active member of this board. The MH/MR Director of Mental Health Services gave a presentation regarding the mental health service system at the February 2008 CJAB meeting.

At this time it is anticipated that communication and information sharing with the CJAB will be facilitated by the MH/MR Administrator.

DREXEL UNIVERSITY &
UNIVERSITY OF PITTSBURGH



Mental Health & Justice
Center of Excellence

Lebanon County Report

February 9th and 10th, 2011

Transforming Services
for Persons with Mental Illness in
Contact with the Criminal Justice System

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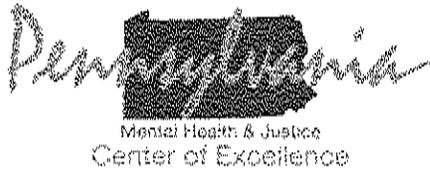


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Lebanon County, Pennsylvania

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence *Cross-Systems Mapping and Taking Action for Change* workshop held in Lebanon County, Pennsylvania, on February, 9th and 10th, 2011 at the Pennsylvania Counseling Services Training Room (200 North Seventh Street Lebanon, PA). The Lebanon County Criminal Justice Advisory Board in conjunction with Pennsylvania Counseling Services hosted the workshop as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and who come in contact with criminal justice system. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop;
- A summary of the information gathered at the workshop;
- A cross-systems intercept map as developed by the group during the workshop;
- A description of each intercept along with identified gaps and opportunities;
- An action planning matrix as developed by the group; and
- Observations, comments, and recommendations to help Lebanon County achieve its goals.

Background

The Lebanon County Criminal Justice Advisory Board and multiple other stakeholders requested the Center of Excellence *Cross-Systems Mapping and Taking Action for Change* workshop to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, they were requested to provide assistance to Lebanon County with:

- Creation of a map indicating points of interface among all relevant Lebanon County systems;
- Identification of resources, gaps, and barriers in the existing systems; and
- Development of priorities to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system.

Prior to the workshops, the Center of Excellence gathered information about Lebanon County through a *Community Collaboration Questionnaire*, a preliminary meeting by conference call, and gathering of documents relevant to the population.

The participants in the workshops included 37 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, and Nancy Wieman, MS facilitated the workshop sessions. Sarah Filone, MA, Sarah Dorrell, MSW and Katy Winckworth-Prejsnar also provided support.

About the Workshop

Upon receiving a grant from the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services in late 2009, the Pennsylvania Mental Health and Justice Center of Excellence was developed as a collaborative effort by Drexel University and the University of Pittsburgh. The mission of the Center of Excellence is to work with Pennsylvania communities to identify points of interception at which action can be taken to prevent individuals with mental illness from entering and penetrating deeper into the justice system.

The Center of Excellence workshops, *Cross-System Mapping* and *Taking Action for Change*, are unique services tailored to each Pennsylvania community. These workshops provide an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system.

This workshop is unlike other types of consultations or staff development training programs. A key element is the collaborative process. Meaningful cross-system collaboration is required to establish effective and efficient services for people with mental illness and co-occurring substance use disorders involved in the criminal justice system. This makes the composition of the group extremely important. While some workshops involve advertising to the entire provider community, it is essential in the *Cross-System Mapping* workshops that the organizers gather a group that represents key decision makers and varied levels of staff from the relevant provider systems. Center of Excellence staff work with this group, serving as expert guides to help:

- Create a cross-systems map indicating points of interface among all relevant local systems;
- Identify gaps, opportunities, and barriers in the existing systems;
- Optimize use of local resources;
- Identify and prioritize necessary actions for change; and
- Develop an action plan to facilitate this change.

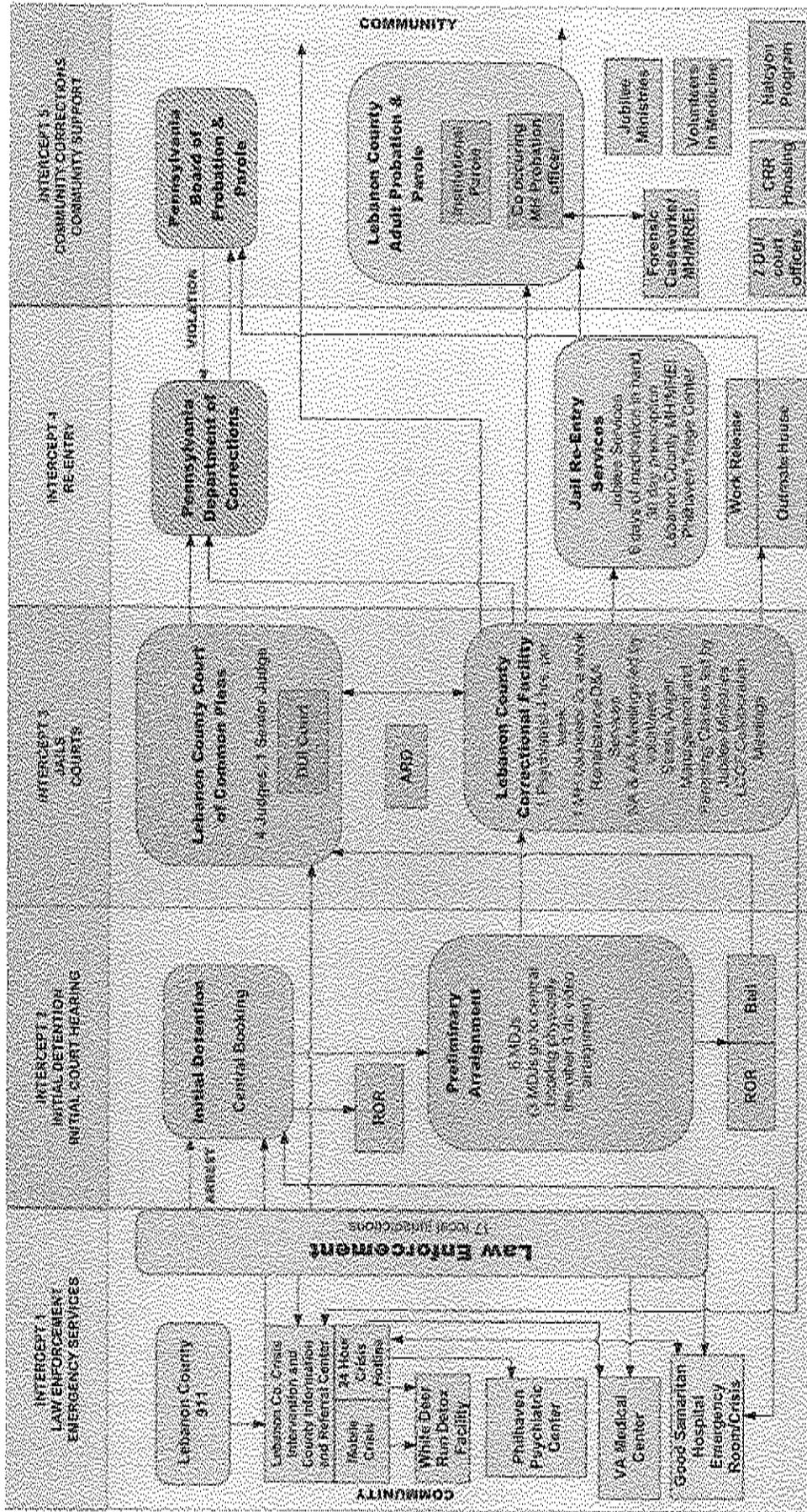
Upon completion of the workshops, the Cross-Systems Map included in the report is provided in both print and electronic formats. It is meant to be a starting point. The electronic files can be revised over time to reflect the accomplishments and changes in the planning process.

Objectives of the Cross-Systems Mapping Exercise

The *Cross-Systems Mapping Exercise* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring substance use disorders move through the Lebanon County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

Lebanon County Cross Systems Map



Lebanon County Cross Systems Narrative

The *Cross-Systems Mapping and Taking Action for Change* exercise is based on the Sequential Intercept Model developed by Mark Munetz, M.D. and Patty Griffin, Ph.D.,¹ in conjunction with the National GAINS Center. In this workshop, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Cross-Systems Mapping and Taking Action for Change* workshop. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Lebanon County Cross-Systems Map. The cross-systems local task force may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brain storming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are, therefore, subjective rather than a majority consensus.

General Description of Services and Cross-System Collaboration

Lebanon County is Located in south central Pennsylvania, approximately 25 miles east of the state capital. It is a 5th class county with a total land area of 362.9 square miles. Lebanon County is comprised of 26 municipalities and 7 boroughs. As of the 2010 census, the population was 133,568, an 11% increase since 2000. The county seat is the City of Lebanon.

The County has been building a continuum of criminal justice and mental/behavioral health services that provides a basic foundation for continued growth and reorganization on all levels. There are a number of established links, both formal and informal, between the courts, probation, police departments, corrections and the mental health system that include, including but not limited to:

- A forensic case manager and mental health probation officer who share a caseload
- Formal agreement between Adult Probation and MH/MR/EI regarding cases handled by the Intensive Mental Health Caseload probation officer and forensic caseworker.
- A strong relationship between law enforcement and crisis services
- Probation has an information agreement with White Deer Run detox facility for beds

The Lebanon County MH/MR/EI Program provides services to Lebanon County residents who have certain mental health diagnoses, a diagnosis of mental retardation, or to children from birth up to the age of three who have a developmental delay or are at risk for a developmental delay. Through case management, MH/MR/EI provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and psychological evaluation, medication monitoring, residential programs for the mentally retarded, vocational and social rehabilitation, short-term inpatient, partial hospitalization, early intervention services (birth to three years) and 24-hour emergency services. Consultation and education services are available upon request.

¹ Munetz, M. & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

The Office works closely with the county Medical Assistance/Health Choices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness qualify for both Medical Assistance/Health Choices supports and county-funded supports.

Lebanon County provides an extensive and detailed network of care website for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features, and is available at:

http://lebanon.pa.networkofcare.org/mh/text/resource/prg_search.cfm?alpha=true&sw=L

Additionally the Lebanon County Human Services Directory and the "No Wrong Door" Lebanon Resource Guide, which provides information on services available to Lebanon County residents, may also be found at:

<http://www.lebcounty.org/CAP/Pages/home.aspx>

Intercept I: Law Enforcement / Emergency Services

911

The Lebanon County 911 Communications Center is a County Certified Public Safety Answering Point. The 911 center answers all emergency and non-emergency calls for Lebanon County and provides communications between Fire, Police, EMS, EMA, and Haz-Mat. The center also coordinates communications with other counties and state/federal agencies.

Law Enforcement

Lebanon County houses 17 police jurisdictions. Most of these jurisdictions are fairly small (10 officers or less) with the exception of Lebanon City Police Department, which currently employs 41 officers.

All Lebanon County officers complete the basic training and refresher training curricula required by the Municipal Police Officers' Education and Training Commission (MPOETC). Two of the 'refresher trainings' since 2003 have been geared toward police interaction with individuals with special needs and/or mental health issues.

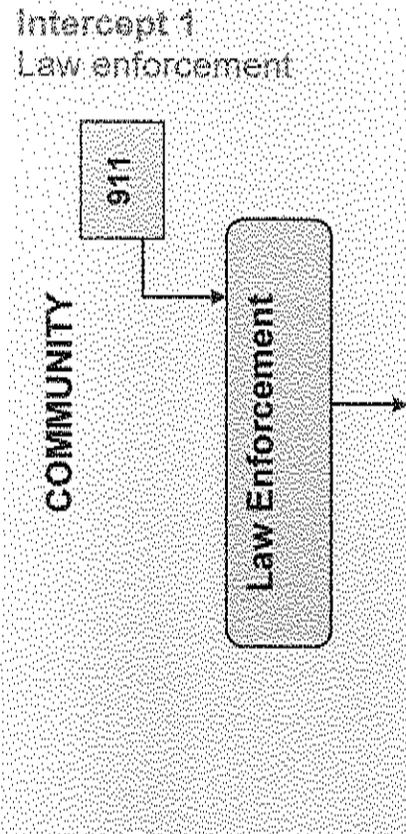
In January, 2009 Lebanon County received a joint Pennsylvania Commission on Crime and Delinquency (PCCD) and Pennsylvania Commission on Sentencing grant to provide training entitled "Mental Health Training for Police, Other First Responders, and Mental Health Advocates". This was the first cross-training provided in Lebanon County.

Lebanon City Police Department may provide annual officer trainings regarding use of force and de-escalation in crisis situations, but this training is not always available to other police departments in Lebanon County.

Crisis Services

Lebanon County Crisis Intervention and County Information and Referral Center is a confidential and free seven day/24 hour service, provided by Philhaven Hospital and funded through a contract between the County Commissioners and Philhaven Hospital. The service is licensed through the Department of Public Welfare. The service bills medical assistance for appropriate services.

This service is available to all persons in Lebanon County and can be accessed at (717) 274-3363.



The Lebanon County Crisis Intervention and County Information and Referral Center currently employs 10 individuals (4 full-time, 6 part-time) and provides several services for Lebanon County including:

- A Walk-in Crisis Center at Good Samaritan Hospital
- County Information and Referral Services
- Mobile Crisis Services
- A Drug & Alcohol Commission 24/7 Hotline:
 - Arrangements for emergency detoxification services
 - Backup for calls coming into D&A line when they are closed, and
 - Emergency calls coming into Alcoholics Anonymous when their hotline is not covered. (Calls are forwarded by the answering service if they are an emergency.)
- MH/MR 24/7 Hotline for Crisis Intervention Services; 24/7 Mental Health Delegate services for MH/MR emergency services:
 - Screen for Intensive Case Management services for MH/MR (client calls crisis instead of ICM worker during on call hours). In addition, Crisis counselors follow these clients while in the ER and complete bed searches for these clients if a 302 commitment hospitalization is necessary
 - Backup for call coming into MH/MR line when they are closed
 - Supportive counseling for MH/MR chronic clients
 - Attends hearings at Philhaven or VAMC when counselor serves as petitioner for commitments.

Additionally, Lebanon County MH/MR/EI has a **Disaster Crisis Outreach and Referral Services**, and there is a **Lebanon County Critical Incidence Stress Management Team** that is comprised of mental health professionals and is designed to serve First Responders with support after they have dealt with an emergency situation.

Crisis Hotlines

Lebanon County has access to several crisis services hotlines including: **Crisis Intervention** (717- 274-3363), **Lebanon County MH/MR** (717- 274-3415), **Domestic Violence Intervention** (717) 273-7190), and a 24/7 blended crisis and referral **Help Line** (1-800-923-4357).

Additionally, the **National Suicide Hotline** number is 1-800-273-TALK (8255), and the **National VA Suicide Hotline** number is 800-273-8255.

Detoxification Services

Detoxification services are available through **New Perspectives at White Deer Run of Lebanon**. This is a 24/7 facility and is located at 3030 Chestnut Street Lebanon, PA 17042. Available services include: Inpatient Non-Hospital Detoxification (Adults), Inpatient Residential Chemical Dependency Rehabilitation (Adults), Intensive Outpatient Programs (Adults), and Outpatient Individual, Group, and Family Therapy.

Hospitals

Lebanon County residents have access to three area hospitals.

Good Samaritan Hospital-Lebanon (Emergency Room and Crisis Intervention services)

PO Box 1281

Fourth & Walnut Streets

Lebanon, Pennsylvania 17042

(717) 270-7500

Part of Good Samaritan Health System

Philhaven Psychiatric Center (inpatient and intensive outpatient psychiatric care for adults, children, and adolescents)

283 S Butler Road

PO Box 550

Mt Gretna, Pennsylvania 17064

(717) 273-8871

VA Medical Center - Lebanon

1700 S Lincoln Avenue

Lebanon, Pennsylvania 17042

(717) 272-6621

➤ **Identified Gaps**

- Lack of training at Law Enforcement can lead a person with SMI to have more charges
- Funding for Crisis Intervention is limited
- Not enough early intervention for acute folks
- No data right now for mobile crisis
- Vets ending up in ER – lack of communication between VA and Good Samaritan Hospital
- Needs to be increased communication between VA and Social Services
- VA does not have their own mobile crisis
- Fragile budget for Crisis Intervention
- Community shared responsibility to fund Crisis not there
- Hard to show cost/benefit of crisis across all systems

➤ **Identified Opportunities**

- Police and Crisis can/do respond together
- Good collaboration among many Intercept 1 services
- 2 day TCI annually (Define TCI – What does the acronym mean?)
- New Chief of Police at the VA is increasing communication with other Police Departments.
- Other agencies such as ICM, Probation, and PA Counseling Services, meet consumers at Emergency Department
- Live call-in crisis line, not an answering service
- Crisis Intervention is a good resource for Law Enforcement and Emergency Department
- Many informal agreements and systems
- Philhaven has been working on a program to get numbers for mobile crisis
- Have 911 use codes to dispatch so we can breakdown who is calling
- Computer Assisted Dispatch (CAD)

Intercept II: Initial Detention / Initial Court Hearing

Arrest and Initial Detention

When an individual is arrested in Lebanon County, he/she is taken to **Lebanon County Central Booking** at 400 South 8th Street Lebanon, PA 17042, (717) 228-4413. Central booking has been operating in Lebanon County since 2003, and is overseen by the District Attorney's Office. Effective January 1, 2005, all persons arrested in Lebanon County are to be processed at Central Booking (per Administrative Order No. 3-2004 from the President Judge).

Central Booking conducts a preliminary suicide risk and mental health crisis assessment based on the account of the transporting officer. If an individual is currently in crisis, he/she is transported to the emergency room at Good Samaritan Hospital to be cleared by Lebanon County Crisis Intervention before returning to Central Booking.

