

*The Chester County
Department of
Mental Health / Mental Retardation*

MENTAL HEALTH PLAN & BUDGET REQUEST

FY 2009-2012



Spring 2008

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1. Executive Summary

This plan describes the changes we intend to make to the Chester County Mental Health service system during the three year period starting July 1, 2009.

We have made our recent Mental Health Plans “live documents” that are road maps for recovery-oriented system improvement and change. We have already achieved many of the goals we identified during the last planning period and will have implemented others by July, 2009. These achievements are noted in this Plan.

Two years ago we made a commitment to changing the way consumers and family members were involved in the planning and oversight of County services. The ideas for system change described in this Plan were generated through a working partnership that started in 2006 and has continued and strengthened to the present. At the same time, we have greatly strengthened our cross-systems collaboration with key government departments: Aging, Community Development, Drug and Alcohol Services, and the departments of the Criminal Justice System (Adult Probation, Bail and Pre-trial Services, Public Attorneys, and the Courts.)

The themes for our formal planning in 2008 were based on the President’s New Freedom Commission: *Living, Learning and Working*, and *Participating in the Community*, and *Best Clinical Practices*. Although *Living* is the subject of the County Housing Plan, we felt it was such a central issue that we should still include it as a general planning topic. A recurring theme in the planning discussions was that access to appropriate services can be delayed or even prevented because information about options is not user-friendly, and is not presented to consumers and families in the right way at the right time. Two goals in this Plan address the need for more user-friendly service information.

A broader range of housing options continues to be a need. The planning forums identified a second goal of expanding the pool of county landlords willing to rent to individuals who use mental health services, particularly those with co-occurring substance abuse histories or those who have been released from jail or are on probation or parole. This and other housing goals are addressed in detail in the County Housing Plan.

Expanding opportunities for employment and education are essential and integrated steps to recovery. We prioritized a third goal of recruiting more potential employers by offering incentives and guaranteeing supports. We intend to research the development of supported employment services as an evidence-based practice for implementation in 2009.

Participating in the Community is seen as a two-sided and fundamental initiative requiring the education of the community at large but also requiring change in provider philosophy and staff expectations. We plan to implement more community education programs designed to support integration while at the same time increasing contract requirements for provider action that leads to increased community integration for the people they treat and support.

2. Vision and Mission Statement

The Vision and Mission statements of the MH/MR Department support the concepts of community inclusion, respect, consumer choice, and recovery, although neither statement specifically uses the term *recovery*. In 2006, members of the County's Community Support Program (CSP), Recovery Steering Committee, and participants in the Mental Health Planning Forum developed Vision and Mission Statements specifically for the mental health service system. The County continues to use the *Declaration of Recovery* written in 2006 as a statement of system-wide guiding principles.

Vision: Every Chester County citizen experiencing mental illness may access services and natural supports that foster recovery and integration into a greater community where they are valued and enjoy fulfilling lives.

Mission: To administer publicly funded mental health services that support recovery of a full life and valued participation in the community. Guided by respect and a commitment to consumer choice, we are dedicated to working collaboratively with consumers, families, providers and other system partners to implement services.

3. Process Used for Completing the Plan

The Adult Mental Health Committee of the MH/MR Board, also known as the Recovery Steering Committee, is the core permanent planning group for adult mental health services. It has strong and consistent representation from consumer, advocate and family groups (e.g. Community Support Program (CSP), National Alliance on Mental Illness (NAMI), Consumer and Family Satisfaction Team (CFST)), as well as service providers and other interested stakeholders. This committee meets monthly and regularly reviews the County's progress in implementing planned services. It also serves as the driving force for short-term projects that fit into the overall planning goals. The Committee has been able to recruit additional consumers, family members and provider staff to ad-hoc work groups as needed. Membership of the Steering Committee or its ad-hoc workgroups includes adults and older adults who use, or have used, services, some of whom have co-occurring substance use disorders and some of whom have had interactions with the criminal justice system. Ideas generated during Committee discussion are recorded and included in subsequent planning discussions.

CSP has succeeded in expanding its membership (see previous years' MH Plans) and has been able to take on a more central role with project planning and implementation. Communication about planning priorities as well as ongoing project management has been excellent. This year CSP members decided to form a smaller planning workgroup to formulate recommendations to the County and to complete the County Plan Development Process Checklist. The materials from this workgroup were incorporated into the Plan. In addition, the CSP co-chairs continue to meet with the MH Director to prepare for and follow up from CSP meetings.

CSP, the County MH Office and the Recovery Steering Committee organized two Mental Health Planning Forums during the current fiscal year attended by a wide group of stakeholders including consumers, family members, older adults, and representatives from relevant Human Service Departments (various criminal justice agencies; Community Development; Aging Services; Drug and Alcohol Services; Children, Youth and Families; Community Housing Agencies). The first forum in September, 2007 engaged attendees in reviewing current initiatives and identifying new and emerging areas of concern. The second in late March, 2008 built on earlier work and produced recommended priority goals for mental health services transformation. The consensus recommendations from these planning forums are the backbone of this Plan. The membership lists from planning groups are available upon request.

A testimony to the success of efforts to create an effective working partnership between the various consumer and advocacy groups, providers, and the County office, and to give these groups a real voice in planning activities, is reflected in the feedback from CSP at the public hearing for the draft of this plan (Attachment B).

Note: A goal for the next year is to increase our efforts to recruit young adults to these planning committees and workgroups. As a first step we have proposed creating a web blog on the MH web site to encourage young people to express their ideas directly. This will be operational by the time this 2009/2012 Plan is in effect.

4. Overview of the Existing County MH Service System

Attachment E outlines Chester County's existing mental health services using Recovery service categories. Chester County has designated six Core Provider agencies as the key entry points for public mental health services. Two providers serving both adults and children are based in West Chester (central) and Pottstown and Spring City (north), with additional offices in Downingtown (central) and Oxford (south). One agency based in Phoenixville (north) serves adults. Three additional agencies focus on child and adolescent services.

The adult Core Provider agencies all operate a full range of Outpatient and Case Management services, including Certified Peer Specialist services and site-based Psychiatric Rehabilitation. Chester County has a centrally-located MH Crisis Intervention Service, a Crisis Residential Program, one Assertive Community Treatment (ACT) Team and three Dialectical Behavior Therapy (DBT) teams.

The county has four Employment/ Vocational Rehabilitation providers serving 85-90 adults per year. Chester County currently has 30-35 individuals in transitional or competitive employment programs, and about 140 in psychiatric rehabilitation programs. One provider has coordinated with the Peer Support Center for several years to implement a foundation-funded individualized career services program. A Certified Peer Specialist course yielded 13 graduates; more classes are planned. County providers created 5.5 FTE Peer Specialist positions. This year we partnered with Delaware County Community College to implement the first Chester County college entry or re-entry preparation class ("Bright Futures") for individuals whose education was interrupted

because of a serious mental illness. Twelve individuals are attending this class and we envision expanding from this pilot program. The county is home to West Chester University and Pennsylvania State University-Great Valley, and a range of other post-diploma career development opportunities are available in the region. The county traditionally has low unemployment. The largest employers are in the technical, manufacturing, financial, and health services fields. About 20% of local jobs are in wholesale and retail trade with another 17% in construction and manufacturing. Although transportation (noted previously) can be a barrier, developing more education and employment opportunities for consumers is realistic.

Chester County is one of the wealthiest in the nation¹ with average household income 65% higher than the Pennsylvania average and median gross rent 42% higher than the state average². Public housing is limited, and rental units are concentrated in the central and eastern parts of the county and a few town centers. Zoning restrictions are common. Public transportation linking residential concentrations to employment is limited, (although increasing), and is a long-standing, widely recognized problem in the county. Finding affordable housing in the County continues to be a challenge, particularly for individuals with a disability, and even more so for people who have been in jail or who have co-occurring substance abuse problems. Forensic diversion and parole supervision programs report difficulty with housing. County homeless shelters report 25-30% of clients with mental illness. Discharging the county's twelve remaining State Hospital residents will require highly specialized housing arrangements. Moreover with up to ten youth in residential or clinically intensive programs transitioning each year to adult services, the demand for supervised housing arrangements will only increase (see also Tables A, B, and C on pages 10-12).

The county has 99 CRR beds and 139 Supported Living slots after converting 20 CRR beds to 28 Supported Living slots in FY 06-07 and adding a further 4 slots in FY 07-08. County Base funds support a Full-time Housing Coordinator position at one Core Provider, who successfully placed and maintained over 75 individuals in private sector apartments. Three providers have obtained HUD funds for rent subsidies. Housing capacity, locations, and flexibility remain limited for mental health consumers, particularly in emergencies.

The County supports a range of peer and family support services, including a strong and expanding Community Support Program (CSP), Peer Support Center with Certified Peer Specialists on staff, *Compeer* mentoring and socialization, advocacy, and family support services. As part of the commitment to Peer Support and consumer driven services, the County hosts regular Participatory Dialogues that are organized and facilitated by a Steering Committee that is a partnership of consumers and providers. A Representative Payee program is targeted for individuals leaving the State Hospital. A Consumer/Family Satisfaction Team (C/FST) conducts surveys as part of an ongoing comprehensive quality improvement program.

Chester County made particular efforts and accomplishments in the following areas in FY 07-08 in partnership with Community Care Behavioral Health, our HealthChoices behavioral managed care company.

¹ Chester County was #21 of US counties ranked by average household income in 2000.

² County 2000 average household income = \$65,295, PA = \$39,661. County 2000 average gross rent = \$754, PA = \$531.

Treatment

- ✓ Completed conversion of Partial Hospital programs to Psychiatric Rehabilitation
- ✓ Developed a Psychiatrist Advisory Panel for regular, direct dialogue with county psychiatrists and medical directors about recovery and best practices, and system direction and development.
- ✓ Avoided *any* State Hospital admissions and actively planned for the complex, specialized needs of remaining discharges.
- ✓ Rewrote the Memorandum of Understanding with the Department of Aging and the Department of Drug and Alcohol so that it reflects current close collaboration between the Departments.
- ✓ Worked closely with Drug and Alcohol Department and HealthChoices to support nine mental health and D&A providers to become dually competent and to do dual-diagnosis screening.
- ✓ Trained three clinical teams in Dialectical Behavior Therapy; two in mental health agencies and one in a drug and alcohol agency.
- ✓ Worked with Adult Probation and all the Criminal Justice departments to obtain a PCCD (Pennsylvania Commission on Crime and Delinquency) grant to start a Mental Health Court with a strong emphasis on diversion treatment services. Have applied for BJA (Bureau of Justice Administration) grant to develop a forensic intensive recovery stabilization (mobile treatment) team (FIRST) to supplement the work of the Court.