Preliminary Arraignment

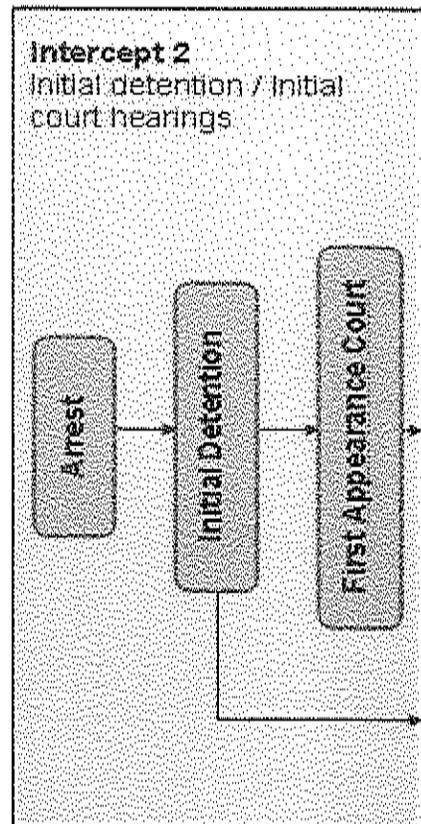
Preliminary Arraignment is conducted at the Central Booking Center by one of Lebanon County's six Magisterial District Judges (MDJs). Arraignments may be completed using video arraignment technology or an in-person arraignment, depending on the schedule and location of the on-duty MDJ.

➤ **Identified Gaps**

- More education needed at central booking re: what crisis can and cannot do
- No mental health screening at Central Booking
- No Pretrial Services
- No MDJ relationship with Crisis
- Back and forth for medical clearance
- Detox ties up ED rooms

➤ **Identified Opportunities**

- Central booking – People come to ED less agitated b/c they have a chance to calm down
- DA oversees central booking
- Lebanon County Law Enforcement provides some security for Central Booking
- There is always a detox bed available for probation
- Some suicide prevention measures
- Good informal relationship between police officers and central booking



Intercept III: Jails / Courts

Lebanon County Correctional Facility

The **Lebanon County Correctional Facility (LCCF)** is a 5th Class county prison and short-term confinement facility. Inmates housed in the Lebanon County Correctional Facility must be sentenced by the court to no more than five (5) years, less one day.

Lebanon County Correctional Facility is also utilized as a **community treatment center** for the Federal Bureau of Prisons.

The average daily population for LCCF in 2010 was 454 individuals, and the current census as of February, 2011 is 462. It is estimated that the LCCF population is approximately 80% male, and that 75% of the current inmates are pre-trial, while 25% have been sentenced.

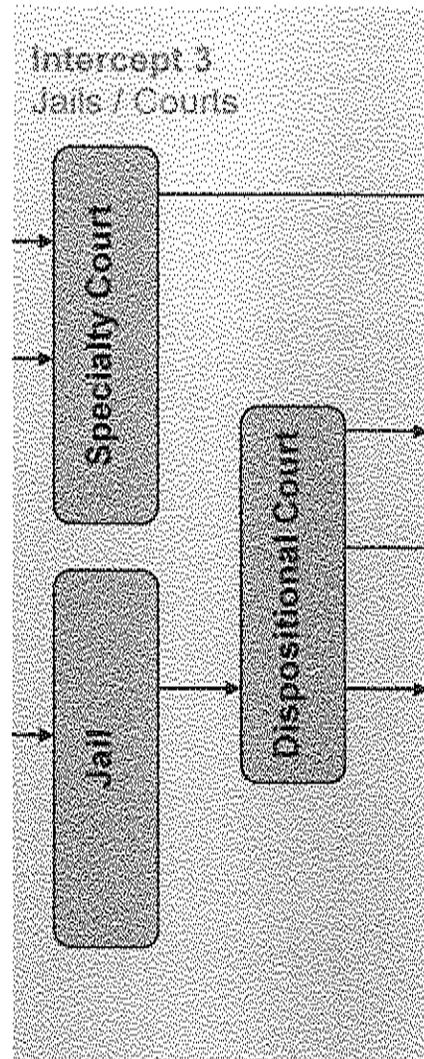
Since November of 2010, 271 individuals have been given some form of psychotropic medication while in the Lebanon County Correctional Facility. Of these 271, the files for 136 individuals were examined more closely to provide some basic information regarding the LCCF population taking psychotropic medications. The analysis revealed that this subset of the population was roughly 72% male, had been incarcerated in LCCF an average of 4 times, and most commonly carried charges of theft, disorderly conduct, simple assault, terroristic threats, probation/parole violations, drug possession or manufacturing, DUI, burglary, or harassment.

As of August, 2010, the mental health caseload at LCCF consisted of 96 individuals (21.2% of the prison population - 8 open mental health cases and 88 closed mental health cases).

Screening

At intake, individuals entering LCCF are screened for suicide risk with the Suicide Prevention Screening Questionnaire. Inmates are also given a physical examination that includes basic mental health and medication questions (see Appendix F).

If an inmate presents as a suicide risk, he/she is placed in an isolation cell with a 'suicide blanket.' These cells are checked in-person every 15 minutes by a correction officer, and are monitored constantly through video surveillance in the LCCF control center.



Mental Health/ Substance Use Treatment

The Lebanon County Correctional Facility employs a prison psychiatrist once a week, and a MH/MR/EI funded mental health counselor twice a week. In addition, LCCF offers the following services and treatment programs to qualifying inmates:

- **Anger Management Counseling: Stress and Anger Treatment Program**
The Stress and Anger Management Treatment program was developed to address the problems of individuals who suffer with anger issues. It uses the basic format developed by the Pennsylvania Department of Corrections and is available to both male and female inmates. In order to be considered for this program, inmates must submit a "request slip" to a prison chaplain. Requests are assessed and if the inmate qualifies for the program, he/she is placed on the "waiting list" for future participation. The "waiting list" is due to the vast number of applicants and the relatively small group size of 12, which is necessary for optimal success. This type of counseling is provided by an assigned member of the Jubilee Ministries services of Lebanon County.
- **Chaplain/Religious Services**
A prison chaplain is available to all inmates for counseling and coordination of all religious activities within the prison.
- **Counseling Services**
The Treatment Team provides counseling services to inmates in need of guidance in personal problems. Individuals are assessed by a LCCF Counselor and treatment recommendations are given.
- **Drug and Alcohol Services**
The Lebanon County Correctional Facility offers various Drug and Alcohol Treatment Programs including:
 - AA/NA MEETINGS: held weekly at the facility and follow the "Twelve Step Method." Inmates who are committed to LCCF for drug or alcohol related offenses are required to attend weekly AA/NA meetings.
 - Drug and Alcohol Therapy Group: developed by Pennsylvania Counseling Services, Renaissance Outpatient Office in Lebanon, this group meets weekly and is run by a certified drug and alcohol therapist. It utilizes lectures, videos, and group dynamics as the basis for this treatment – educational program. A certificate of completion is available at the end of the program.Drug and Alcohol counseling is provided by Pennsylvania Counseling Services-Renaissance of Lebanon County (618 Cumberland Street, Lebanon, PA 17042) at the prison.
- **Education Programs**
The facility provides education services to those among the inmate population who desire their high school equivalency degree (G.E.D.), special education classes or classes that address "English as a Second Language." These services are provided by the Lebanon - Lancaster Intermediate Unit 13, which is an educational provider to those individuals with learning disabilities and special needs.
- **Individual Treatment Services (One on One)**:
Upon initial commitment to the Lebanon County Correctional Facility, each inmate is seen by a prison counselor. During this meeting, a treatment intake process is completed for each inmate. The treatment intake consists of the completion of an intake classification form and the review of each inmate's respective incarceration

circumstance. Appropriate legal forms are dispensed for retaining legal counsel, filing motions, etc.

Each inmate is given a recommended treatment plan for their projected incarceration period if requested, which coincides with his/her conditions for release.

LCCF, in conjunction with Crisis Intervention, also has a **Critical Incident Stress Management Group (CISM)** that helps debrief correction officers following crisis situations at the prison.

Courts

The Lebanon County Court of Common Pleas has instituted a **D.U.I. Treatment Court** that has been in existence since December of 2008. The capacity of the court is 70 participants. To qualify for DUI Treatment Court an individual must meet the following qualifications (although the characteristics of the participants chosen for this program may be altered based on the success of the program and/or special cases for first-time D.U.I. offenders):

- Adult (Age 18 or above)
- Diagnosis of alcohol abuse/dependence
- Participant must demonstrate an internal willingness to change
- Resident of Lebanon County for six (6) months prior to the offense.
- No prior violent arrest history
- Second D.U.I. offense – Blood Alcohol Content (BAC) of .16 or above
- Third D.U.I. Offense
- Multiple Simultaneous Offenses
- Sentencing guidelines provide for appropriate period of incarceration/probation to allow for offender's participation in the program.

Participants in this program have direct and frequent contact with the D.U.I. Court Treatment Team Members. This team consists of a Treatment Court Judge, D.A. D.U.I. Coordinator/Representative, Probation Officer, Public Defender, and a Lebanon County Commission on Drug and Alcohol Abuse Representative.

The treatment program substitutes Electronic Monitoring and/or the use of a SCRAM unit (or other Alcohol Monitoring device) in lieu of incarceration, or the program may provide a combination of incarceration and Electronic Monitoring to fulfill the mandatory sentencing required by the "D.U.I./Driving after Imbibing" statute. Participants are enrolled in the program for a minimum of 2 years.

Successful completion of the program is recognized during a graduation ceremony, and an Aftercare Program is specifically designed to enable graduates of the D.U.I. Court program to maintain the momentum they have achieved through the treatments provided to them prior to their graduation.

Lebanon County also has an **Accelerated Rehabilitative Disposition (ARD)** program. This program is a one-time alternative to trial, conviction, or a possible jail sentence. Upon application and completion of a probationary period, charges are dismissed.

➤ **Identified Gaps**

- No numbers for who is going in and out of the prison for 2 years b/c of budget, technology and resource issues
- Jail has data, but it has to be hand sorted
- Once a person is arraigned they become the jails responsibility
- Issues with people in the jail having access to medications—continuity of care

- No Mental Health track in DUI Court
- Lack of data
- Treatment and security sometimes bump heads
- MH/MR case is closed when go to prison
- D&A in Jail limited, more education vs. treatment
- 20-30 people are taken to the jail prior to preliminary hearing Increased length of stay for low level charges for people with Serious Mental Illness
- Identification of non-frequent users is difficult
- Many in the jail are not known to the MH/MR/EI system

➤ **Identified Opportunities**

- Electronic records are being done in the last 2 months
- Collaboration meetings at the jail with crisis, MH, Probation, Jail and VA
- Video arraignment
- Jail has been tracking information, there is a list
- Jail does Suicide screening
- DUI court
- Decreased population in jail
- Early diversion available with minimum time served with electronic monitoring (SCRAM)
- ARD for other first time offenses besides DUI
- MH/MR/EI has a shared formulary with the Prison
- Work Release
- Collaboration between jail and crisis
- Physician Assistant in jail trying to keep people on their meds
- Lots of volunteer services in jail—work with chaplain and jubilee ministries to provide support services

Intercept IV: Re-Entry

Individuals are typically released from Lebanon County Correctional Facility at 6AM on the morning of their release date. Inmates who have a known release date and were on psychotropic medications within the jail typically leave LCCF with 6 days of medication and a prescription for an additional 30 days of medication.

An appointment with Lebanon County MH/MR/EI (typically within the two weeks following the release date) is also often scheduled before an inmate leaves the facility. MH/MR/EI prioritizes appointments for individuals with recent prison releases and is able to provide some funding to fill the first prescription post-release.

Lebanon County does not have a formal re-entry program. However, individuals qualifying for the Intensive Mental Health Caseload (IMHC; see Intercept V) through probation/parole are identified as soon as possible and as an individual's parole date approaches the IMHC officer works with the **Forensic Caseworker** to connect the client to services.

This Forensic Caseworker position is funded through Lebanon County MH/MR/EI and was created to assist justice involved individuals with issues of re-entry and community adjustment.

Jubilee Ministries also provides some faith based re-entry assistance including 'pre-release' classes in the jail, an aftercare program, and temporary housing solutions upon release.

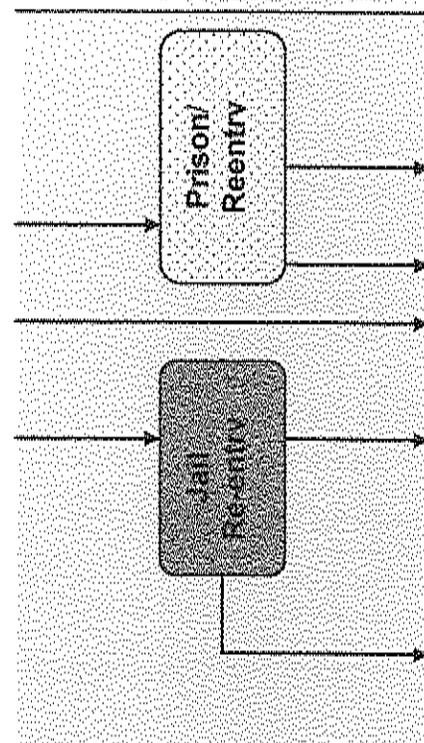
➤ Identified Gaps

- Hard to find doctors who accept insurance
- Do not get prescription if jail doesn't know they are being released
- Not using COMPASS system in jail
- DOC list of Lebanon County inmates and potential release dates not utilized
- ½ in Jail on psychotropic meds
- Transportation from jail at time of release
- Unplanned releases
- Case management has a waiting list

➤ Identified Opportunities

- Have data for everyone who is in State Corrections that has SMI
- A person can go from jail to crisis to community
- 6 days of in hand medication, 30 day prescription
- MH/MR/EI has funding to pay for the 30 days of meds if person keeps their intake appointment
- Volunteers in Medicine
- Opportunity to work with County Assistance Office (CAO)
- Work release folks can get treatment in the community
- Transitional house program at Jubilee ministries

Intercept 4 Reentry

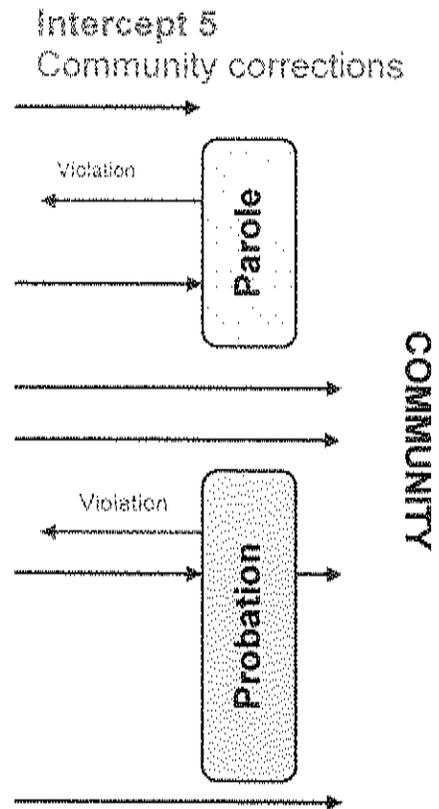


Intercept V: Community Corrections / Community Support

Lebanon County Adult Probation and Parole

Lebanon County Adult probation and parole has a designated **Intensive Mental Health Caseload Probation Officer** and an **MH/MR/EI Forensic Caseworker** that collaborate on the handling of offenders with mental health diagnoses. This **Intensive Mental Health Caseload (IMHC)** is limited to approximately 35 individuals (approximately 2% of the probation/parole caseload). IMHC participants are selected based on past history, diagnosis, and medication. The program requires weekly meetings with both the IMHC Probation Officer and Forensic caseworker and provides offenders with assistance for housing, vocational/educational advancement, counseling, medication access, and other ancillary services as required. The intensive supervision and case management model is designed to reduce recidivism and provide support for symptom management.

As of October 2010, there were 39 individuals under supervision on the IMHC Caseload (20 on parole; 19 on probation). Thirty-three (85%) of those supervised were diagnosed with co-occurring disorders.



Lebanon County Restrictive Intermediate Punishment

The Lebanon County Restrictive Intermediate

Punishment (RIP) Program is used to divert level 3 or 4 offenders into a long-term treatment program, who are initially identified prior to sentencing disposition by the District Attorney or Public Defenders, or more commonly, at the Pre-Sentence Investigation stage by the Adult Probation Officer are assessed. The program and supervision is usually completed within 34 months. During these months treatment is provided in 6 Phases. The 1st phase is the residential placement at Renaissance Crossroads, the 2nd phase is securing legal, full-time employment or another type of consistent daily activity, phase 3 is a transition to intensive treatment and independent living with electronic monitoring, the 4th phase is a transfer to Intensive Outpatient, the 5th phase is outpatient treatment and the final phase of treatment is general supervision.

Housing

The Lebanon Rescue Mission Agape Family Shelter Women's Ministry is a safe haven for homeless women and children. The average stay is approximately 2-6 months and the program has the capacity to serve approximately 16 females and children.

The **Lebanon Rescue Mission** also has a **Men's Ministry** which provides a 9 month to one year housing program as well as a transient housing program available to serve 10 men for shorter lengths of stay.

Community Action Partnership provides help with temporary shelter or one month's rent for people who are facing eviction or who are homeless or near-homeless. Services are intended for those who have suffered an emergency or loss. Eligibility depends upon income. Community Action Partnership also provides Extended Rental Assistance to clients who will be self-sufficient in 3-6 months and agree to case management services as well as Bridge and Transition Housing. Bridge and Transitional Housing Programs allow homeless families with children to move to supportive living arrangements which prepare them to move to permanent housing. Families must meet certain eligibility criteria and agree to case management services in order to be considered.