Crisis Intervention

- ✓ Completed a cooperative planning process to reshape and strengthen Crisis Intervention services, and offered the redesign for competitive contract bidding. The redesigned program will include a warm line (a request from CSP for many years), will have an additional emphasis on mobile response to offer diversion and stabilization, and will have a strong contingent of Certified Peer Specialist staff.
- ✓ Shift in Crisis focus to diversion resulted in fewer involuntary commitments and fewer multiple commitments. (Commitments dropped from 810 in CY 2005 to 460 in CY 2007).

Case Management

- ✓ Developed a Case Manager-Older Adult Specialist position to work directly with the Department of Aging and to develop expertise in working with older adults.

Rehabilitation

- ✓ Expanded Psychiatric Rehabilitation programs.

Enrichment

- ✓ Completed initial WRAP and Participatory Dialogues programs
- ✓ Completed WRAP class for family members and friends.
- ✓ Organizing a “WRAP Yourself in Wellness” weekend for May 2009.

Basic Support

- ✓ Strengthened local housing knowledge and working relationship with County Dept. of Community Development
- ✓ Added resources to an existing CRR (Community Residential Rehabilitation residence) to serve consumers with special medical needs
- ✓ Expanded Supported Living beds.
- ✓ Provided funds for a Housing Coordinator at one Core Provider.

Self Help

- ✓ Strengthened relationship with CSP and successfully involved consumers in a variety of planning and program development projects
- ✓ Redesigned and expanded the Peer Support Center
- ✓ Approved a FT Consumer Affairs Specialist position for a Certified Peer Specialist at the County Mental Health Office (currently reviewing applications), and a PT clerical position for an individual with a mental health disability (in place).
- ✓ Implemented a “Hearing Voices” series of trainings
- ✓ Implemented “Telling our Stories” community education series.
- ✓ Supported partnership with a local radio station program host to interview people who have experience of living with mental illness.

5. Identification and Analysis of Chester County Service System Needs

Tables A, B, and C below outline 1) efforts in the past year to strengthen the MH system, and 2) gaps actively being addressed for adults, older adults, and transition-age youth. In general, system strengths and gaps affect all target populations. Strengths or gaps particular to underserved groups are noted in the right-hand column.

TABLE A: Adults with Serious and Persistent Mental Illness (SPMI)

Recovery Service Category	System Strengths (S) and Gaps (G)	Underserved groups (MISA, people in CJ system, Deaf/Hard-of-Hearing, homeless, ethnic/cultural groups, other disabilities)
Treatment – symptom relief	<p>S = Partial Hospital programs are all converted to Psychiatric Rehabilitation programs</p> <p>S = Created capacity for short-notice psychiatric evaluations</p> <p>S = Developed a Psychiatrist Advisory Panel to discuss & encourage recovery philosophy & best practices</p> <p>S = 4 consumers moved from State Hospital to community</p> <p>S = Continued to avoid State Hospital admissions while planning for discharges</p> <p>S = Modified pre-sentence diversion program & strengthened post-prison forensic support to reduce MH census in prison</p> <p>S = Full operation of ACT and development of Crisis Intervention is yielding fewer involuntary commitments</p> <p>G = Limited specialized, flexible supports for remaining State Hospital consumers</p> <p>G = Access to medium-term, clinically-intensive residential treatment for individuals not responsive to existing treatment services</p> <p>G = Clarify forensic diversion roles, strengthen collaboration and D/C planning</p> <p>G = Comprehensive and clear information for consumers and families about available service options and access</p> <p>G = Effective continuity among levels of care</p> <p>G = Information for family members about how to support loved ones</p>	<p>S = Collaborating with Philadelphia Coordinated Health Care to train providers on mental illness in people with intellectual disabilities</p> <p>S = Collaborating with Drug & Alcohol and HealthChoices to qualify 9 MH and D&A providers for dual-diagnosis screening</p> <p>S = Strong post-incarceration forensic support</p> <p>S = Bilingual/bicultural outreach to underserved communities, especially Spanish-speakers</p> <p>S = Strong working relationships between Core Providers and county Homeless Shelters</p> <p>G = Limited number of bilingual/bicultural clinicians</p> <p>G = Limited pre-sentence diversion program</p>
Crisis Intervention – personal safety assured	<p>S = Developed model for recovery oriented, strengths-based Crisis Intervention Services, issued RFP</p> <p>G = No Warm Line (in RFP)</p> <p>G = Limited mobile & forensic diversion capacity</p> <p>G = Limited post-crisis follow-up stabilization (in RFP)</p> <p>G = Limited acute crisis stabilization beds. (in RFP)</p> <p>G = Limited respite beds for adults. (In RFP)</p>	<p>G = Limited bilingual Crisis Intervention capacity</p> <p>G = No MISA Crisis Intervention capacity (in RFP)</p>
Case Management – services assessed	<p>S = New ACT fully operational</p> <p>G = Blended Case Management is in development</p>	<p>G = Few Case Managers with MISA expertise</p> <p>G = Few bilingual or ASL Case Managers</p> <p>G = Clarify & strengthen roles of Forensic Case Managers & Prison MH unit (in developmt)</p>

Rehabilitation – role functioning	<p>S = Collaboration with Delaware County Community College for Lifestyle college preparation class</p> <p>S = Enhanced and strengthened Peer Support Center</p>	
Enrichment – self development	<p>S = Completed WRAP training , plan WRAP mentor program</p> <p>S = Conducted 4 Participatory Dialogues sessions</p> <p>G = Diversity of opportunities to return P/T or F/T to the work force.</p> <p>G = Limited support and mentoring for adults re-entering work force.</p>	
Rights Protection – equal opportunity	<p>S = MH information literature updated & distributed</p> <p>S = Distributed MH information to primary care physicians</p> <p>S = MHMR web site and content renovated</p> <p>G = Legal barriers for some State Hospital discharges</p>	<p>S = MHMR literature published in Spanish & distributed to underserved communities</p> <p>S = Spanish-language material and links added to web site</p>
Basic support – personal survival assured	<p>S = Developed strong working relationship with Dept. of Community Development (DCD)</p> <p>S = Developed MH Housing Specialist position in DCD</p> <p>S = Enhancing CRR capacity for adults with special medical needs</p> <p>S = Obtained training & technical support for County Housing Plan</p> <p>S = Researched transition-age housing programs to include in County Housing Plan</p> <p>G = Limited staff and other resources for housing</p> <p>G = Limited appropriate housing options for State Hospital consumers awaiting discharge</p> <p>G = Limited flexible and affordable housing options (e.g. master leasing, landlord support services)</p>	<p>G = limited Supported Housing capacity restricts forensic diversion</p> <p>G = few housing support staff with knowledge of special populations</p>
Self Help – empowerment	<p>S = Approved a Consumer Affairs Specialist (Recovery Svcs) position</p> <p>S = Consumers active on Advisory Board Committees</p> <p>S = Strong working relationship with CSP</p> <p>S = Formed Peer Support Services Steering Committee involving consumers & trained Peer Specialists</p> <p>S = Consumers active in planning of Warm Line</p> <p>S = First round of Peer Specialist training completed</p> <p>S = Started process to redesign Peer Support Center</p>	<p>G = More diversity in actively involved consumers</p>
Wellness/Prevention – health status improved	<p>S = “WRAP Yourself in Wellness” Health and Wellness Fair planned for May 2009.</p>	
Other	<p>S = Participation in state CCR POMS conversion to HCSIS & PROMISe.</p> <p>S = Developing comprehensive contract management system for clear, uniform performance oversight</p> <p>S = Updated MH Disaster Response Plan</p>	

TABLE B: Older Adults with Serious and Persistent Mental Illness

Recovery Service Category	System Strengths (S) and Gaps (G)	Underserved groups (MISA, people in CJ system, Deaf/Hard-of-Hearing, ethnic/cultural groups, other disabilities, homeless)
Treatment – symptom relief	S = Developed policy to clarify County & Medicare payment for MH services S = Collaboration with Aging on PCBH issues G = mobile outpatient services not easily available	<p><i>Note: The Strengths & Gaps listed under services for ADULTS also apply to services for OLDER ADULTS. The items in this table are Strengths & Gaps specific to OLDER Adults.</i></p>
Crisis Intervention – personal safety assured		
Case Management – services assessed	S = collaborated with Aging & community Advisory Committee to develop <i>Horizons</i> program S = Developed 1 Older Adult Case Manager position	
Rehabilitation – role functioning		
Enrichment – self development		
Rights Protection – equal opportunity		
Basic support – personal survival assured		
Self Help – empowerment		
Wellness/Prevention – health status improved		
Other	S = Updated MOU with County Department of Aging	

TABLE C: Transition Youth age 18-21 with Serious and Persistent Mental Illness

Recovery Service Category	System Strengths (S) and Gaps (G)	Underserved groups (MISA, people in CJ system, Deaf/Hard-of-Hearing, ethnic/cultural groups, other disabilities, homeless)
Treatment – symptom relief	S = Hired psychiatrist for county Youth Center	<p><i>Note: The Strengths & Gaps listed under services for ADULTS also apply to services for TRANSITION-AGE YOUTH. The items in this table are Strengths & Gaps specific to TRANSITION-AGE YOUTH.</i></p>
Crisis Intervention – personal safety assured		
Case Management – services assessed	S = Transition Age Specialist case manager works with System of Care agencies for service access.	
Rehabilitation – role functioning		
Enrichment – self development		
Rights Protection – equal opportunity		
Basic support – personal survival assured		
Self Help – empowerment	G = Peer Support Ctr not used by transition age youth	
Wellness/Prevention – health status improved		
Other		

6. Identification of the Recovery-Oriented Systems Transformation Priorities

As described in Section 3, Chester County planning discussions had four themes:

1. Working and Learning – developing a broad range of education and employment opportunities;
2. Living – developing residential supports according to the County MH Housing Plan;
3. Participating in the Community – consumer engagement in community opportunities to develop mind, body, and spirit;
4. Best Clinical Practices – use of the best and most promising clinical services and business processes, including providing good access to services.