Philhaven Behavioral Healthcare Services Partners for Progress (PFP) program provides long term housing for homeless person with disabilities, in ten separate one bedroom apartments. The program is administered by the Housing Authority of the County of Lebanon; all eligible persons must be disabled, diagnosed with a serious mental illness, be a US citizen or have eligible immigration status and be homeless according to Housing and Urban Development.

Jubilee Ministries Transition House is a 6 month program providing transitional dormitory style housing for persons being released from prison or completing drug & alcohol inpatient treatment. Live-in house parents are available throughout the day, assisted by the County Probation & Parole Department, to provide a supervised, safe environment for each resident.

Lebanon County has a **Community Residential Rehabilitation House (CRR)**, which provides 6 short-term beds.

In addition, **Dowhower's Personal Care Home** housed some mentally ill individuals with previous justice involvement.

Community Resources

The **Halcyon Day Support Program** of Lebanon County is a peer-run, drop-in organization based on the 'clubhouse model' of community support.

➤ **Identified Gaps**

- No Forensic Peer Specialists
- Some folks do not get identified as being SMI and don't get the best access to services and supervision
- Case management waiting list
- Housing, for all and especially for high needs
- Med stabilization, no alternatives besides jail
- Connection to the community not as good when the Probation Department is not involved
- Difficult to place sex offenders in housing and other programs

- No sex offender counseling
- Lack of Trauma Informed care, or specific trauma services across all intercepts

➤ **Identified Opportunities**

- MH Probation/Parole and Forensic Case manager work closely with CRR
- Forensic Caseworker works with MH Adult Probation and Parole and has a small caseload
- Stats on who is on Probation and Parole for this population—been tracking since 2009. Other basic offender information can be gathered from PA Board of Probation & Parole and the PA Commission on Sentencing
- Grow Programs such as Halcyon House by using models such as Mosaic in Berks
- Numbers on Probation and Parole
- Practice Community Based Supervision
- Probation has questionnaire as part of the home plan that includes info about medications and appointments

Lebanon County Priorities

Subsequent to the completion of the *Cross-Systems Mapping* exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. Listed below are the priority areas identified by the workshop participants and the votes received for each proposed priority.

Top Seven Priorities

- Developing jail diversion at Intercept 2 (15 Votes)
 - Central booking
- More proactive crisis intervention (as opposed to crisis response) (12 Votes)
 - Additional mobile crisis
- Expanding identification and treatment services in the prison (8 Votes)
 - Perhaps a mental health block
- Expand Transitional Housing (8 Votes)
- Developing a Data Plan (6 Votes)
- Inclusion of trauma-specific treatment and informed systems across intercepts (6 Votes)
- Develop Forensic Peer Supports across intercepts (4 Votes)

Lebanon County Action Plan

Priority Area 1: Developing jail diversion at Intercept 2				
o Central booking				
Sally Barry, David Wingert, Cindy Simpson, and Julie Bergstresser				
Overall Objective – Keep those out of jail who don't need to be there!				
Objective	Action Step	Who	When	
1.1	Early Identification of Significant MH issues	<ul style="list-style-type: none"> • Education (CIT) 	Police Central Booking DA Jail Officers	Time of Arrest
1.2	Determine one Tx options i.e.- community services (tx or prison tx)	<ul style="list-style-type: none"> • Screening Tool Info i.e.- • Are they a vet? <ul style="list-style-type: none"> o If yes, contact VA • Client past or present of MH/MR? • Tool could be used at time of arrest, at bail hearing – ask for bail conditions re: treatment 	Central Booking	Time of Arrest Bail Hearing Preliminary Hearing
1.3	Develop a specialized MH/MR caseworker position to work with new pre-trial clients	<ul style="list-style-type: none"> • Examine caseloads at MH/MR/EI – Could work be redistributed among existing employees to not require a new hire? 	New caseworker, or specialized caseload for existing case worker at MH/MR/EI	Time of Arrest Bail Hearing Preliminary Hearing
1.4	Develop bail conditions with bail supervision & direct referral to MH/MR	<ul style="list-style-type: none"> • Get template of paperwork (bail/bond piece) that is generated from MDJS by the MDJ 	AOPC & Court Admin. to oversee use of specific language and	Bail Hearing Preliminary Hearing

		• Create new standard language to impose this condition	general process.	
1.5	Sentencing -Reduce Charges -Dismiss Charges	Make sure judges get bail/bond information at the Common Pleas level	Judges Clerk of Courts	Sentencing at the Common Pleas Court Level

Priority Area 2: More proactive crisis intervention (as opposed to crisis response)				
o Additional mobile crisis				
Skip Synder, Kevin Schrum, Carol Saltzer, and Dale Brickley				
Objective	Action Step	Who	When	
2.1 Develop a system that uses interventions and diversions early in the crisis cycle to minimize psych. hospitalizations and police involvement	• Form a committee	• Police, EMS, Crisis, MH/MR, other crucial stakeholders	• March 2001	
	• Education for community re: crisis services	• Stakeholders	• Spring 2011	
	• Training- Needs evaluation for person in crisis	• Crisis Intervention	• By end of 2011	
	• Additional staff and funding for crisis		• Tomorrow!	

Priority Area 3: Expanding identification and treatment services in the prison				
o Perhaps a mental health block				
Anthony J Hauck, Holly Leahy, Dr. Powers, Mimi Keller, Diane Brown, and Jackie Matias				
Objective		Action Step	Who	When
3.1	Better Reentry upon leaving prison	<ul style="list-style-type: none"> • Complete GAINS reentry checklist (early on during incarceration) and give this checklist to staff members that will be working with the individual • Make GAINS checklist available to releasing staff 	<p>Prison counselor</p> <p>Prison Counselor</p>	<p>Upon meeting with prison counselor</p> <p>ASAP</p>
3.2	Increase screening & assessment tools upon entry	<ul style="list-style-type: none"> • Reassess current screening tools & efficiency • Think about using a standard tool for this screening 	Prison counselor and collaboration team	
3.3	Treatment and services during incarceration	<ul style="list-style-type: none"> • Get treatment and meds started more quickly • Review current policy for medication (30 day grace period) • Establish a policy/procedure to validate current prescriptions when entering prison 		
3.4	Identify unmet treatment needs in prison	<ul style="list-style-type: none"> • Utilize collaboration team as a resource to do this 	Collaboration team	

Priority Area 4: Expanding transitional housing				
Craig Cook, Joseph Alan Vangeli, Jen Cutshell, and Cherie Emery				
Objective	Action Step	Who	When	
4.1	To create housing for jail release/diversionary reentry for the MH/MR population	<ul style="list-style-type: none"> • The Building/s • Collaboration • Implementation • Criteria for Operations • Develop Community Relations • General Operations 	<ul style="list-style-type: none"> • A Funding Source • All Associated Agencies • An Elected Board • The Board • The Board • Board and staff 	ASAP
4.2	Expand supportive housing program into an expanding living program (Keystone Human Services)			
4.3	Expand existing services (e.g. CRR Program and Jubilee Ministries)			

Priority Area 5: Developing a Data Picture				
Amber Schaeffer, Jess Creter, Catharine Kilgore				
Objective		Action Step	Who	When
5.1	Identify Population	<ul style="list-style-type: none"> • Assessing data that already exists • Get data from Crisis • Collecting existing committees/resources/task force/ etc • Stress outcome orientation – how data can be used and how to streamline data collection to maximize efficiency. • Start using MH screening tool 	Catharine Kilgore	ASAP
5.2	Identify Data Needs	<ul style="list-style-type: none"> • Defining gaps in data – Digging deeper on questions/issues/gaps • Access Penn State data center and Pittsburgh folks to help develop data plan 	Catharine Kilgore	March-June, 2011
5.3	Identify Needs with Data	<ul style="list-style-type: none"> • Develop central data repository (HIPAA Compliant) forensic related • Automate collection of data- define resources to help research software • Educate stakeholders on how data can be used and why it is in the best interest of the county 		July-September, 2011

Priority Area 6: Inclusion of Trauma-Specific Treatment and Informed systems across all intercepts				
Duane Miller, Alicia Arnold, Nancy Wieman				
Objective		Action Step	Who	When
6.1	Develop key stakeholders	<ul style="list-style-type: none"> • Use Map/Report to identify • Provide education (exposure) resources – articles, website etc. • Consensus that training about trauma across intercepts is needed 		ASAP
6.2	Develop team to make a trauma informed plan	<ul style="list-style-type: none"> • Meetings • Grants/Demonstration Projects (Justice Mental Health Collaboration Grant Program, as an example) • Contacting other counties 		
6.3	As adopted/implement tie in with #5 to collect outcomes	<ul style="list-style-type: none"> • Set training targets (% of staff trained, etc.) 		

Priority Area 7: Forensic Peer Specialists at all Intercepts				
Tamara Guilliams, Shem Heller, Sarah Filone				
Objective	Action Step	Who	When	
7.1	Begin Forensic Peer Support services in Lebanon County	<ul style="list-style-type: none"> • Identify who has current peer support certification in Lebanon County <ul style="list-style-type: none"> ○ Call: <ul style="list-style-type: none"> Pennsylvania Mental Health Consumer Association (PMHCA) 	<ul style="list-style-type: none"> • Shem 	March 31st
		<ul style="list-style-type: none"> • Identify interested Candidates for forensic training <ul style="list-style-type: none"> ○ Send invitations for a meeting to Identified specialists 	<ul style="list-style-type: none"> • Shem 	April 30 th
		<ul style="list-style-type: none"> • Identify appropriate training opportunities • ID access restrictions for LCCF • Identify employment options for FPS specialists in Lebanon County • Identify funding options for non-MA billable FPS services <ul style="list-style-type: none"> ○ Grant writing ○ Reinvestment dollars • Look into collaborating with OVR for funding 	<ul style="list-style-type: none"> Sarah F will keep Shem updated on training dates • Tam • Shem • Shem • Pilot Project? Sarah F will send contact Info for Randy Loss 	Ongoing
				<ul style="list-style-type: none"> • Shem

7.2	Incorporate WRAP into the probation planning	<ul style="list-style-type: none">• Initial collaboration between MH/MR/EI, MHA, and Adult Probation• Meet with President Judge to see if this is something he will support.• Coordinate with WRAP facilitators to schedule WRAP classes		<ul style="list-style-type: none">• Current• Meeting is in Planning stages
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Conclusion

Participants in the *Cross-Systems Mapping* workshop showed genuine interest in improving the continuum of resources available for people with severe mental illness and often co-occurring substance use disorders involved in the Lebanon County criminal justice system. Lebanon County is poised to tackle a number of critical issues that will greatly improve services for this group. The assembled stakeholders spent time gaining a greater understanding of their shared systems, as well as crafting strategies related to improving the collaborative infrastructure for the group and addressing the gaps and opportunities at each intercept.

Considerable work has already been undertaken to improve services for people with severe mental illness and often co-occurring substance use disorders involved in the Lebanon County criminal justice system.

Local stakeholders participating in the *Cross-Systems Mapping* were clearly interested in building on these successes to better improve the continuum of services along the criminal justice/mental health system. Especially of interest to the county are:

- developing diversion strategies at intercept 2,
- expanding crisis prevention services, and
- developing more services for those with serious mental illness who are incarcerated.

The expansion of the planning group to tackle the priorities established during the *Cross-Systems Mapping* workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including:

- other police jurisdictions,
- Magisterial District Justices,
- the Social Security Administration,
- HealthChoices and others.

Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving. The use of the CJAB as a vehicle to host or/and facilitate these meetings will be investigated.

Closing

Lebanon County is fortunate to have a wide range of stakeholders across the mental health, substance abuse and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. Lebanon County has many strengths including a group of individuals and organizations that have already established many informal collaborations focused on the criminal justice and mental health systems. The *Cross-Systems Mapping* workshop gave these stakeholders a chance to further develop a coordinated strategy to move forward with the seven identified priorities.

By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the *Cross-Systems Mapping* workshop and build on the creativity and drive of key local stakeholders. The Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Lebanon County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, www.pacenterofexcellence.pitt.edu.

Appendix A – Participant List

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<p>Dale Brickley, LPC, PhD Director of Philhaven Access Center Philhaven 283 Butler Road Mt. Gretna, PA 17042 (717) 273-8871 dbrickley@philhaven.org</p>	<p>Laurie Dohner Consumer 36 N. 8th Street, 3rd Floor North Lebanon, PA 17046</p>

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<p>M. Gish, MD Emergency Room Physician Good Samaritan Hospital 4th and Walnut Streets Lebanon, PA 17042 (717) 270-7612 mgish@gshleb.org</p>	<p>Catharine Kilgore CJAB Planner/Grant Coordinator Lebanon County Criminal Justice Advisory Board 508 Oak Street Lebanon, PA 17042 (717) 273-1557, ext. 143 ckilgore@lebcnty.org</p>
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<p>Anthony J. Hauck Deputy Warden of Treatment Lebanon County Correctional Facility 730 E. Walnut St. Lebanon, PA 17042 (717) 274-5451 ahauck@lebcnty.org</p>	<p>Kimberly Mackey CJAB Specialist-Southeast Region PCCD 3101 North Front Street Harrisburg, PA 17110 (717) 265-8496 Cell: (484) 332 - 2362 c-kimacky@state.pa.us</p>

<p>Shem Heller Executive Director Mental Health Association of Lebanon County 15 South 9th Street Lebanon, PA 17042 (717) 273-5781 director@mhaleb.org</p>	<p>Amber Schaeffer TANF Intake Income Maintenance Caseworker Lebanon County Assistance Office 625 South 8th Street Lebanon, PA 17042 (717) 270-3666 aschaeffer@state.pa.us</p>
<p>Duane Miller VP of Program Development PA Counseling Services 200 North 7th Street Lebanon, PA 17042 (717) 560-7917 dmiller@pacounseling.com</p>	<p>Kevin Schrum Administrator Lebanon County MH/MR/EI 220 East Lehman Street Lebanon, PA 17046 (717) 274-3415 kschrum@lebcnty.org</p>
<p>Otis Nash VISN Coordinator Department of Veterans' Affairs' 1700 South Lincoln Avenue Lebanon, PA 17042 (717) 272-6621 Otis.nash@va.gov</p>	<p>Cindy Simpson Co-Administrator American House Personal Care Home 25 South 9th Street Lebanon, PA 17042 (717) 272-6678 American_house@comcast.net</p>
<p>Dr. Powers Prison Psychiatrist Lebanon County Correctional Facility 730 E. Walnut St. Lebanon, PA 17042 (717) 274-5451</p>	<p>Skip Snyder Lebanon County Emergency Management Agency 400 South 8th Street Room 12 Lebanon, PA 17042 (717) 272-7621 911 Communication Center: x67-206</p>
<p>Carol Saltzer Director, Crisis Intervention Crisis Intervention 4th and Walnut Streets Lebanon, PA 17042 (717) 644-4604 csaltzer@philhaven.org</p>	<p>Eric Steele Consumer 25 South 9th Street Lebanon, PA 17042 (717) 269-3302</p>

<p>Joseph Alan Vangeli Aftercare Administrator Jubilee Ministries 235 South 12th Street Lebanon, PA 17042 (717) 274-7528, ext. 248 joev@jub.org</p>	<p>Dan Wright Chief of Police, Lebanon City Lebanon City Police Department 400 South 8th Street Lebanon, PA 17042 (717) 272-6611</p>
<p>David Wingert Lebanon County Court Administrator Administrative Office of Pennsylvania Courts 400 South 8th Street, Room 311 Lebanon, PA 17042 (717) 274-2801, ext. 4440 dwingert@lebcnty.org</p>	<p>Denise Wright Consumer Advocate 11 Woodland Estates Lebanon, PA 17042D Dmw0011@comcast.net</p>
<p>Jamie Wolgemuth County Administrator County of Lebanon 400 South 8th Street, Room 207 Lebanon, PA 17042 (717) 274 - 2801, ext. 2202 jwolgemuth@lebcnty.org</p>	

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Appendix B – Evidence-Based and Promising Practices

Specific screening, assessment, engagement, treatment, service or criminal justice practices were not examined during the course of the *Cross-Systems Mapping* workshop. At some point, it may be helpful to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below. Many resources to illustrate these evidence-based practices can be found at the National GAINS Center website, www.gainscenter.samhsa.gov.

Criminal Justice

- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
 - Policy Research Associates provides cross-training to help criminal justice professionals and service providers to become trauma-informed [training@prainc.com]
- The need for gender-informed practices at all intercepts
- Information sharing across criminal justice and treatment settings
 - *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems* and an example of an information sharing MOU, see www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

Screening, Assessment, Engagement, and Treatment

- Screening and assessment of co-occurring disorders
 - See the monograph *Screening and Assessment of Co-Occurring Disorders in the Justice System* for the most up to date information about screening and assessment tools in criminal justice settings
 - <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>
- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
 - *Illness Management and Recovery*, a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers, see <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/>
 - *Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders*; a fact sheet focused on integrated treatment, see www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf
- Services that are gender sensitive and trauma informed
 - Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in *Addressing Histories of Trauma and Victimization through Treatment*
 - www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.pdf
 - See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*

- <http://gainscenter.samhsa.gov/pdfs/courts/WomenAndSpects.pdf>
- Assertive Community Treatment and intensive forensic case management programs
 - *Extending Assertive Community Treatment to Criminal Justice Settings*; a fact sheet on ACT for forensic populations, see www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp
- Illness Self Management and Recovery
 - See <http://www.gainscenter.samhsa.gov/pdfs/ebp/IllnessManagement.pdf>
- *Supported Employment* --- supported employment programs that assist individuals in accessing mainstream employment opportunities
 - See <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
 - See *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services* [www.gainscenter.samhsa.gov/pdfs/jail diversion/TheExitProgram.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail%20diversion/TheExitProgram.pdf)

Appendix C – Lebanon County Mental Health Caseloads



Lebanon County Mental Health / Mental Retardation / Early Intervention

220 East Liberty Street • Lebanon, Pennsylvania 17046-2034
Phone: 717-274-3415 • Fax: 717-274-0317

Larry E. Stibler
Wilson C. Carpenter
Jo Ellen Lic
County Commissioners
Janice A. Walsgrub
County Administrator

Kevin J. Schram
Administrator

MEMO

TO: Commissioner Stibler

FROM: Kevin J. Schram
MH/MR/EI Administrator

DATE: August 25, 2010

SUBJECT: Response to Request for Information

At the Criminal Justice Advisory Board (CJAB) meeting on Tuesday, August 17th, you requested data regarding individuals with mental illnesses who were involved in the local criminal justice system.