The priorities identified by the planning groups and some of the first objectives are described below, followed by a table of the timelines. Goals and objectives **in bold** are those presented as Transformation Priorities in Attachment J.

1. **Working and Learning:** We recognize that one of the most powerful routes to integration into and acceptance by the community is to be gainfully employed. Having a job not only gives people an income that potentially gives access to independent and permanent housing, it also has many therapeutic side benefits, from enhancing self-esteem to giving a structure for social skill-building. Our experience to date with the “Bright Futures” class organized with Delaware County Community College in spring, 2008, is that class members are motivated by their participation in the class to take steps towards employment and education. Participants in the various Planning Forums endorsed the decision to prioritize education and employment as a major goal for the next planning cycle.

- 1a. **Immediately:** strengthen relationship between offices of Mental Health and Vocational Rehabilitation.
- 1b. **Immediately:** Increase employment opportunities for Certified Peer Specialists.
- 1c. **Immediately:** increase opportunities for supportive educational and career development at all levels.
- 1d. **By July, 2009:** develop connections between classes/skills programs/training to reduce barriers and increase opportunities.
- 1e. **By July, 2010: implement supported employment as an evidence-based practice.**
 - 1e.i Develop more openings for competitive employment coupled with more systematic post-placement support
 - 1e.ii Increase supports for individual career planning and job search
 - 1e.iii Assign MH staff member to this focus area and work with Community Care Behavioral Health to develop services.
- 1f. **By July, 2010:** Develop recovery-oriented provider performance outcomes, for supported employment service providers
- 1g. **By July, 2011:** Recognize employers who support employment of individuals (forums/banquets/fairs/luncheons).

- 2. Living:** Our overall goal is to increase housing support choices and capacity, emphasizing a supported housing model that aims to support people in their own homes as independently as possible. These and other priorities identified elsewhere are described in more detail in the Housing Plan. Specific objectives are:
- 2a. Develop partnerships with landlords and provide supports to increase the availability of affordable housing and rent options.
 - 2b. Develop housing options and supports for special populations (older adults, forensic, MISA, and transitional needs/age 18-25 year olds)
- 3. Participating in the Community:** Effective community integration has two sides---empowering consumers to engage in community opportunities (including opportunities for *giving* as well as participating in community activities) and educating communities to understand and accept persons with mental illness. To be empowered, consumers need clear and relevant information, and active mental health system partners to link them with appropriate social, civic, and other resources. To be informed and receptive, communities need clear information presented regularly and often, as well as direct involvement with individuals and families.
- 3a. Work with providers, consumers to raise expectations about community involvement by identifying and implementing specific practices to increase consumer engagement. Specific objectives are:
 - 3a.i **Develop systematic and sustained community outreach that demonstrates the value of consumers to the broader community.**
 - 3a.ii **By July, 2009: Expand and strengthen the Peer Support Center** to encourage more consumer involvement in all the activities described in this plan.
 - 3a.iii **By July, 2009: Expand technical and other supports for Community Support Program (CSP) members** to spearhead and manage community outreach and enrichment projects.
 - 3b. **By July, 2009:** Educate consumers and families more effectively about opportunities for community involvement, and build relationships with community organizations to increase receptiveness toward consumer involvement.
 - 3c. **By July 2010:** Advance *Recovery* principles from theory to required practice by:
 - 3c.i updating MH provider job descriptions to reflect recovery thinking,
 - 3c.ii identifying specific recovery-focused roles for all staff levels,
 - 3c.iii making provider facilities more inviting,
 - 3c.iv redrafting language in internal documents and literature for consumers and the public to use person-first language,
 - 3c.v implementing quality improvement based on recovery indicators.
- 4. Best Clinical Practices:** The County's goal is to expand the service array and adopt evidence-based practices wherever possible. One clear and continuing need is for recovery-oriented treatment alternatives to long-term institutional care for people whose illness does not respond to existing community-based treatment and supports. The County has four clinical practice goals:

- 4a. **Expand the scope and capacity of mobile services.**
- 4a.i **By July, 2009:** Develop a mobile forensic intensive response team associated with the Mental Health Court. Federal grant application was filed May, 2008.
 - 4a.ii **By July, 2009:** Expand the *Horizons* program for older adults.
 - 4a.iii **By July, 2009:** Expand mobile psychiatric rehabilitation, mobile outpatient, mobile psychiatric evaluation and treatment, and access to mobile nursing care.
- 4b. Improve access to clinical specialists with competencies in trauma, co-occurring mental illness and substance abuse (MISA), and MH/MR dual diagnosis.
- 4b.i **By July 2009:** Implement co-occurring (MISA) competency in all major provider agencies.
 - 4b.ii **By July, 2011:** Expand capacity to deliver specialty services to minority populations.
- 4c. Develop recovery-oriented medium-term inpatient or residential services. The need to develop alternatives to institutional care for individuals needing intensive treatment in a safe setting is identified as a priority through discussion with the southeast region counties using Norristown State Hospital. The five counties agree on the need for expanded capacity of intensive medium-term community-based treatment services, either inpatient or limited-stay residential settings, to replace State Hospital level of care.

New mental health service registrants often are overwhelmed and bewildered by service choices and technical information about levels of care, non-treatment supports, payment rules and restrictions, and expectations of mental health professionals. The complexity of choices hinders service access and not only intimidates, confuses, and frustrates both consumers and families, but also limits their ability to participate and make informed decisions about recovery. This may be particularly harmful when people are at their most vulnerable, -during and after their first experience of a serious illness, when they may be hospitalized and are seeking continued help after discharge. The County has one goal in this area with preliminary objectives:

- 4c. **Develop a variety of tools for consumers and families at every stage of engagement to understand treatment choices and how to navigate the public MH system.**
- 4c.i **By July, 2009:** Improve transition from inpatient or crisis care to outpatient services for registrants by improving the content and presentation of information about available choices. Planning groups emphasized the importance of available and understandable information *at the first point of contact* rather than immediately before discharge from one level of care to another.
 - Create “Where To Turn” booklet (in development)
 - Improve web-based information
 - Coordinate and streamline access to resource information
 - 4c.ii **By July, 2010:** Expand the routes through which MH service providers, other professionals (education, criminal justice, private health providers), and the general public obtain up-to-date information about the public mental health system.
 - Implement annual orientation sessions on County services
 - Develop web-based information
 - Coordinate and streamline resource center information.

Timelines for some of the activities above are listed in the following table.

Selected system transformation activities	Jul 2008	Jan 2009	Jul 2009	Jan 2010	Jul 2010	2011
WORKING AND LEARNING						
1a. Strengthen relationship between offices of Mental Health and Vocational Rehabilitation.	X					
1b. Increase employment opportunities for Certified Peer Specialists.	X					
1c. Increase opportunities for supportive educational and career development at all levels.	X					
1d. Develop connections between classes & skills training to reduce barriers and increase opportunities.			X			
1e. Implement supported employment as an evidence-based practice.					X	
1f. Develop recovery-oriented provider performance outcomes, for supported employment service providers					X	
1g. Recognize employers who support employment of individuals (forums/banquets/fairs/luncheons)						X
PARTICIPATING IN THE COMMUNITY						
3a.ii Expand and strengthen the Peer Support Center to encourage more consumer involvement in all the activities described in this plan.			X			
3a.iii Expand technical and other supports for Community Support Program (CSP) members to spearhead and manage community outreach and enrichment projects.			X			
3b. Educate consumers and families more effectively about opportunities for community involvement, and build relationships with community organizations to increase receptiveness toward consumer involvement.			X			
3c. Advance <i>Recovery</i> principles from theory to <u>required</u> practice					X	
BEST CLINICAL PRACTICE						
4a. i Develop a mobile forensic intensive response team associated with the Mental Health Court			X			
4a. ii Expand the <i>Horizons</i> program for older adults.			X			
4a. iii Expand mobile psychiatric rehabilitation, mobile outpatient, mobile psychiatric evaluation and treatment, and access to mobile nursing care.			X			
4b. i Implement co-occurring (MISA) competency in all major provider agencies.			X			
4b. ii Expand capacity to deliver specialty services to minority populations						X
4d. i Improve transition from inpatient or crisis care to outpatient services for registrants by improving the content and presentation of information about available choices. 4d. ii Expand the routes through which MH service providers, other professionals (education, criminal justice, private health providers), and the general public obtain up-to-date information about public mental health services.			X		X	

7. Fiscal Information

Chester County has fully integrated the planning and implementation of publicly funded mental health services regardless of whether funded and managed through HealthChoices or through County Base funds. Integrated planning covers County base funds, HealthChoices funds, and HealthChoices reinvestment funds. Community Care Behavioral Health is a full partner in all planning activities. The Expenditure Tables and Charts below reflect our projections about the costs of developing and enhancing services according to the priorities described in Section 6.

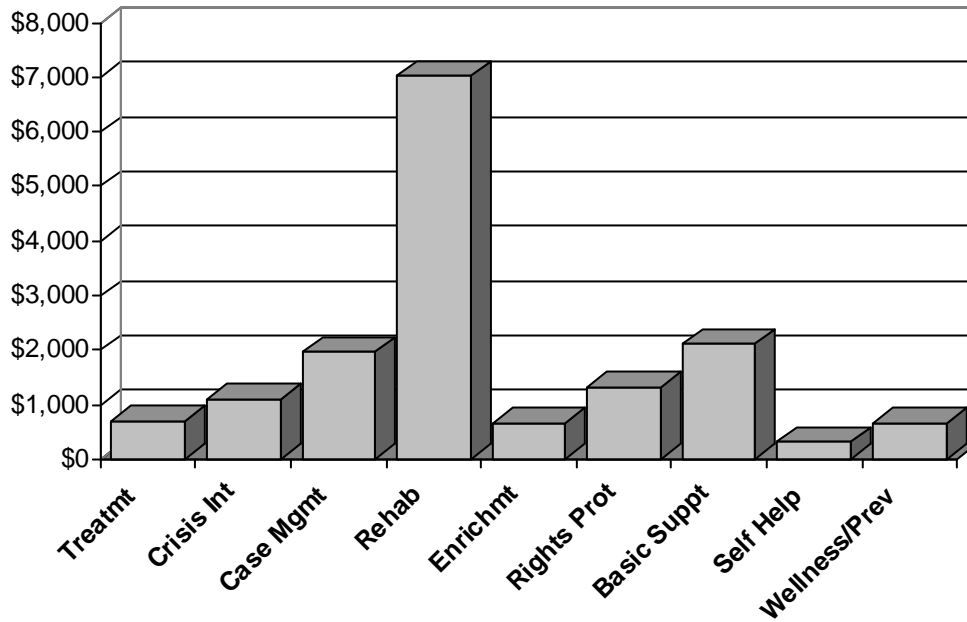
Services Funded with County Funds

The table below shows OMHSAS cost centers and Service Descriptions according to the corresponding Recovery Service Categories. *Expenditure and Percentage charts* for the current fiscal year (actual/estimated), and the plan fiscal year (2009 estimated) follow the table.