In response, we've cross-referenced MH/MR/EI's mental health cases with the list of inmates at the Lebanon County Correctional Facility (LCCF), as well as the court system's Call of the List. The review yielded the following results:

1. LCCF

A.	Total # of Open Mental Health Cases	8 (1.8%)
B.	Total # of Closed Mental Health Cases	88 (19.4%)
C.	Total # of Individuals Unknown to MH Program	357 (78.8%)
D.	Total # of Inmates	453 (100%)

2. Call of the List

A.	Total # of Open Mental Health Cases	3 (1%)
B.	Total # of Closed Mental Health Cases	55 (19.2%)
C.	Total # of Individuals Unknown to MH Program	228 (79.7%)
D.	Total # of Individuals on Call of the List	286 (100%)

In summary, the percentage of individuals who currently have open mental health cases, or who have had open cases in the past, and are either in the LCCF or on the court's Call of the List is approximately 20%.

If you have any further questions regarding this matter, please feel free to contact me at your convenience. Thank you.

KJS/ks

Appendix D – Lebanon County’s Probation & Parole Data

Summary of Probation Intensive Mental Health Caseload Statistics

Time Period Tracked: September, 2009 – May, 2010 (9 Months)

Average by Category

Supervised ==	21 Individuals	
Co-Occurring Disorders ==	13 Individuals	(61% of Total Average Caseload)
Terminations ==	Most common reason is a Technical Probation/Parole Violation (TPV) Only 1 person in 9 months has been terminated because of a New Charge. Only 1 person in 9 months has been terminated for both a TPV and a New Charge.	
Employment ==	Usually the Number is 0. Occasionally it increases to 1.	
Receive SSI or SSD ==	18 Individuals	(85% of Total Average Caseload)

In June 2010, cases were re-assigned at the Probation/Parole Department. This resulted in a number of additional cases being assigned to the IMHC Probation Officer. Data collection was paused during this month. Beginning in July, numbers of individuals supervised include a separate count for on those on Probation and those on Parole. In one (1) month, the number of cases supervised for the Intensive Mental Health Caseload Officer nearly doubled.

Time Period Tracked: July, 2010 – October, 2010 (4 Months)

Average by Category

Supervised ==	20 Individuals on Parole 19 Individuals on Probation 39 Individuals Supervised on Average for this Caseload	
Co-Occurring Disorders ==	33 Individuals	(85% of Total Average Caseload)
Terminations ==	2 Individuals in 4 months were terminated due to a Technical Probation/Parole Violation (TPV) 0 Individuals in 4 months have been terminated <u>only</u> because of a New Charge. Only 2 Individuals in 4 months have been terminated for <u>both</u> a TPV and a New Charge.	
Employment ==	5 Individuals are Currently Employed	(87% are <u>Unemployed</u> based on Total Average Caseload of 39.)
Receive SSI or SSD ==	32 Individuals	(82% of Total Average Caseload.)



Lebanon County Adult Probation & Parole
Mental Health Intensive Caseload
Monthly Statistics

Name of Supervising Officer: _____

Month: _____ Year: _____

Number of offenders **paroled** who have been diagnosed with a mental illness: _____

Number of offenders **on probation** who have been diagnosed with a mental illness: _____

Number of offenders on the Mental Health Intensive Caseload having a **dual diagnosis** (both drug/alcohol and mental health issues): _____

Number of offenders **currently supervised** on the Mental Health Intensive Caseload: _____

Number of offenders whose **supervision period expired** this month: _____

Number of offenders **terminated** from supervision due to **technical violations**: _____

Number of offenders **terminated** from this caseload due to receiving **new charges**: _____

Number of offenders **terminated** from this caseload due to **both technical violations and new charges**: _____

Number of offenders **currently employed**: _____

Number of offenders currently receiving **SSI or SSD**: _____

Date Created: 8/12/2010 4:35 PM
C1K

IMHC Monthly Data

Month	# Paroled with MI	# IMHC with Dual Diagnosis	Overall # Currently Supervised	# Supervision Period Expired	# Terminated - Tech. Violation	# Terminated - New Charges	# Terminated BOTH Tech. and New Charges	Currently Employed	# Receive SSI / SSD
2009									
September	7	4	21	0	2	1	0	2	21
October	9	7	18	0	1	0	0	1	18
November	12	10	21	1	0	0	0	1	20
December	11	10	19	1	2	0	1	0	19
2010									
January	10	20	25	0	0	0	0	1	24
February	15	20	23	1	0	0	0	0	21
March	15	22	25	0	0	0	0	0	23
April	19	14	21	0	0	0	0	1	20
May	19	14	19	1	2	0	0	0	18
June	In June, cases were re-assigned. This resulted in a number of additional cases being assigned to the IMHC Probation Officer. Beginning in July, numbers will include a separate count for those on Probation and those on Parole. Due to the Reassignment of cases, no numbers are recorded for June.								

Month	# Paroled with MI	# Probation with MI	# IMHC with Dual Diagnosis	Overall # Currently Supervised	# Supervision Period Expired	# Terminated - Tech. Violation	# Terminated - New Charges	# Terminated BOTH Tech. and New Charges	Currently Employed	# Receive SSI / SSD
July	21	18	35	39	4	0	0	0	5	33
Aug	20	22	40	42	0	1	0	1	5	35
Sept.	22	16	29	38	2	0	0	1	6	29
Oct.	16	21	29	37	3	1	0	0	5	29
Nov.	18	21	27	39	2	3	0	1	4	31
Dec.	16	17	21	33	3	0	0	0	7	23
2011										
Jan.	18	14	27	32	1	1	0	0	4	25
Feb.	18	21	35	39	0	1	0	0	4	34

Appendix E – Lebanon County’s Data on Individuals in LCCF who have taken Psychotropic Medication at LCCF as of 1/24/2011

Individuals who take psychotropic medications in the jail began to be tracked by computer in November, 2010. Since that time, as of 1/24/2011, 271 individuals in the jail have been given some form of psychotropic medication.

The average daily population for LCCF for all of 2010 was 454.
 The average weekly population for LCCF for all of 2010 was 443.

When looking at the staggered commitment dates of these 271 individuals (understanding that sentences are different lengths), the number of people placed in jail per month that were on the medication list as on 1/24/2011 are the following:

<u>Month*</u>	<u>Number of People Committed to LCCF in a Certain Month on Medication List (in LCCF as of 1/24/2011)</u>	<u>Average Monthly LCCF Population (Averaged from Weekly Population Report)</u>
January, 2010	8	405
February, 2010	7	400
March, 2010	9	411
April, 2010	25	403
May, 2010	24	413
June, 2010	16	438
July, 2010	47	451
August, 2010	28	471
September, 2010	27	504
October, 2010	19	487
November, 2010	16	474
December, 2010	19	461
January, 2011	4	445

*[22 Individuals were still in jail as of 1/24/2011 that were admitted from June-December of 2009.]

To get a slightly deeper understanding of the 271 people on the medications, the first 136 names were sampled and examined for average number of times incarcerated (in LCCF ONLY), average length of stay, basic nature of charges, homelessness, and gender. These items were selected to try to capture data close to what is requested on the “Jail Bookings” paper from the COE. Not everything on the form could be examined. Systems used to gather this information included the Jail Management System (JMS) and the Common Pleas Case Management System (CPCMS).

Other Basic Findings:

(N=136) 38 Women (28%)
 98 Men (72%)

(N=136) Average Number of Times Incarcerated = 4 Times (All)
(35 of 136 individuals have only been in LCCF 1 time)
(High number of times in LCCF = 14)
(Low number of time in LCCF = 1)

(N=38 Women) Average Number of Times Incarcerated = 4 Times

(N=98 Men) Average Number of Times Incarcerated = 4 Times

When Averaging LOS for ALL Times Incarcerated:

(N=101) Average Length of Stay (LOS) at LCCF = 97 Days (All)
(Cannot average LOS for 35 individuals in jail only 1 time)

(N= 29 Women) Average Length of Stay (LOS) at LCCF = 70 days
(Cannot average LOS for 9 women in jail only 1 time)

(N=72 Men) Average Length of Stay (LOS) at LCCF = 107 days
(Cannot average LOS for 26 men in jail only 1 times)

Most Common Charges: Theft (usually retail, but sometimes by unlawful taking), Disorderly Conduct, Simple Assault, Terroristic Threats, Probation/Parole Violations, Drugs (Possession/Manufacturing), DUI, Burglary, and Harassment.

General Mental Health Diagnosis Check at LCCF: At intake, paper forms are used to gather basic mental health information. Additionally, each inmate is required to have a physical within a certain period of time after intake and during this exam questions about mental health are asked. The data from these forms is recorded on paper, but is not entered in a computer program.

Appendix F- Lebanon County Mental Health Intake Forms

APR-21-2008 TUE 11:00 AM
 Received:
 Today's date: 04/20/2008

Ref: 21 2008 12:1406
 FAX NO.
 P. 03/05
 Page 1 of 2
 93

Suicide Prevention Screening Questionnaire
 LEBANON COUNTY CORRECTIONAL FACILITY

Booking# 00P-3808
 Last Name First Name Middle Name Aftx Date of Birth Sex Screening Date/Time Screening Officer
 [REDACTED] [REDACTED] [REDACTED] 4/20/2008 10:46:06 MATTERS, C.O. ALLEN III

Detainee showed serious psychiatric problems during prior incarceration N Result

Order	Question Asked	Y/N	Comment
1	Arresting or Transporting Officer believes that detainee may be a suicide risk.	N	
2	If the answer to question #1 was yes, was the Shift Supervisor notified?	N	
3	Detainee lacks close family or friends in the community?	N	
4	Detainee has experienced a significant loss within the last six months.	N	
5	Detainee is very worried about major problems other than legal situation?	N	
6	Detainee's family or significant other has attempted suicide?	N	
7	Detainee has psychiatric history.	N	
8	Detainee has a history of drug and/or alcohol.	N	
9	Detainee holds position of respect in community and/or alleged crime is shocking	N	
10	If the answer to question #9 was yes, was the Shift Supervisor notified?	N	
11	Detainee is thinking about killing himself.	N	
12	If the answer to question #11 was yes, was the Shift Supervisor notified?	N	
13	Detainee has previous suicide attempt.	N	
14	Detainee feels that there is nothing to look forward to in the future.	N	
15	If yes to questions #13 & 14, was the Shift Supervisor notified.	N	
16	Have you ever been on suicide watch in our facility?	N	
17	If yes to #16, what year?	N	
18	Detainee shows sign of depression (crying, emotional lability)	N	
19	Detainee appears overly anxious, afraid or angry.	N	
20	Detainee appears too feel unusually embarrassed or ashamed.	N	
21	Detainee is acting and/or talking in a strange manner (cannot focus).	N	
22	Detainee is apparently under the influence of alcohol or drugs.	N	
23	If answer to 22 is yes, is detainee incoherent or showing signs of withdrawal?	N	
24	If the answer to questions #22 & 23 were yes, was the Shift Supervisor notified?	N	
25	No prior arrests.	Y	PRIOR IN 1993

Released

Ok [Signature]
Sgt [Signature]



APR-21-2009 TUE 11:06 AM

FAX NO.

P. 05/05

LEBANON COUNTY CORRECTIONAL FACILITY
PHYSICAL EXAMINATION FORM

NAME _____ DATE _____
RACE _____ SEX _____ AGE _____ LEVEL OF EDUCATION _____

MEDICAL HISTORY

FOOD/DRUG ALLERGIES _____
DIABETES _____ HEART DISEASE _____
BACK DISORDER _____ SEIZURES _____
FRACTURES _____ HEPATITIS _____

HOSPITALIZATIONS FOR _____
TUBERCULOSIS _____ PREVIOUS SKIN TEST _____
IF POSITIVE, WHEN /WHERE
DIAGNOSED _____

TREATMENT? _____ where/when/completed?
STREET DRUGS _____ LAST
USED _____ ROUTE _____ ALCOHOL _____
AMOUNT _____ LAST USED _____

CURRENT MEDICATIONS _____
PHYSICIAN _____ DENTIST _____
DENTURES _____ PARTIAL _____
CARIES _____

GLASSES _____ CONTACTS _____ L/R _____
FEMALES- LAST MENSTRUAL PERIOD _____
PREGNANCIES- GRAVIDA _____ PARA _____ BIRTH CONTROL _____

To the best of my knowledge, the above information is true and correct
Date _____ Signature _____

PHYSICAL ABNORMALITIES _____
CURRENT MENTAL STATUS _____

WITHDRAWAL SYMPTOMS NOTED _____

PHYSICAL EXAMINATION

HEENT _____ NECK _____
CARDIAC _____ NEUROLOGICAL _____
RESPIRATORY _____ GI _____
MUSCULO/SKELETAL _____ GENITALIA _____

DATE _____ SIGNATURE _____

#2 DATE _____ #5 DATE _____ #4 DATE _____
VITAL SIGNS _____ VITAL SIGNS _____ VITAL SIGNS _____
HEIGHT _____ ESIGHT _____ HEIGHT _____
WEIGHT _____ WEIGHT _____ WEIGHT _____

ANY CHANGES FROM PREVIOUS COMMITMENTS WILL BE NOTED IN THE PROGRESS NOTE
PHYSICIAN: _____

② APR-21-2009 TUE 11:00 AM

FAX NO.

P. 02/05

LEBANON COUNTY CORRECTIONAL FACILITY

*Current Psychotropic Medications:

Name: _____

Allergies: _____

Date: _____

*Current Condition:

Nurse Signature

Consultant Summary:

Suicidal/Homicidal Ideation/Plans: NO YES (Describe)

Intervention/Treatment Plan

Medication Recommendations and Laboratory:

Return Appointment:

Dr. Signature:

Client Number:

Date of Birth:

Program CNOA:

* Completed by Nursing Staff prior to visit

Appendix G – Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1

- **Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions. Manuscript published by the Justice Center.** This monograph assists communities develop effective specialized police response and collaboration between law enforcement and behavioral health systems tailored to the needs of the local community. It provides a step by step program design process and numerous examples of how localities have implemented collaborative police and behavioral health responses to produce better outcomes when law enforcement encounters a person with mental illness in crisis.

Available at:

[http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring LE Initiatives.pdf](http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf)

- **Mental Health First Aid**

Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

Mental Health First Aid is offered in the form of an interactive 12 hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

More information available at:

www.mentalhealthfirstaid.org

Rhode Island has modified this program specifically for Law Enforcement. See:

<http://www.thenationalcouncil.org/galleries/resources-services%20files/MHFA%20for%20Law%20Enforcement%20%5BCompatibility%20Mode%5D.pdf>

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice. Manuscript published by the Justice Center.** Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.

Available at: www.consensusproject.org/downloads/le-research.pdf

- **Ohio's Crisis Intervention Team (CIT) Initiative. Video developed by the Ohio's Criminal Justice Coordinating Center of Excellence.**
This recently released brief video describes Ohio's successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.

Available at <http://cjccoe.neoucom.edu/>

- **Bucks County (PA) Crisis Intervention Team. NAMI PA Bucks County**
Official website of the Bucks County CIT, include an overview of the program, news reports and more.

Available at: http://www.namibucks.org/bucks_cit.htm

- **Laurel Highlands Region (PA) Crisis Intervention Team**
Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.

Available at: <http://www.laurelhighlandscit.com>

Also see: : http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

- **"A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs". Article in *Psychiatric Services*, 2001.**
This article covers three communities, including Montgomery County (PA), that have developed pre-booking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties.

Available at: <http://psychservices.psychiatryonline.org/cgi/content/full/52/2/219>

- **"A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs". Article in *Journal of the American Academy of Psychiatry and Law*, 2008.**
This article reviews research of CIT programs nationally, specifically reporting on officer-level outcomes, the dispositions of calls eliciting a CIT response, and available models.

Available at: <http://www.jaapl.org/cgi/content/full/36/1/47>

- **Presentations from the 2010 International CIT Conference website.**
A catalogue of presentations from the 2010 International CIT Conference (June 2010) is included on this website. Chester County may be especially interested in the following presentations:

- Persuading Policy Makers: Effective CIT Program Evaluation and Public Relations (page 1)

- A Co-response Model Mental Health and Policing (page 1)
- How CIT Works in a Small Rural County (page 1)
- Keys to the Successful Development and Implementation of a CIT Program (page 2)
- Steps to Successful Community Collaboration (page 3)
- An Innovative Community Collaboration to Enhance the Continuum of Care (page 3)

Available at: <http://www.slideshare.net/citinfo>

- **Making Jail Diversion Work in Rural Counties. Presentation at the GAINS TAPA Center for Jail Diversion Easy Access Net/Teleconference, March 27, 2006.**
This is a presentation by Brown County (OH) and New River Valley (VA) on implementing CIT in rural communities. It covers initial barriers, planning stages, modifications and eventual implementation of pre-booking diversion programs in small, rural communities.

Available at:

http://www.gainscenter.samhsa.gov/html/resources/presentation_materials/ppt/Rural_3_27_06.ppt

- **MCES Mobile Crisis Intervention Service**
Montgomery County Emergency Service, Inc. (MCES) is a non-profit hospital founded in 1974 and is nationally renowned for its innovative programs to assist law enforcement agencies in dealing with mental health, behavioral and substance abuse issues, including their Mobile Crisis Intervention Service.