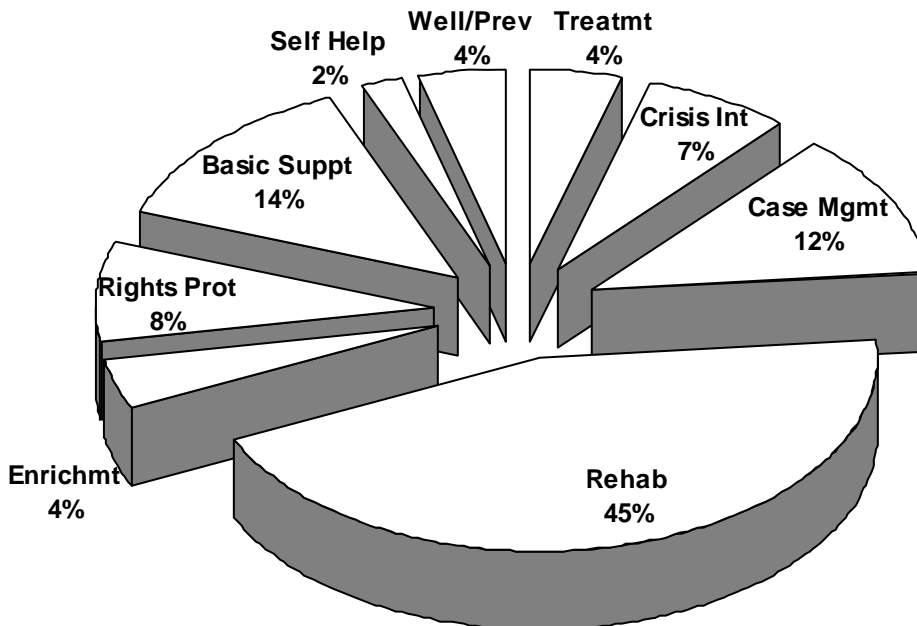
Service Category/Service Description Table for COUNTY FUNDS			
Service Description/Cost Center (Bulletin OMH-94-10)	Recovery Service Category	2007-08 Estimated* Expenditures	2009-10 Projected* Expenditures
1. Outpatient (3.6) 2. Psych Inpatient Hospitalization (3.7) 3. Partial Hospitalization (3.8) 4. Family-Based MH Services (3.17) 5. Community Treatment Teams (3.23)	Treatment	\$700	\$820
1. MH Crisis Intervention Services (3.10) 2. Emergency Services (3.21)	Crisis Intervention	\$1,100	\$1,600
1. Intensive Case Management (3.4) 2. Resource Coordination (3.19) 3. Administrative Management (3.20)	Case Management	\$1,970	\$2,000
1. Community Empl & Empl Related Srvc (3.12) 2. Community Residential Services (3.16) 3. Psych Rehab (3.24) 4. Children's Psychosocial Rehab (3.25) 5. Other Services (3.98)	Rehabilitation	\$7,025	\$7,700
1. Adult Developmental Training (3.11) 2. Facility Based Vocational Rehab Srvc (3.13) 3. Social Rehab Services (3.14)	Enrichment	\$677	\$697
1. Administrator's Office (3.1)	Rights Protection	\$1,316	\$1,355
1. Housing Support Services (3.22) 2. Family Support Services (3.15)	Basic Support	\$2,111	\$2,500
Specify if used	Self Help	\$320	\$1,120
Community Services (3.2)	Wellness/Prevention	\$670	\$700
Any services not identified above	Other		

*dollars shown in thousands

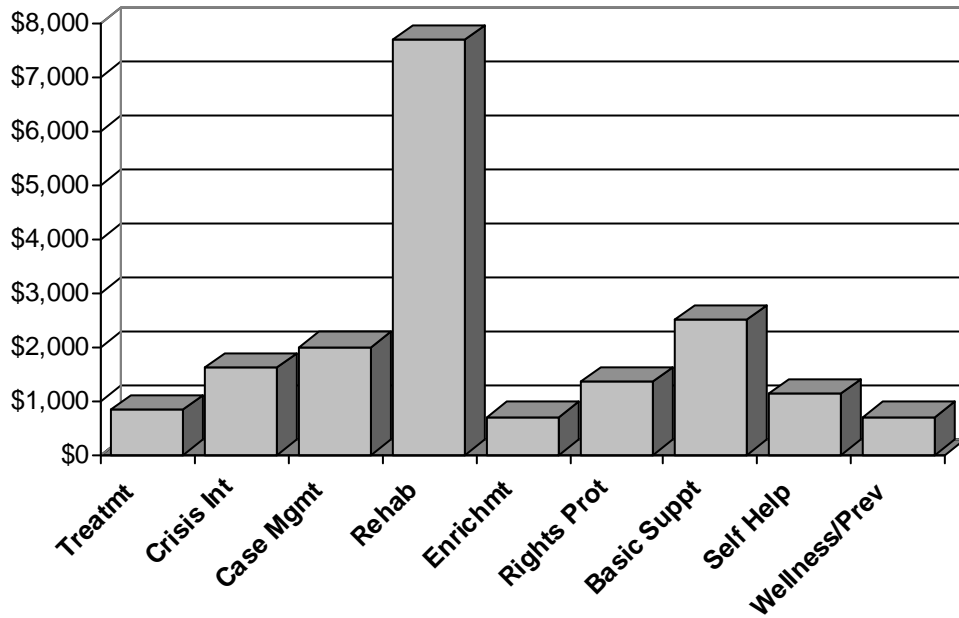
Expenditure Chart 1: County Funds – FY 2007-08 Estimated Expenditures (1000s)