Available at: www.mces.org

- **Family Training and Advocacy Center**
Official website of the Philadelphia Department of Behavioral Health/Mental Retardation Services Family Training and Advocacy Center (FTAC), which provides support to families and family groups dealing with a family member's behavioral health and/or addiction issues. Among its many activities, FTAC provides training to criminal justice staff.

Available at: <http://www.dbhmr.org/family-training-advocacy-center-ftac>

- **Exchange of Information Between First Responders And the Venango County Mental Health System: Policy and Procedures.**
Example of an information sharing agreement in Venango County (PA) between law enforcement, Venango County Human Services Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH). Please contact: Jayne Romero, MH/MR Administrator Venango County, at (814) 432-9753.

Also see:

<http://www.pacenterofexcellence.pitt.edu/documents/VENANGO%20COUNTY%20CROSS%20SYSTEM%20COLLABORATION.pdf>

<http://www.pacenterofexcellence.pitt.edu/documents/venango%20policies.pdf>

- **Police 3x5 Crisis Intervention Quick Referral Cards**

This set of nine 3x5 cards are provided to San Antonio Texas Crisis Intervention Team officers during their initial 40 hour training. They are provided as handy reference tools and updated before every new CIT class.

Available at:

<http://www.diversioninitiatives.net/search?updated-min=2009-01-01T00%3A00%3A00-08%3A00&updated-max=2010-01-01T00%3A00%3A00-08%3A00&max-results=22>

- **Crisis Care Services for Counties: Preventing Individuals with Mental Illness from Entering Local Corrections Systems, June, 2010.**

The National Association of Counties (NACo) released a publication on Crisis Care Services for Counties. Crisis care services work with law enforcement to divert individuals in mental health crisis from the criminal justice system. This publication features six county programs (Bexar County, TX; Buncombe County, NC; Yellowstone County, MT; Hennepin County, MN; Multi-County Partnership (Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties), MN; and King County, WA) that have implemented crisis care services to divert individuals with mental illness from the criminal justice system.

Available at:

<http://www.naco.org/research/pubs/Documents/Health,%20Human%20Services%20and%20Justice/Community%20Services%20Docs/CrisisCarePublication.pdf>

- **International Association of Chiefs of Police recent report entitled “Building Safer Communities: Improving Police Response to Persons with Mental Illness”**

This report presents the findings and recommendations from a national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in our communities.

Available at:

<http://www.theiacp.org/PublicationsGuides/ResearchCenter/Publications/tabid/299/Default.aspx?id=1290&v=1>

“Hearing Voices That Are Distressing” Exercise Philadelphia RESPONDS Crisis Intervention Team

The Philadelphia RESPONDS Crisis Intervention Team includes a two hour segment in the 40 hour CIT training entitled “Hearing Voices That Are Distressing.” This training curriculum is a simulation experience designed to allow participants to gain a better understanding of what it is like for a person with mental illness to hear voices. The curriculum was developed by Patricia Deegan, PhD and the National Empowerment Center in Massachusetts. Participants of the program first watch a DVD presentation by Dr. Deegan regarding hearing voices and then use headphones to listen to a specially designed CD developed by people with mental illness who hear voices. During the simulated experience of hearing voices, participants undertake a series of tasks such as: interaction in the community, a psychiatric interview, psychological testing and activities that mimic a day treatment program. The simulation experience is followed by a short wrap up DVD presentation by Dr. Deegan specifically focused on first responders then a debriefing and discussion period. Philadelphia’s CIT uses brief Power Point presentations based on Dr. Deegan’s presentations rather than the DVD itself.

Patricia Deegan, PhD, holds a doctorate in clinical psychology and developed the curriculum as part of her work with the National Empowerment Center. Dr. Deegan was diagnosed with schizophrenia at the age of seventeen. She has experienced hearing voices that are distressing and integrates that experience into her presentations.

The primary goals for the participants of the Hearing Voices experience are:

- Understand the day to day challenges that face people with psychiatric disabilities and better appreciate the strength and resiliency a person who hears voices must have
- Learn about the subjective experience of hearing voices that are distressing
- Become more empathic toward people who hear distressing voices
- Change practices to better address the needs of people who hear distressing voices
- Become familiar with coping strategies for voice hearers

Philadelphia began using the Hearing Voices curriculum shortly after the inception of the Crisis Intervention Team program in January 2007. Many CIT and other police mental health programs around the country have used this curriculum for training, including Connecticut’s Alliance to Benefit Law Enforcement (CABLE). All have found it a helpful tool for learning and engagement of law enforcement officers. The exercise is consistently one of the highest rated sections by Philadelphia CIT officers and has become essential in developing a compassionate understanding of severe mental illness. The “Hearing Voices That Are Distressing” exercise has attracted much interest in Philadelphia from other organizations who have requested the exercise include the Philadelphia Forensic Task Force, the jail, District Attorney’s Office, Defenders Association, and Mental Health Court. Administrators from the jail have expressed an interest in including the exercise in their regular correctional officer training.

For more information on Philadelphia RESPONDS Crisis Intervention Team:

Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org
Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, Francis.Healy@phila.gov

For more information on the "Hearing Voices That Are Distressing" Curriculum and Dr. Deegan videos:

National Empowerment Center
www.power2u.org
(978) 685-1494

Patricia Deegan, PhD
www.patdeegan.com

Venango County Exchange of Information Policy

Exchange of Information Between First Responders And the Venango County Mental Health System

Policy and Procedures

Policy

In response to a law enforcement official's request, Venango County Human Services, through its Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH), may disclose protected health information (PHI) in an emergency situation without the written authorization of an individual in situations involving first contact with law enforcement or other first responders. The intent of the disclosure is to promote the best possible outcome for an individual who is "known" to the County mental health system. Refer to the following sources for legal authority relative to this policy: 55 Pa. Code 5100; 45 C.F.R. 164.512(j); and the Venango County HIPAA Compliance Policies/Procedures

The ICS or MH/MR worker may disclose PHI to law enforcement or other first responders if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public **and** if the disclosure is to a person or persons reasonably able to prevent or lessen the threat. If the worker believes in good faith that those two requirements are satisfied, s/he may disclose PHI and there is no limitation on the type of PHI which may be disclosed other than the worker must in good faith believe that the disclosure of PHI is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Procedures

1. Law Enforcement/first responders will contact the ICS/MH as outlined in the "Individuals Needing Emergency Psychiatric Evaluation" flowchart.
2. Requests for the information outlined above may be made to the ICS/MH worker who takes the call.
3. The ICS/MH worker will provide only the information noted above, to the degree that it is known to the ICS/MH worker, or can quickly be discovered by the ICS/MH worker. Strategies ICS/MH workers can use to discover information including, but not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office).
4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR
CJAB approval

Appendix H – Resources for Improving Re-Entry

- **“The Impact of the ‘Incarceration Culture’ on Reentry for Adults With Mental Illness: A Training and Group Treatment Model”. Article in *Psychiatric Services*, 2005.**
Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.

Available at: <http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265>

- **“Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)”**
GAINS Center report from 2007 on the SPECTRM initiative (NY).

Available at: <http://gainscenter.samhsa.gov/text/reentry/Spectrum.asp>

- **“A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC model”**
A 2002 GAINS Center report on the APIC Model, including a detailed overview of the model itself from a re-entry perspective. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail. The model is currently being used by the Jericho Project in Memphis, Tennessee, provides criminal justice, behavioral health, and others with a concrete model to consider for implementing transitional planning across all intercepts.

Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>

- **“Finding the Key to Successful Transition from Jail to the Community”**
A 2009 report from the Bazelon Center explaining Federal Medicaid and disability program rules as they apply to transitioning from jail to the community.

Available at: <http://www.bazelon.org/issues/criminalization/findingthekey.html>

- **“Interventions to Promote Successful Reentry among Drug-Abusing Parolees”. Article in *Addiction Science & Clinical Practice*, 2009.**
This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.

Available at: <http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf>

- **“Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”**

A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants’ collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.

Available at: <http://www.urban.org/publications/411791.html>

- **“Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”**

This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.

Available at: http://www.housingca.org/resources/PROMISE_OtherStates.pdf

- **“Criminal Justice Toolkit” Mental Health America**

This toolkit is designed to help advocates understand how their state can help reduce recidivism and promote recovery for individuals with mental health and substance use conditions who are involved in the criminal justice system by maintaining health benefits and providing appropriate reentry supports.

Available at: <http://www.nmha.org/go/criminal-justice>

- **Utilization of a systemic approach to accessing benefits for individuals who qualify for Medical Assistance, SSI, and SSDI**, including individuals who are homeless and those recently released from jail or prison

- *Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders*, see www.gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf

- See Policy Research Associates’ SSI/SSDI Outreach and Recovery (SOAR) website for planning and technical assistance efforts to improve access to Social Security benefits

- <http://www.prainc.com/SOAR/>

Appendix I – Assisting Communities in Planning for Housing

- The Corporation for Supportive Housing has targeted this problem by assisting states and localities in developing supporting housing for people being diverted from the criminal justice system and those reentering the community from local jails or state prisons. Their work directly addresses the broad range of public organizations involved in serving this population --- corrections, courts, homeless shelters, behavioral health services, and others --- and coordinates these usually fragmented efforts to create housing and supportive services to “break the cycle of incarceration and homelessness.” Efforts in New York City, Chicago, Rhode Island, and a number of other communities have shown reductions in days spent in shelter and jail along with increases in stable housing. (See: www.csh.org/)
 - The Corporation for Supportive Housing’s Frequent Users Initiative has been implemented in a number of cities and states across the country to foster innovative cross-system strategies to improve quality of life and reduce public costs among persons whose complex, unmet needs result in frequent engagement with emergency health, shelter and correctional services
 - These programs identify and target a small group of individuals whose overlapping health and mental health needs place them at high risk of repeated, costly and avoidable involvement with correctional and crisis care systems
 - The Corporation leverages local partnerships and community-based services linked with housing to improve outcomes at a reduced public cost for the frequent user population The New York City Departments of Correction and Homeless Services, with assistance from the Department of Health and Mental Hygiene and the New York City Housing Authority have implemented the Frequent Users of Jail and Shelter Initiative
 - Initial results show that the average number of days in jail decrease by 52% among housed participants, while jail days actually increased for members of a comparison group
 - For information about the New York City and other Frequent User initiatives: <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=4456&nodeId=81>
- The Council for State Governments Justice Center released a 2010 policymakers’ guide to reentry housing options which outlines three approaches to increasing housing capacity: creating greater access to existing housing units, increasing the number of housing units specifically available to the target population, and engaging in comprehensive neighborhood revitalization to expand affordable housing for at-risk populations. The benefits and limitations of commonly used housing approaches are described along with examples in place in communities. (See: http://reentrypolicy.org/jc_publications/reentry-housing-options/Reentry_Housing_Options.pdf)
- *Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System*; a fact sheet on safe housing for persons with mental illness involved with the criminal justice system, see www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp

- The Pennsylvania's Department of Public Welfare's Office of Mental Health and Substance Abuse Services has recently disseminated a document to help communities address this issue, "Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness." The guide, tailored to Pennsylvania, comprehensively describes how to define the problem, collect data, get the right people at the table, identify housing resources and gaps, examine potential housing models, and formulate strategies to fill the gaps. A wide range of housing options are described including strategies for public housing authorities, private landlords, master leasing, emergency shelter/crisis residential, transitional or bridge housing, and permanent supportive housing. (See: www.parecovery.org/documents/Housing_SEI_Final_Handbook_030510.pdf)

- Diana T. Myers and Associates is a housing and community development consulting firm based in Pennsylvania that specializes in planning affordable, accessible housing for people with disabilities and works with government and nonprofit clients to design and coordinate programs and develop housing for people with disabilities
 - The York County Criminal Justice Advisory Board (CJAB) engaged this group in 2007 to conduct a housing study targeting people with serious mental illness involved with the criminal justice system. The group recently completed a similar study in Centre County.
 - See: http://www.lebcounty.org/lebanon/lib/lebanon/PowerPoint_-_Housing_and_the_Sequential_Intercept_Model.pdf

Appendix J – Resources for Forensic Peer Support

- **Pennsylvania Peer Support Coalition Website**
Official website of the PA peer support network; Includes resources, contact information, newsletters, etc.
Available at: <http://www.papeersupportcoalition.org/>
- **Davidson, L., & Rowe, M. (2008) Peer Support within Criminal Justice Settings: The role of forensic peer specialists.** Delmar, NY: CMHS National GAINS Center.
A CMHS National GAINS center publication on the utility of forensic peer support. Available at: http://www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf
- **Miller, L.D., & Massaro, J. (2008). Overcoming legal impediments to hiring forensic peer specialists.** Delmar, NY: CMHS National GAINS Center.
A CMHS National GAINS Center report regarding the barriers to hiring forensic peer specialists such as employment laws, public legal records, and current legal status.
Available at:
http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf
- **Simpson, E.L., & House, A.O. (2002). Involving users in the delivery and evaluation of mental health services: A systematic review.** *British Medical Journal*, 325, 1265-1268.
A Review of 298 papers about involving consumers in mental health treatment- 5 randomized controlled trials and 7 other comparative studies were identified and used.
Available at: <http://www.bmj.com/cgi/reprint/325/7375/1265>
- **Spikol, A. (2007). Peer specialists inspire hope for recovery.** *People First, Spring 2007, 7-10.*
An article on peer specialists that highlights several individuals from Montgomery County and discusses the benefits of peer specialist programs.
Available at:
<http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf>
- **Devilley, G.J., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison-based peer-education schemes.** *Aggression and Violent Behavior*, 10, 219-240.
An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.

Available at:

[http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston-Lynne-et-al.\(2005\).Prison-based-Peer-Education.pdf](http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston-Lynne-et-al.(2005).Prison-based-Peer-Education.pdf)

- **Goldstein, Warner-Robbins, McClean, & Conklin (2009). A peer driven mentoring case management community reentry model. *Family Community Health*, 32(4), 309-313.** Article discussing Welcome Home Ministries (WHM) in San Diego – a peer driven re-entry program for women offenders that has had encouraging results regarding decreased recidivism and other positive outcomes.

Available at:

<http://www.nursingcenter.com/pdf.asp?AID=933344>

- **Medicaid Coverage of Peer Support for People with Mental Illness: Available Research and State Examples.**

Available at: <http://cms.hhs.gov/PromisingPractices/downloads/PeerSupport.pdf>

- **Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M.J., Benedict, P...Sellis, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, 58(7), 955-961.** A comparison of two interventions (a community-oriented program that incorporates peer support “wrap-arounds”, and a standard clinical treatment) designed to reduce criminality, alcohol use, and drug use in mentally ill individuals who had criminal charges in the preceding 2 years.

Available at:

<http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955>

- **Bauldry, S., Korom-Djakovic, D., McClanahan, W.S., McMaken, J., & Kotloff, L.J. (2009). Mentoring formerly incarcerated adults: Insights from the Ready4Work reentry initiative.**

Available at: http://www.workingventures.org/ppv/publications/assets/265_publication.pdf

- **“The Interceptor: Newsletter from Community Advocates of Montgomery County”** Newsletter devoted to Forensic Peer Support and jail diversion. Includes program specific data, recovery info, and success stories of both the people they support and the program as a whole. With this you can watch development and offers a contact for those with the “how did you start, how are you doing this,” questions.

November 2010 Issue Available at:

<http://www.pacenterofexcellence.pitt.edu/documents/Nov%20%202010%20The%20Interceptor.pdf>

March 2010 Issue Available at:

http://www.mhapa.org/downloads/051410_TheInterceptorMarch2010.pdf

- **Wellness Recovery Action Plan (WRAP)**- Mental Health Recovery and WRAP was started in 1989 as Mary Ellen Copeland began her studies of how people help themselves, get well, and stay well.

Available at: <http://www.mentalhealthrecovery.com/>

- **PEERSTAR LLC FORENSIC PEER SUPPORT**

Specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. Peerstar is a national leader in providing forensic peer support services, and are the first provider in Pennsylvania to use a research university-based program and curriculum. In-jail program includes re-entry planning and evidence-based Citizenship Group classes to assist individuals in returning to the community and breaking the cycle of re-incarceration. Peerstar works closely with law enforcement, corrections, probation and parole and the judiciary. Peerstar's forensic peer support program was developed in a unique partnership with the Yale University School of Medicine Program for Recovery and Community Health.

Contact James P. Kimmel, Jr., J.D., Esq., Vice President and Director of Forensic Programs (jkimmel@peerstarllc.com or 610.347.0780).

More Information Available at: www.peerstarllc.com

- **OMHSAS**

Assist counties and interested parties in preparing for and developing program components centered on forensic peer support. OMHSAS can connect you with other counties and providers doing the work, resources and answers, and introduce the concepts of FPS, brainstorming and troubleshooting.

Contact DJ Rees, Program Manager- Forensic Peer Support OMHSAS (lorees@state.pa.us or 717.214.8200)

- **Lori Ashcraft, Ph.D., Executive Director, META Services Recovery Education Center. "Peer Services in a Crisis Setting; The Living Room"**

The living room is an example of peer crisis workers within an Alternative Crisis Center in Phoenix, Arizona. This particular crisis center operates as part of a freestanding crisis center (META's Services now called Recovery Innovations), but has separate space within the center's building. The entire program centers on the recovery-delivered services.

- Above Article Available at: <http://www.recoveryinnovations.org/pdf/LivingRoom.pdf>
- More Information on the Living Room Model and Recovery Innovations Services available at: http://www.recoveryinnovations.org/recovery_concepts.html

- **Peer Specialist Compensation/Satisfaction 2007 Survey Report by NAPS**
 - Available at: http://www.ncmhco.org/downloads/NAPS_survey_report.doc
- **Mental Health Consumer Providers by the Rand Corporation**
 - Available at: consensusproject.org/bja-ta-training-event-july-2009/materials-bja-ta-09/Rand_Article.pdf

***** Note: If there is a problem accessing any of the articles via hyperlink, please contact Sarah Filone (saf83@drexel.edu) for fulltext articles.**



Statewide Forensic Peer Support Specialist Program

About the Program

- This 18 month initiative began in July 2010 and is funded by the Pennsylvania Commission on Crime and Delinquency (PCCD) in cooperation with the Office of Mental Health and Substance Abuse Services (OMHSAS). The project goal is to establish a Statewide Forensic Peer Support Program serving justice-involved individuals with mental illness and/or co-occurring substance use disorders.
- A Collaborative effort between Drexel University Psychology Dept., Drexel University College of Medicine's Department of Psychiatry's Division of Behavioral Healthcare Education (BHE), the Pennsylvania Mental Health Consumers Association (PMHCA), and the Center of Excellence.

Our Goals

- Identify certified peer support specialists who wish to receive specialized forensic training
- Develop a 'train-the-trainer' curriculum and administer this training to 25 individuals who will become facilitators for future forensic peer support training workshops.
- Develop a three-day forensic peer support specialist training curriculum
- Train forensic peer support specialists in 8 separate sites throughout Pennsylvania
- Promote the use of forensic peer support specialists
- Integrate forensic peer support specialists into PA county operations
- Participate in Cross-Training initiatives
- Develop an informational repository regarding evidence-based and promising practices

Program Progress

- We are currently in our third quarter of this initiative. We have completed a 3-day forensic training for current peer specialists, and are in the process of organizing our 'train-the-trainer' workshop. The curriculum is in the final stages of development and will be finished by February 2011.

Contact Us

- For more information, or to request a forensic peer support specialist training in your county, please contact:

Elizabeth Woodley (PMHCA Project Specialist)
Liz@pmhca.org
717-564-4930

Sarah Filone, M.A. (Project Coordinator)

Saf83@Drexel.edu
215-762-8275

Appendix K – Community Corrections

Consider the growing empirical research working to identify which community corrections strategies improve outcomes (including reducing criminal recidivism) for people with mental illness under community corrections supervision. The Justice Center of the Council of State Governments recently published a monograph summarizing the most up to date research and thinking on this topic

- For instance, research suggests that three strategies by community corrections officers can reduce criminal recidivism or improve linkages to services for probationers with mental illness
 - “Firm but fair”
 - Officers’ use of compliance strategies that favor problem solving rather than threats of incarceration and other negative pressures
 - Officers’ “boundary spanning” work to develop knowledge about behavioral health and community resources, establish and maintain relationships with clinicians, and advocate for services
- Specialized probation caseloads “are regarded as promising practice for improving outcomes with this population”
 - Defining features of specialized caseloads include:
 - Smaller caseloads composed exclusively of people with mental illness
 - Significant and sustained training on mental health issues
 - Extensive collaboration with community-based service providers
 - Problem-solving strategies to enhance compliance with supervision requirements

For more information, see: Council of State Governments Justice Center Research Guide. *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice.*

- http://consensusproject.org/downloads/community_corrections_research_guide.pdf

Other Resources:

- Aos, S. & Drake, E. (August 2010). Washington State Institute for Public Policy's “Benefit-Cost Tool for States: Examining Policy Options in Sentencing and Correction.” Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-08-1201>.
- Aos, S. & Drake, E. (April 2010). “Fight Crime and Save Money: Development of an Investment Tool for States to Study Sentencing and Corrections Public Policy Options – Progress Report.” Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-04-1201>.
- CMHS National GAINS Center. (August 2010). Getting inside the black box: Understanding how jail diversion works. Retrieved from http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/Getting_inside_the_black_box.pdf

- Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. Retrieved from <http://reentrypolicy.org/Report/About>
- Research Network on Mandated Community Treatment. Website: <http://www.macarthur.virginia.edu/researchnetwork.html>
- Skeem, J. L. & Louden, J. E. (2007). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services*, 57, 333-342.
- Skeem, J. L., Manchak, S., & Peterson, J. K. (2010). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, Online April 14, 2010.

Appendix L – Information Sheet on Justice-Involved Veterans for Judicial System

The Veterans Health Administration (VHA) is the U.S. government's healthcare system for Veterans. This sheet provides basic information on identification of Veterans, VA healthcare services provided and general wait times, communication between the justice system and VA, and Veterans Justice Outreach Specialist contact information. VHA does not operate a formal diversion program and cannot take custody of Veteran-defendants, but can provide Veterans with healthcare services that the justice system determines are an appropriate alternative to incarceration.

How to identify veterans in your system:

The first step to providing VA healthcare services to Veterans is to identify them as Veterans. **Ask: "Have you ever served in the United States Armed Forces or military?"** Do not ask: "Are you a Veteran?" since many Veterans think this applies only to Veterans who served in combat. Building this question into the booking or arraignment process as soon as possible will facilitate eligibility determination for Veterans.

Basic VHA eligibility:

The second step is to determine whether a Veteran is eligible and can enroll for VA services. **VA eligibility offices determine eligibility; VA clinical staff cannot provide determinative information on eligibility.** This usually takes no more than 7 calendar days (per VHA Directive 2009-029). Veterans' discharge status can be upgraded, usually with the assistance of a Veterans Services Officer.

The following is general information on eligibility:

- Any Veteran who is interested in receiving healthcare services from VA should be encouraged to apply for enrollment at his or her local VA medical center Enrollment/Eligibility office. For specific program eligibility, priority group information, co-pay, and other service information, please consult Federal Benefits for Veterans, Dependents and Survivors 2009 Edition, available online at http://www1.va.gov/opa/vadocs/current_benefits.asp.
- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA healthcare benefits. Reservists and National Guard members may also qualify for VA healthcare benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.
- Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Other factors may arise as VA eligibility offices check a Veteran's status.

VA provides health care services:

Program availability varies by area (for example, not every region has a Domiciliary), so please check with your local Veterans Justice Outreach Specialist for details on local programs.

Available health care services may include:

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home, and community-based residential care
- Sexual trauma counseling
- Specialized health care for women veterans
- Health and rehabilitation programs for homeless veterans
- Readjustment counseling
- Mental health services, including alcohol and drug dependency treatment, Compensated Work Therapy-Supported Employment, and PTSD treatment
- Medical evaluation for disorders associated with military service in the Gulf War, or exposure to Agent Orange, radiation, and other environmental hazards

Based upon the assessment of the Veteran, VHA clinicians will develop a specific treatment plan for each Veteran-defendant. For those Veterans not incarcerated, VA will provide treatment to the degree and duration needed in accordance with the appropriate standard of care.

Non-VA alternative treatment options may be needed if the Veteran is not eligible for VA care, or if VA does not provide treatment within the time frame or level required by the Justice System.

Wait Times for entry to VA services:

Generally, VHA outpatient services will see eligible Veterans within 30 days of referral. Veterans with service-connected disabilities receive priority. Veterans without service-connected disabilities may need to wait up to 120 days.

All new patients requesting or referred for mental health services must receive an initial evaluation within 24 hours, a more comprehensive diagnostic and treatment planning evaluation within 14 days, and ongoing mental health treatment to begin within 30 days.

Communication between the Justice System and VHA – Release of Information:

In order for VHA clinicians to communicate with the justice system, the Veteran must sign a Release of Information specifying the type of information to be communicated and the duration of the course of treatment for which the information is to be provided. **(VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information.)** Because VHA is a comprehensive healthcare system, social, vocational, housing, substance abuse, mental health and physical healthcare services are all considered health information, so the form is required to transmit information regarding the Veteran's attendance, progress, treatment testing, and discharge plan/status in any of these areas.

National Veteran Suicide Prevention hotline: VA has a National Suicide Prevention Hotline number: 1-800-273-TALK (8255).

Appendix M – Resources for Veterans Involved in the Criminal Justice System

- **The Veterans Justice Outreach Initiative website**
Official website of the VJO Initiative at the VA, including contact information, handbooks and guides, resources for courts and other related articles.

Available at: <http://www1.va.gov/HOMELESS/VJO.asp>
- **Justice for Vets: The National Clearinghouse for Veterans Treatment Courts**
Official website of Veterans Treatment Courts initiative of the National Association of Drug Court Professionals, including information regarding veterans treatment courts as well as a current list of these court models in the United States.

Available at: <http://www.justiceforvets.org/>
- **“Leveling the Playing Field: Practical Strategies for Increasing Veterans’ Involvement in Diversion and Reentry Programs”**
A CMHS National GAINS Center report on developing diversion opportunities for veterans in the criminal justice system, including 13 steps to take to implement such programming.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/levelingthefield_veterans.pdf
- **“Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions”**
A Consensus Report of the CMHS National GAINS Center’s Forum on Combat Veterans, Trauma, and the Justice System that provides background information as well as specific recommendations on how to better provide services for veterans with service-related trauma and mental health conditions.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- **“Incarcerated Veteran Re-Entry Programs Aimed at Reducing Recidivism”. Article in Veteran Journal, 2008.**
This article is focused on incarcerated veterans re-entry specialists, as well as other programs. Also includes links to other related resources.

Available at: <http://www.veteranjournal.com/incarcerated-veteran-re-entry-programs/>
- **Presentations from the 2010 International CIT Conference website**
Presentations from the 2010 International CIT Conference specific to veterans’ issues.

Available at: <http://www.slideshare.net/citinfo>

- **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**

Available at www.dcoe.health.mil

- **Real Warriors, Real Battles, Real Strengths** public awareness campaign

Available at www.realwarriors.net

- **Crisis Intervention Team International Conference**

September 12th-14th, 2011

Virginia Beach, Virginia

Registration and more information available at www.citi2011.com

- **Veteran's Conference 2011- Jail Diversion and Trauma Recovery for Veterans**

March 23rd-24th, 2011

Ramada Inn and Conference Center in State College, PA

- **By the completion of this conference, participants will be able to:**

- Identify challenges of Diverting Veterans with Trauma-Related Disorders from the Criminal Justice System
- Cite the utility of trauma informed care in treating persons with all types of traumatic experiences;
- Describe the functions and outcomes of PA's veteran's courts;
- Discuss application of CIT in suburban, rural and urban environments.

- **Target Audience**

- Veterans Service Organizations
- Behavioral Health Clinicians
- Criminal Justice professionals practicing diverting veterans from jail
- State/local officials or citizens interested in this concept.

Appendix N – Resources on Cultural Competence for Criminal Justice/Behavioral Health

These resources focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept. Also included are helpful resources that specifically address cultural competency issues in criminal justice and behavioral health settings.

- *Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness*, the SPECTRM program, uses a cultural competence model to help service providers better understand the needs of the population they serve and deliver services tailored to their unique needs, see www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf
- "Adapting Offender Treatment for Specific Populations." In Center for Substance Abuse Treatment, *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. DHHS Pub. No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, pp 93 -95.
- New Freedom Commission on Mental Health, *Subcommittee on Criminal Justice: Background Paper*. DHHS Pub. No. SMA-04-3880. Rockville, MD: 2004.
- Primm, A., Osher, F., & Gomez, M. Race and Ethnicity, Mental Health Services and Cultural Competency in the Criminal Justice System: Are We Ready to Change? *Community Mental Health Journal*, Volume 1, Number 5, 557-569, 2005.
- "Statement on Cultural Competence." In *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery*. <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/competence.asp>.
- U.S. Department of Health and Human Services. *Mental health: culture, race, and ethnicity: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Rockville, MD: 2001.

Appendix O – Resources for Community Education

- **Open Minds Open Doors**

Open Minds Open Doors is a Mental Health Association of Pennsylvania initiative aimed at ending discrimination against people with mental illnesses. Open Minds Open Doors creates brochures and audio visual materials for use in educating and engaging audiences on the impact of stigma.

Available at: www.openmindsendoors.com

- **National Alliance on Mental Illness PA**

NAMI PA provides various opportunities for training and education as well as specific forensics training for criminal justice professionals and a one day Criminal Justice Symposium held yearly.

Available at: www.namipa.org

Appendix P – Resources for Data Collection and Analysis

At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness, substance use disorders, and co-occurring disorders involved in the local criminal justice system. Limited data was available to illustrate the scope and complexity of the problems discussed during the workshop.

- Efforts should be made to summarize important information on a regular basis and share with the larger planning group, other stakeholders, and funders.
 - For instance, develop data to document the impact homelessness or unstable housing has upon people with mental illness and other behavioral health problems involved in the criminal justice system
 - Consider including the jail in the annual “one day count” of homelessness in the county
 - Centre County included the county jail in their January 2009 study. This information has been useful in planning for housing resources specifically targeted for this population
 - Document the number of people being held in jail who could be released if they had suitable housing
 - Compile information on jail inmates under probation supervision who are waiting for an address in order to be released from jail
 - Consider the “Mental Health Report Card” used by the King County Washington Mental Health, Chemical Abuse and Dependency Services to document progress in meeting relevant client outcomes
 - For example, one outcome measure asks: Are we decreasing the number of times adults and older adults are incarcerated?
 - See: <http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx>

Pennsylvania Mental Health and Justice Center of Excellence personnel are available to consult with and assist locales with the following:

- Assessing existing database structure and content
- Planning for data collection (e.g. identification of outcomes) and analysis strategies
 - What to data to track and how to record it
 - Identifying outcome measures
- Designing data collection instruments
- Implementing standardized reporting components
 - In accordance with funding or other local requirements
- Monitoring data quality
 - Discussing data-entry strategies to minimize errors.
- Integrating relevant information from multiple sources
- Analyzing data and interpreting analyses

Data Technical Assistance services are led by Carol Schubert, M.P.H. (Senior Consultant) and Edward P. Mulvey, Ph.D. (Center Co-Director) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh.

See the Center website www.pacenterofexcellence.pitt.edu or call Carol Schubert at 412-647-4760 for additional information. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee.

Appendix Q – Additional Website Resources

Pennsylvania Mental Health and Justice Center for Excellence	www.pacenterofexcellence.pitt.edu
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Pennsylvania Web Sites	
Pennsylvania Commission on Crime and Delinquency	www.pccd.state.pa.us/
Pennsylvania Recovery and Resiliency Adult Justice Related Services	http://www.parecovery.org/services_justice.shtml

Additional Web Sites	
Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
The Justice Center	www.justicecenter.csg.org
Mental Health America	www.nmha.org
National Alliance on Mental Illness (NAMI)	www.nami.org
National Alliance on Mental Illness Crisis Intervention Team Resource Center & Toolkit	www.nami.org/cit ; www.nami.org/cittoolkit
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Center for Trauma Informed Care	http://mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Network of Care	networkofcare.org
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	www.neoucom.edu/cjccoe
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
USF CJ and Substance Abuse Technical Assistance Center	www.floridatac.org/

Mental health focus of conference

Two-day workshops addressed helping inmates with disorders and substance abuse problems.

By JOHN LATTIMER
Staff Writer

Representatives of Lebanon County's judicial system and members of the mental health community are working together to develop ways to better assist inmates and other justice-involved adults suffering from mental health and substance abuse disorders.

To address the needs of those who fit into these categories, the Lebanon County Criminal Justice Advisory Board recently sponsored a two-day conference at Pennsylvania Counseling Services, 200 N. Seventh St. Participants included representatives from the criminal justice agencies, area nonprofit social services agencies and several

consumers of these agencies, according to Shem Heller, executive director of the Mental Health Association of Lebanon County.

"I think everybody at the table understood that this was a good process to go through to try and develop a better system for individuals with mental health and behavioral problems," he said.

The participants attended two workshops — "Cross-Systems Mapping" and "Taking Action for Change" — developed by Policy Research Associates of Deimar, N.Y. Each workshop was designed to help communities identify existing resources, service gaps and opportunities for improving interagency cooperation, according to a news

release issued by the justice advisory board. The workshops were provided to the county at no cost.

During the conference, participants reviewed system changes implemented by other communities and began working on an action plan. The plan included development of a flow chart showing criminal justice contact from arrest to incarceration; referral and access to services; and points for diversion from the justice system across the county.

The conference was the beginning of a process to help reduce recidivism of those with mental health and substance abuse problems by giving them better access to treatment, Heller said.

"This was the initial step for us to look at how we are handling the folks with mental health and drug and alcohol problems as they are

being released from prison or being maintained through the adult probation program," he said. "We tried to identify gaps in the system and improve opportunities in the system, so we can stop what we consider a revolving door for these folks who end up and repeatedly going back to prison."

At the end of the workshops, participants created a priority list of actions that could be taken to meet the goal of creating a support system for inmates with mental health problems when they transition out of prison, Heller said. Those priorities included providing them with more housing options and treating a peer support system to match recent inmates with others who have successfully gone through a treatment process.

"Someone with mental illness is not going to get the variety of treat-

ment services available in the community when they are in prison," Heller said. "The goal, as I see it, is basically to divert people from prison and provide support in the community to keep them out of the prison system."

The need to provide better treatment services for inmates suffering from mental health and behavioral problems is borne out by the data. A widely respected study of prison populations done by researchers from Northwestern University in the late 1990s showed 6.4 percent of men and 12.2 percent of women entering jails have severe and persistent mental illness, compared to 2 percent of the general population.

The same study showed that, of these incarcerated individuals, 72 percent also have a co-occurring substance abuse disorder.



Champagne Breakfast

Drug trafficking

'Career' dealer sent

County Program: Lebanon County FY 2012-2017 County Plan

Contact Person: Holly Leahy, Director of MH Services

**THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT
GUIDELINES**

Background

In the Spring of 2009, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) formed a representative Workgroup to develop state strategies to expand the availability of evidence-based practices, particularly supported employment, that assist people with psychiatric disabilities to engage in competitive employment in community settings.

The creation of the Workgroup reflected the goals of OMHSAS' March 2008 Call for Change: Employment-A Key to Recovery (http://www.parecovery.org/services_employment.shtml) and its goal of "significantly increasing the number of persons served by the behavioral health system who are competitively employed," itself a response to the continuing high rate of unemployment among those with psychiatric disabilities and the slow development of evidence-based practices to address the employment aspirations of consumers. The Workgroup recommended that OMHSAS require each of the County Mental Health Programs to file, as part of each year's Mental Health Plan or Update, an annual Supplemental Plan to Promote Competitive Employment.

The County Supplemental Employment Plan should: a) reflect an inclusive planning process at the county level; b) provide an overview of the current status of employment services in the county; and c) address the county's strategies to increase competitive employment through: orientation of the county mental health system toward employment outcomes; staff training; new data collection protocols; and shifting current dollars and/or accessing new funding for supported employment.

In developing the County Supplemental Employment Plan, counties should utilize the SAMSHA toolkit definition and principles of Supported Employment for persons in recovery (<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment>) and their evidence-based focus on employment. Supported Employment programs:

- attach primary importance to consumer preferences;
- identify competitive employment as the goal;
- work toward mainstream jobs in community settings;
- seek jobs that pay at least minimum wage;
- find work settings that include people who are not disabled;
- focus on persons with the most severe disabilities;
- provide follow-along supports that are continuous;
- base eligibility on consumer choice;
- integrate employment services with clinical treatment; and
- begin job search activity as soon as a consumer expresses interest in employment.

1. Inclusiveness of the Planning Process.

a. Please briefly describe the planning process for this Supplemental Plan: including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

In analysis of Lebanon County, we are clearly in the beginning stages of employment services transformation to an evidence based Supported Employment model. It should be stated that we have successfully offered and provided traditional employment services, both facility based and community employment / community employment services, through our contracted employment providers including: AHEDD, Developmental & Disabilities Services, Ephrata Area Rehab Services and QUEST. We do, however, recognize that efforts need to be placed on an evidence based model and are willing to take the necessary actions. The following are the steps taken thus far in order to review current practices and employment services for those with disabilities to engage in competitive employment in community settings.

➤ As a result of the Office of Developmental Programs allocating pilot funding for employment services, Lebanon County formed an employment coalition in February 2009. The coalition meets every other month (odd months) and includes the following individuals:

- Verna Morris, QUEST
- Holly Leahy, Lebanon County MH/MR/EI – **Co-chair of the employment coalition**
- Chris Heibel, Lebanon County MH/MR/EI
- William Blackway, OVR
- Terri Miller, OVR
- Janelle Gechter, Lebanon County MH/MR/EI
- Kim Shaw, Lebanon County MH/MR/EI
- Abbey (Noll) Casper, Lebanon County MH/MR/EI
- Brenda Berkheiser, Supportive Concepts
- Angie Holmes, Supportive Concepts
- Chris Deller, Intermediate Unit 13
- Dawn Wolfe, Lebanon County MH/MR/EI – **Co-Chair of the employment coalition**
- Melissa Brightbill, Northern Lebanon School District
- Colleen Christian, Developmental & Disabilities Services
- Ken Seeger, The Arc of Dauphin & Lebanon Counties
- John Robbins, Intermediate Unit 13
- Michelle Auman, QUEST (added June 2010)
- Mike Barnhart, QUEST (added January 2011)
- Janine English, Lebanon County CASSP Coordinator (added September 2010)

➤ The following individuals were involved with the initial planning / meetings for the employment coalition but are no longer involved:

- Ira Walker, Doors To Success
- Janelle Miller, OVR
- Nancy Stadler, ODP Central Region (now with OMHSAS)
- Dana Olsen, ODP Central Region (retired)
- Erin Burke, Lebanon County MH/MR/EI (resigned)

- Amy Rogers, Intermediate Unit 13
 - Ann Longenecker, Cedar Crest School District
 - Krista Andes, Lebanon School District
 - Betty Miller, Lebanon School District
 - Stan Baldwin, Lebanon High School Job Coach
 - Wendy Potts, Doors To Success
 - Robert Swanson, Lebanon County CASSP Coordinator (resigned)
 - Brenda Mettley, Lebanon County MH/MR/EI
- Strengths / Weaknesses / Opportunities / Threats (SWOT) completed March 3, 2009 & April 9, 2009 for Lebanon County
- Strengths
 - Positive relationships between systems
 - Team with OVR
 - No turf wars
 - Good working relationships
 - Lebanon Transition Coordinating Council (TCC)
 - Transitional opportunities
 - Schools focus on transitional outcomes
 - Families open to employment
 - Employment resources discussed at intake / re-assessments and ID ISPs
 - Variety of employment agencies
 - Initiative funding available
 - OVR
 - Variety of employers for school-to-work program
 - Good employer partnership with the program
 - Small county – we know what is available
 - OVR reps are here in our office
 - Trainings
 - Low turn-over of staff
 - Fact that this need is recognized and being addressed
 - Employment Coalition
 - Weaknesses
 - Economy – lack of job availability
 - School districts misunderstand their role
 - Close minded employers and individuals / families
 - Transportation – through the SWOT other places have been able to create services
 - Supervision during non-work hours; program options for non-work hours
 - Supported employment expertise
 - Community buy-in; idea that people bring value to work
 - System funding for employment
 - Small county – limited opportunities within county
 - Individuals / Families afraid will lose benefits if employed
 - Individuals that have no desire or capability for competitive employment
 - Individuals at sheltered day programs “workshops” that don’t want to leave and families refuse to allow attempts at other employment services

- Lack of employment opportunities for the forensic population
- External opportunities
 - Training programs
 - Mentoring programs
 - Places to refer-referral training agencies
 - Functional work experience programs
 - Lebanon County Transition Coordinating Council
 - Educational opportunities for professionals
 - “untapped” employers
 - Attitude improving
 - Conferences and job fairs
 - Work experience
- External threats
 - Individual or Family attitudes
 - Variety of jobs
 - Flexibility of jobs
 - ODP / OMHSAS / DPW constantly changing – unknown future
 - Economy – limited job market
 - Bureaucracy
 - Lack of Transportation
 - funding
- Established a Long Term Objective
 - “To increase employment opportunities for those who have a disability and want to work”
 - Employment defined as “an individual working competitively in a community integrated environment, making at least minimum wage”
- Formation of 2 committees
 - Objective #1 Committee: “Every student, with a disability, will graduate with a portfolio of completed objectives (this will include a checklist of items / documentation needed to move into employment)
 - Data that exists or could be gathered to measure progress / success
 - Compile and analyze consumers in the MH/MR system currently employed (2 age group brackets of 16-26 and 27 – over)
 - At an MH/MR intake, consumers will be asked if they have a portfolio and given the Lebanon employment guide
 - OVR will also track whether or not an individual has a portfolio and distribute the Lebanon employment guide
 - Objective #2 Committee: “To develop marketing tools to increase awareness of employment opportunities and resources (brochure / other marketing tools)
 - Employment coalition members attended a networking event on October 20, 2009 through the Chamber of Commerce and gathered information about possible employment opportunities and businesses that might be interested in partnering with the coalition to meet the long term objective

- Creation of an employment guide – **completed June 2010 / updated version by July 2011**
 - Guide components include:
 - List of providers of community employment service and supports
 - Website resources
 - Interagency resources
 - Advocacy agencies
 - Commonly used Acronyms

- Family & Community Forums
 - Purpose: To discuss the value of gaining self-confidence and independence through the financial benefits of gainful community employment

- Trainings provided by QUEST, through a mini grant (**ended December 31, 2009**)
 - Purpose: Educational in purpose by explaining to families and members how to use services, resources, and customized employment to meet their needs. In addition, they provided explanation about SSI / SSDI and how this is affected by gainful employment

- OVR staff scheduled at Lebanon MH/MR/EI and Lebanon CareerLink
 - Adding accessibility for consumers and professionals
 - Lebanon MH/MR/EI hold periodic meetings with OVR staff to discuss services and any issues or concerns

- Utilization of the Targeted Case Management (TCM) Recovery and Resiliency Assessment form
 - Intensive Case Managers (ICM) update the Recovery and Resiliency assessment form with their consumers on a bi-annual basis which includes a portion on the consumers current employment status and future goals
 - All persons with transitional employment will be reviewed for competitive employment
 - Resource Coordinators (RC) update the Recovery and Resiliency assessment form with their consumers on an annual basis which includes a portion on the consumers current employment status and future goals
 - All persons with transitional employment will be reviewed for competitive employment

- Steps to be implemented:
 - TCM Supervisors will keep an ongoing log of those employed / unemployed and note changes at the time of TCM Recovery and Resiliency assessment
 - Employment successes will be noted
 - TCM workgroup will develop other employment strategies
 - Possibly identify a “go-to person” for employment
 - Establish an employment transformation committee
 - Conduct surveys of all contracted employment providers in order to assess effectiveness of current programs and needs, in addition to the possibility of shifting funds toward evidence-based Supported Employment

- Lebanon County MH/MR/EI will review the policy and procedure for OVR and those seeking competitive employment
 - Seek consumer / family member / CSP / Lebanon County Drug & Alcohol representatives to be involved with the employment assessment and transformation process
- During April 2011, Lebanon County completed an anonymous survey of services which included questions on employment services. The survey forms were distributed electronically via e-mail distribution lists (approximately 50 initial e-mail addresses with the hopes that others forwarded the survey); hand-delivered by MH Targeted Case Managers to individuals on their caseload and to Outpatient offices. Statistics:
- 98 surveys completed
 - 74 consumers / individuals in recovery
 - 2 family members
 - 12 individuals from an Agency / provider
 - Average age of respondents was 48, youngest respondent was 17 and the eldest 79 years of age
 - 6 transition-aged youth responded
 - The vast majority of the respondents were “middle-aged”
 - 71% or 59 respondents reported that they are not utilizing employment services nor are they interested
 - 29% or 24 respondents reported that they are utilizing employment services
 - Strengths noted for employment services:
 - That someone is there for support
 - Job coach shows up
 - Places willing to help you find a job
 - They are easily accessible to those in the system, difficult if not
 - Having work
 - Computer accessibility
 - Pending appointment with OVR
 - Attempts to employ people
 - Satisfied with OVR
 - There appears to be a lot of diverse work
 - Not doing a bad job, people just don't want to work
 - Having a job, period
 - ICM helps with employment
 - QUEST is an excellent program to be able to earn some money -- be of use
 - Voc Rehab
 - Several providers to choose from for job coaching. Moving away from facility-based vocational rehabilitation / work activities center
 - Assist people in finding employment
 - Good communication with MH case managers
 - Jobs
 - Exceptional employer

- Job coaches etc. are very supportive
 - The services are very good at providing information for others
 - The employment services cover the different levels of employment from assessment of skills to competitive employment. There is a good system of collaboration between agencies and providers.
 - Enrolled in services quickly; nice people; thorough
 - Local temp agencies are willing to help
- Gaps / weaknesses of employment services noted:
- It could be better, they are not helping me enough or looking into my situation enough
 - Nothing good about the employment services
 - OVR didn't have a person available, had to wait and then he wasn't too helpful
 - Need more help with applying for jobs, locating employers
 - They need to individualize peoples' needs and offer more services to assist people to get off of assistance. Need to understand peoples' situations more
 - Need to find more jobs for people
 - Not enough work in the community
 - Employment advice and help is very limited. Not much support. People who are employed by the services are not very proactive
 - Need more educational classes
 - There should be more diverse work
 - Welfare system needs to be changed to encourage people to work
 - Japan jobs are going to open up, more jobs in America and other countries
 - Needs to be more places like QUEST to assist with people with disabilities
 - Waiting list for OVR services
 - OVR - continues to lose referrals & lack of contact
 - Services specifically geared toward transition-age
 - OVR is very difficult to work with as they frequently lose referrals, don't communicate with us or the families
 - Not many of our individuals have found jobs utilizing employment services. Need services that are more willing to work with individuals who have higher needs (no high school diploma, forensic background, etc.)
 - Not enough services
 - Need employment for minorities
 - Great difficulty in placing new people in jobs; could also be result of poor economy.
 - Transitional employment for people who want to work but have very limited / no work experience to gradually expose them to employment.
 - System not viewing / supporting volunteer work as a pathway to competitive employment.
 - Often takes time before consumers can find employment
 - Some services are not as involved as they should be
 - Need more transportation
 - There are not enough competitive employment opportunities that promote the skill building on the job and flexibility in job duties
 - Want more contact with job coaches; more options to get GED

- OVR needs revamping to reduce long wait times for services
 - The employment coalition completed an initial review and analyzed the strengths and gaps noted in the surveys during a coalition meeting on May 10, 2011. The team made the following recommendations:
 - Contact other counties to obtain similar result information (if available) in order to compare employment services
 - County must schedule a meeting with OVR and dialogue regarding the gaps noted and the negative perception of their services
 - Suggestions for OVR
 - Discuss the need for individuals to have some instant gratification regarding their referral to OVR
 - Suggestion for an initial phone call to the consumer just to note that they received the referral and will be calling back to schedule an intake rather than nothing for weeks
 - OVR should call the referral source to verify that they receive referrals. This would help with the “lost referrals” because referral source would know to re-send if they do not hear anything from OVR in a specified timeframe
 - Team understands that OVR staff’s time is stretched very thin
 - Team understands that OVR wants the consumer to call and be pro-active with their own referral to show that they have initiative and have the ability to be competitively employed
 - Focus on trainings about benefits
 - Recent training held at QUEST on benefits (approximately 20 individuals attended)
 - Mike Barnhart, QUEST, has contact information to schedule future trainings
 - Schedule several trainings throughout the year, if possible, for consumers and staff
 - This would be a way for consumers / individuals in recovery to meet others and form a natural support system
 - Focus on trainings about the employment process and services available for both staff and consumers
 - Pursue a Lebanon County Youth Council
 - Contact Doran Condon (John Robbins, IU 13, has contact info)
 - Looking to find employers and opportunities in Lebanon County
 - Bigger focus on customized employment
- The employment plan and survey results are scheduled to be reviewed with the Community Support Program (CSP) during the June 2011 meeting. This will introduce the plan to the members and begin a collaborative effort for employment service transformation with consumer input and guidance.

b. Please indicate the number of individuals or group representatives who were involved in this planning process in each category below: (during fiscal year 2010/2011)

(#)

- | | |
|---|---|
| <u>74</u> Consumers (via anonymous survey) | <u>2</u> The District Office of Vocational Rehabilitation |
| <u>2</u> Family members (via anonymous survey) | _____ Local Workforce Investment Boards |
| <u>13</u> Provider agencies | <u>3</u> Educational organizations |
| _____ Managed care organizations | _____ Local business groups |
| _____ CSP representatives | _____ Individual employers |
| _____ Criminal justice organizations | <u>1</u> Advocacy organizations |
| _____ Drug & alcohol / mental illness dual diagnosis groups | _____ Others (please describe _____) |

2. Current Service Delivery Data.

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2007 – 2008, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below.

DEFINITIONS:

Facility-Based Employment: Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

Community Employment: Employment in a community setting or employment-related programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported/supportive employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services.

a) Confirm the accuracy of the data. Please adjust any data and explain any corrections made.

- Check here if the data is accurate.
- Check here if the data should be adjusted, as follows:

- Community Employment and Employment Related Services
FY 09/10 = 30 Number of individuals served
 _____ Funds expended
- Facility Based Vocational Rehabilitation Services
FY 09/10 = 5 Number of individuals served
 _____ Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear _____ N/A
- Total additional Expenditures for employment services _____ N/A
- Numbers of additional individuals served _____ N/A

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

FY 08/09 = \$3,698,000 FY 09/10 = \$4,065,394 Overall county funding
 FY 08/09 = \$178,813 FY 09/10 = \$167,442 County funding for employment services
 FY 08/09 = % 4.83 FY 09/10 = %4.12 Percentage of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility based versus community services.

FY 08/09 = \$ 178,813 FY 09/10 = \$167,442 Total employment funding
 FY 08/09 = %29.97 FY 09/10 = %15.68 percentage of total employment funding for facility based services
 FY 08/0-9 = %70.03 FY 09/10 = % 84.32 percentage of total funding expended on community services

Please include a brief description of the numbers of consumers serviced in facility based services and their employment goals. (Interviews with consumers and cost-to-outcome analysis are encouraged.) information available as of 5/12/11:

	provider	facility based program	Person's stated goal	Provider's report on progress toward goal	notes
Person #1	Quest	CHIPP-WAC	wants to continue working in sheltered workshop	current goal is 80% attendance	CHIPP funded service as a diversion from state hospitalization. Currently usually works only half a day, to resolve the problem of her just walking away without reporting to the office.

Person #2	Quest	WAC	declined to discuss	goal is to increase production to earn \$.58 per hour.	Currently refusing to attend work for the past two months due to a delusional belief he was burned by a machine at work (causing his diabetic ulcer).
Person #3	Quest	WAC	Case manager was unable to interview her. When I worked with her In 1996-1998, she wanted to try competitive employment	Goal to display appropriate behavior (baseline 68%, current 77%) to reach goal of 80%.	She has long been considered capable of achieving competitive employment but her mother has not allowed her to try. In addition to WAC, she works most of the time in MWC program. Sharon is deaf & does not know ASL. She & mother developed their own sign language.
Person #4	Quest	WAC	wants to continue working in sheltered workshop	goal is to increase production to earn \$.47 per hour.	He attends work only 62% of the time at last report.
Person #5	EARS	WAC	She wants competitive employment.	According to the chart, we have not had a progress report (on paper) since 2005. We asked for one to be faxed this week but we did not receive it yet.	She also works MWC but there isn't enough MWC work available for FT hours so she works in the WAC program the rest of the time. This is her wish, and her mother and the program staff report this is necessary for her well-being.

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility vs. community based services. Also, please report on other funds (e.g., Health Choices, etc) spent on employment.

At this time, Lebanon County MH/MR/EI is not prepared to make any changes in total expenditures or percentages allocated to facility vs. community based services. We will note that in review of 1 provider, they are already providing the SAMHSA approved Supported Employment services and will be counted as such in #3. In addition, we have another provider that is interested in learning more about the SAMHSA approved Supported Employment services and we will work toward implementation (DDS). We have 2 other providers yet to be reviewed (QUEST and EARS).

Lebanon County MH/MR/EI will continue meeting with various stakeholders, consumer groups, and agencies over the upcoming fiscal year 2011/2012 in order to assess the needs of the county, evaluate effectiveness of current employment programs and consider re-allocation of funds. There are no Health Choices or reinvestment funds currently utilized for employment services.

3. Funding for Supported Employment.

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (Background).

Total dollars to be expended on SE services FY 10/11 = \$ 3,036.00 -- Based upon the definition of an evidence-based Supported Employment program, Lebanon County currently contracts with one employment provider within these parameters (AHEDD). As noted above, Lebanon County MH/MR/EI plans to assess the needs of the county, evaluate effectiveness of current employment programs and consider re-allocation of funds. Due to the state budgetary issues, Lebanon County MH/MR/EI does not anticipate any new dollars for Supported Employment but will certainly search for any alternative funding options.

- a) % of those dollars within the cost centers of:
- Community Employment and Employment Related Services 100% (\$3,036)
 - Facility Based Vocational Rehabilitation Services 0%
- b) % of new dollars to be expended on SE services 0%

4. Prior County Activities to Promote Supported Employment. Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming.

Early-Stage Development Activities. The County has:

- Developed consensus around both the importance of employment and the use of evidence-based employment interventions
- Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices
- Established a funding framework for the development of new evidence-based employment services
- Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices
- Familiarized county and local program staff with the elements of supported employment fidelity measures
- Other activities: please describe

Completion of an employment guide in June 2010 and anticipated to be updated by July 2011.

Middle-Stage Development Activities. The County has:

- Established new evidence-based employment services in one or more service sites in the county
- Provided information to consumers/families and providers on work incentives
- Developed evidence-based employment practices to focus on the types of employment in the local job market
- Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services
- Developed evaluation mechanisms to insure a focus on appropriate consumer outcomes in competitive employment
- Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches
- Other activities: please describe

Later-Stage Development Activities. The County has:

- Further expanded the availability of evidence-based practices to all consumers in the County
- Developed resources to provide benefits counseling to consumers who are returning to work
- Supported providers who can serve as a 'model' of evidence-based employment practices in other sections of the Commonwealth
- Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs
- Integrated supported education opportunities into the delivery of evidence-based employment practices
- Used the supported employment fidelity measures to assess and improve program delivery
- Other strategies: please describe

5. Proposed County Activities to Expand Evidence-Based Employment Services.

In the Excel chart attached, please list each of the strategies the county plans to use to promote and expand the use of evidence-based employment practices over the next year, using the following seven categories ('A' through 'H' below). The examples provided in each section are offered only as a starting point for your consideration of those approaches best suited to your county. For each strategy, indicate the anticipated outcome or outcomes over the next Plan year.

A. System Orientation To Employment Outcomes

Indicate the county's strategies to ensure that employment is recognized throughout the county's mental health delivery system – in both treatment and rehabilitation settings – as a core aspect of the recovery process. *Examples:* In the past, some counties have: sponsored system-wide training on supported employment approaches and the value of work to recovery; targeted county-sponsored training on employment for therapists/doctors, provider board members, consumers and family members, and/or residential program staff; and established county policies/procedures regarding the involvement of all provider agencies in supporting consumer employment outcomes.

B. Staff Training and Technical Assistance

Indicate the county's strategies to provide training and technical assistance to provider staff directly implementing evidence-based employment practices. *Examples:* In the past, some counties have: funded provider staff participation in both on-site and web-based supported employment training; required providers to meet SE Fidelity standards and conducted SE Fidelity Scale Reviews with providers; monitored SE providers in the county with regard to their consistent use of the six principles of supported employment; and implemented regular Employment Network Meetings for local employment service providers.

C. Funding for Employment Services

Indicate the county's strategies for increasing funding for evidence-based employment practices for people with psychiatric disabilities. *Examples:* In the past, some counties have: slowly shifted funds from sheltered workshops and day programs to more evidence-based employment practices; used reinvestment funds, and/or Medicaid Infrastructure Grant dollars to initiate training; helped agencies to explore use of the SSA Ticket-to-Work and Work Incentives programs for service delivery dollars; worked with OVR to shift contract dollars to evidence-based practices; and collaborated with providers in seeking national, state, and local foundation funding for start-ups.

D. Responding to Local Workforce Needs

Indicate the county's strategies for helping providers access and respond to information about local workforce needs and employer requirements for new workers. *Examples:* In the past, some counties have worked collaboratively with the Pennsylvania Business Leadership Network (PA-BLN) and both local Workforce Investment Boards (WIBs) and CareerLink offices; established working relationships with local Chambers of Commerce; encouraged providers to establish their own business advisory groups; and developed county-wide Business Advisory Councils to help providers better understand the workforce needs of local employers.

E. **Educational Opportunities**

Indicate the county's strategies to involve local educational organizations in the preparation, training, and certification of consumers with psychiatric disabilities seeking self-sustaining careers in the competitive labor market. *Examples:* In the past, some counties have: worked with local schools to ensure access to ABE/GED programs for consumers; established more formal 'Supported Education' programs; developed collaborative relationships with community colleges offering a variety of career training programs; and developed a 'resource guide' to existing academic training programs in both non-profit and for-profit career training settings.

F. **Utilizing Peer Specialists**

Indicate the county's strategies to utilize the experience of both certified peer specialists and other consumers in providing evidence-based employment practices. *Examples:* In the past, some counties have: funded 'employment peer specialist positions' with employment provider agencies, to work with individual consumers returning to the competitive labor market; relied upon peers to develop and operate employment support groups for working consumers; funded Consumer-Directed Services to develop evidence-based employment practices within their operations; and asked providers to develop employment-focused WRAP plans for interested consumers.

G. **Data Collection**

Indicate the county's strategies for improving the collection of data with regard to the employment status, progress, and success of consumers in evidence-based employment practices. *Examples:* In the past, counties have requested that local Consumer/Family Satisfaction Teams specifically survey Supported Employment participants; asked employment providers to report on program outcomes using the Employment Reporting Grid in the Evidence-Based Practices Toolkit (from SAMSHA); and sought information on the differential use of treatment and rehabilitation services for those who are involved in evidence-based practices and those who are not.

H. **Work Incentive Counseling**

Indicate the county's strategies for grappling with consumers' fears of losing financial and/or medical benefits as a result of the income earned from competitive employment. *Examples:* In the past, the Social Security Administration (SSA) has sponsored 'Work Incentive Planning Assistance' delivered through Community Work Incentive Coordinators who have been trained and certified by SSA; some county agencies and provider groups have made good use of these resources to maximize resources for beneficiaries who are working or are planning to work in the future; and some counties are planning to devote their own funding to an expansion of these types of work incentive counseling programs.

Supplemental Plan to Promote Competitive Employment: Proposed County Strategies & Outcomes

County Lebanon FY 2012-2017

Area	Strategies		Outcomes		Target Dates	Updates on Goal Implementation
A. System Orientation to Employment Outcomes	Strategy 1	Research provider options for trainings	Outcome 1	Obtain at least 1 viable option for staff / agency / consumer / family member trainings	Ongoing search	5/10/11: We continue to search for knowledgeable trainer about EBP S programs. A team member mentioned that Allegheny County might know of a resource so contact will be made to possibly obtain a training option.
	Strategy 2	Conduct trainings on evidence-based practices services / benefits	Outcome 2	Staff / agency / consumer / family members will gain a better knowledge of SE and how employment affects their benefits	Ongoing trainings	5/10/11: A training was just recent held on how employment affects benefits. We will pursue continued trainings throughout the year.
B. Staff Training and Technical Assistance	Strategy 1	Meet with current employment providers to discuss SE and the SE fidelity standards (free toolkit)	Outcome 1	Obtain a better understanding as to the current programs and how they need to be modified in order to meet the SE fidelity standards	December 2011	5/10/11: Lebanon County has been able to complete a preliminary survey for 2/4 providers (AHEDD & DDS). We are currently in process of obtaining the information from QUEST and EARS. Once we have all preliminary information, a more formal meeting will be scheduled with all providers to discuss SE EB and fidelity standards
	Strategy 2		Outcome 2			
C. Funding for Employment Services	Strategy 1	Bi-monthly collaboration (coalition) meetings with providers and OVR to seek alternative funding options	Outcome 1	Secure alternative funding options / shift current funding streams to SE	March 2012	5/10/11: Bi-monthly meetings have continued with providers and OVR. At this time there are no alternative funding streams and budgets tightening even more. Once we have analyzed all employment providers we will look to possibly shift funds SE programs, recognizing that there are no new funds available.
	Strategy 2		Outcome 2			
D. Responding to Local Workforce Needs	Strategy 1	Encourage providers to establish a working relationship with the Chamber of Commerce	Outcome 1	Providers will gain a better understanding of the local employers needs and ways to assist in competitive employment	ongoing	5/10/11: There is one employment provider that is active and paying dues to be a member of the Chamber of Commerce. They are able to represent the employment provider in addition to networking. Provider reports that it really comes down to 1:1 relationships but also indicates that few area businesses are participating in the meetings. We encourage other employment providers but at the same time recognize that the funds might not readily available for the dues to join the Chamber of Commerce.
	Strategy 2		Outcome 2			

E. Educational Linkages/Joint Project	Strategy 1	Completion of the Lebanon County employment guide	Outcome 1	Better consumer access to community employment resources	Updated by July 2011	5/10/11: The Lebanon County Employment Guide was completed June 2010. The coalition is current in the process of updating. Employment coalition participated in the Transition Fair @ Cedar Crest High School as well as the CareerLink job fair at Harrisburg Area Community College (Harrisburg area but open to Lebanon county residents)
	Strategy 2		Outcome 2			
F. Utilizing peer Specialists	Strategy 1	Schedule meetings with certified peer specialists and meet with the local Community Support Program	Outcome 1	Assess the employment needs of consumers	December 2011	5/10/11: Community survey completed regarding employment services, strengths and gaps, in Apr 2011. (see narrative portion for details) 5/10/11: The employment plan and community survey results schedule to be reviewed and discussed during the June 2011 CSP meeting. There has been much turn-over in certified peer support specialists for Lebanon County so we have been unable to meet with them as yet. Team will focus on this goal for FY 2011/2012.
	Strategy 2		Outcome 2			
G. Data Collection	Strategy 1	Request employment providers utilize the Employment Reporting Grid in the Evidence-based Practices Toolkit	Outcome 1	Better data collection and assessments	December 2011	5/10/11: Lebanon County has been able to complete a preliminary survey for 2/4 providers (AHEDD & DDS). We are currently in process of obtaining the information from QUEST and EARS. Once we have all preliminary information, a separate / more formal meeting will be scheduled with all providers to discuss EBP data collection and assessment.
	Strategy 2		Outcome 2			
H. Work Incentive Counseling	Strategy 1	Meet with the local Social Security Administration	Outcome 1	Assess the availability of Community Work Incentive Coordinators or the necessity to search for other options	April 2012	5/10/11: We have been unable to meet with SSA as yet.
	Strategy 2		Outcome 2			

Lebanon County Program

COUNTY PLAN FEEDBACK FORM (OPTIONAL)

FY 2012-2017 County Plan

Please use this form to provide feedback regarding the County Plan document and process.

1. What comments do you have on the overall design of the annual plan and budget?

2. What sections of the plan provided value to the process? What sections of the plan did not?

3. What sections of plan were unclear?

4. Do you have any comments regarding the field office review process?

5. Do you have any recommendations regarding the use and content of the CSP Plan Development forms?

6. Do you have any other comments?

**FY 2012 -2017 COUNTY MENTAL HEALTH PLAN
REVIEW FORM**

(To be completed by OMHSAS Staff)

FY _____ County Plan

Lebanon County Program

BPPD Reviewer _____

Field Office Reviewer _____

Directions: Please refer to the FY 2012-2017 Plan Guidelines

TOPIC	Note: In each area briefly explain and describe areas of strength and areas where improvement is needed
SUBMISSION	
The plan is submitted on time (Y/N).	
The plan has been distributed electronically as well as in in hard copy to the Field Office and the Bureau of Policy and Program Development, and electronically to the State Hospital CEOs.	
EXECUTIVE SUMMARY	
Does the Executive Summary summarize the plan as a stand-alone document? (for update years, please see the specific instructions in the guidelines)	
VISION & MISSION STATEMENT	
Does the Vision & Mission Statement clearly indicate the goal of recovery for adults, older adults, and transition-age youth with mental illness and co-occurring substance use disorders within the county mental health program? (for update years, please see the specific instructions in the guidelines)	

TOPIC	<u>Note:</u> In each area briefly explain and describe areas of strength and areas where improvement is needed
PROCESS USED FOR COMPLETING THE PLAN	
The process for completing the plan is described.	
There is evidence of inclusive, open, accessible meetings.	
Identifies how OMHSAS feedback was addressed.	
Please note impressions of the process.	
Required signature page is attached (Attachment A).	
Public Hearing notice is attached (Attachment B). Does the public hearing notice include contact information for requesting special accommodations?	
If the County receives the Projects for Assistance in Transition from Homelessness (PATH) funding, PATH Intended Use Plan and Budget are attached (Attachment C).	
CSP Plan Development Process Review checklist (Attachment D) was received and signed as required. Please note overall impression from checklist.	
CSP Committee endorses County Plan. (Question #5 in Attachment D) [If no to #5, indicate reason]	
List corresponding #'s of "No" responses from the CSP Plan Development checklist.	
OVERVIEW OF EXISTING COUNTY MENTAL HEALTH SERVICE SYSTEM	
Existing mental health services are described using the Attachment E as per the guidelines provided in the Attachment. Please note any comments. (for update years, please see the specific instructions in the guidelines)	
Evidence-based Practices Survey (Attachment	

TOPIC	<u>Note:</u> In each area briefly explain and describe areas of strength and areas where improvement is needed
<p>F) is included. Please note any comments.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Recovery-oriented/Promising Practices Chart has (Attachment G) been completed. Please note any comments.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>The county has included a brief narrative explaining Attachments E, F, and G.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
IDENTIFICATION AND ANALYSIS OF SERVICE SYSTEM NEEDS	
<p>Describes the resources and strengths in the current system that the county can use/build upon.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Includes an analysis of the unmet needs and service gaps for adults, older adults, and transition age youth with serious mental illness/co-occurring substance use disorders, with each age group addressed separately and distinctly.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Provides a description of the data and stakeholder input that was used to identify what is working and what is not.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>The Service Area Plan Chart (Attachment H) is completed and reflects the progress towards meeting the Service Area Planning goals.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	

TOPIC	<u>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</u>
<p>Addresses target groups that are underserved including special populations and cultural groups – describes how these groups have been identified and why their service needs are not being met.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Older Adults Program Directive (Attachment I) is included. The narrative section addresses how the MOU supports service provision to older adults and also identifies all efforts to support service provision to older adults</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>The Plan includes (optional) description of systemic or other barriers, which the county has identified (which stakeholders may not have identified), which may be beyond the control of the planning process.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>IDENTIFICATION OF RECOVERY-ORIENTED SYSTEMS TRANSFORMATION PRIORITIES</p>	
<p>Attachment J is completed and identifies three to five recovery-oriented systems transformation priorities required to accomplish the county’s vision and mission.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Includes an explanation of how these transformation priorities and related activities will address the service system needs identified in the previous section (<i>Identification and Analysis of Service System Needs</i> section).</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Includes a time line to accomplish the</p>	

TOPIC	<u>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</u>
<p>transformation priorities and related activities.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Addresses fiscal and other resources needed.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
<p>Includes Quality Management Plan for tracking implementation/outcomes.</p> <p>(for update years, please see the specific instructions in the guidelines)</p>	
FISCAL INFORMATION	
<p>Includes charts and tables (as per the instructions for Attachment K) that depict how county-based and HealthChoices funds are used to support the services in the county. The narrative sections.</p> <p>Attachment K also includes a table depicting requests for new state funding as per the instructions.</p>	
<p>Includes a narrative explaining the charts in Attachment K and how funding is making a difference or how funding needs to be redirected to address the needs and priorities identified in the <i>Identification and Analysis of Service System Needs</i> section, and the <i>Identification of Recovery-Oriented Systems Transformation Priorities</i> section.</p> <p>Includes a brief narrative explaining requests for new state funding included on Attachment K.</p>	
SUPPLEMENTAL GUIDELINES	
<p>Housing Plan (Attachment L) included (Y/N). Please note your impressions of the Housing Plan.</p> <p>Forensics Plan (Attachment M) is included (Y/N). Please note your impressions of the</p>	

TOPIC	Note: In each area briefly explain and describe areas of strength and areas where improvement is needed
<p>Forensics Plan.</p> <p>Employment Plan (Attachment N) is included (Y/N). Please note your impressions of the Employment Plan.</p>	
COUNTY PLAN FEEDBACK FORM (OPTIONAL)	
<p>If the County has completed The County Plan Feedback Form (Attachment O), please summarize the feedback here.</p>	
<p>OVERALL IMPRESSIONS/REMARKS ON THE PLAN.</p>	