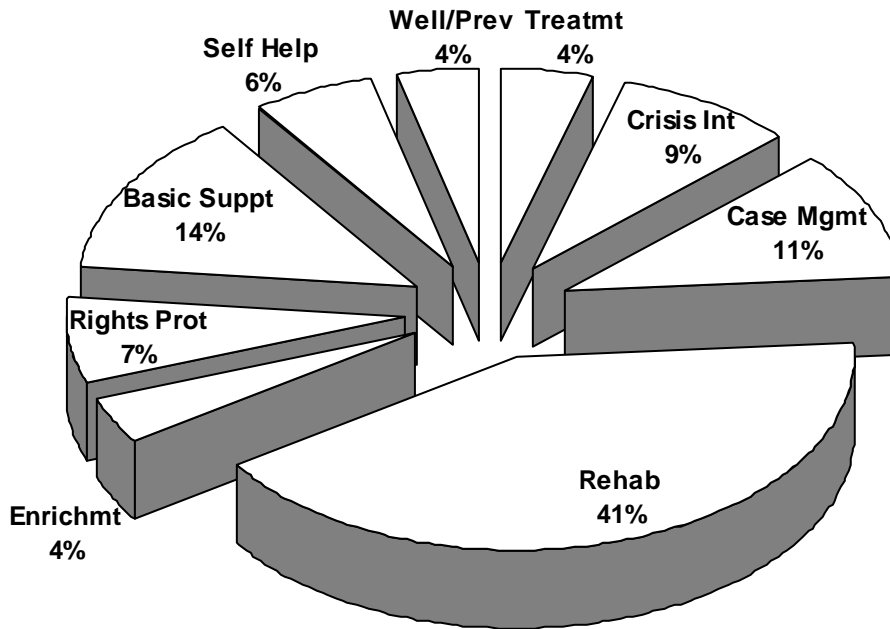
Percentage Chart 1: County Funds - FY 2007-08 Estimated Distribution



Expenditure Chart 2: County Funds - FY 2009-10 Projected Expenditures (1000s)



Percentage Chart 2: County Funds - FY 2009-10 Projected Distribution



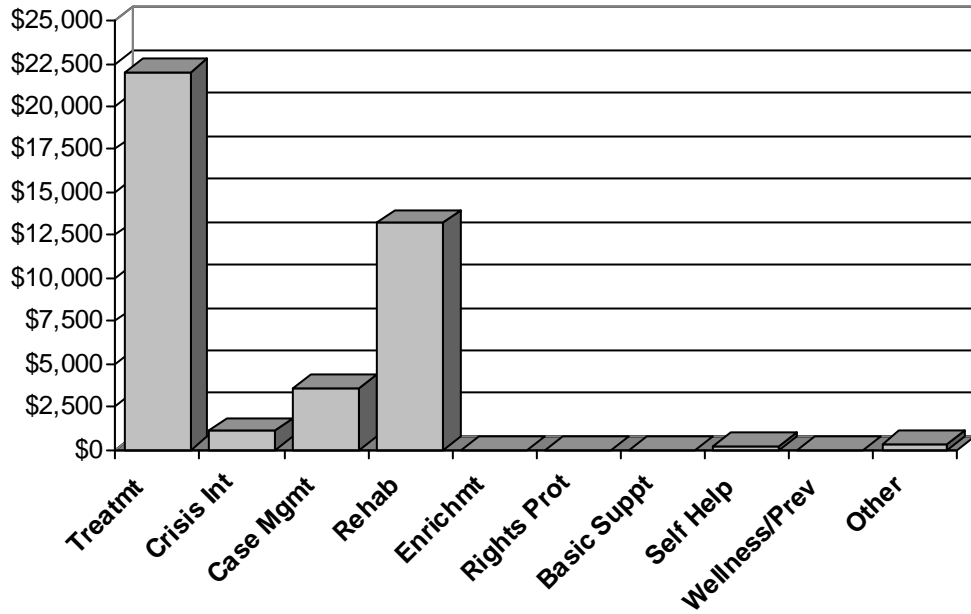
Services Funded Through HealthChoices

The table below shows HealthChoices Rate Code Service Groupings and Service Descriptions by Recovery Service Categories. The table shows estimated expenditures for FY 2008 and projected expenditures for FY 2009. Expenditure and percentage charts follow the table.

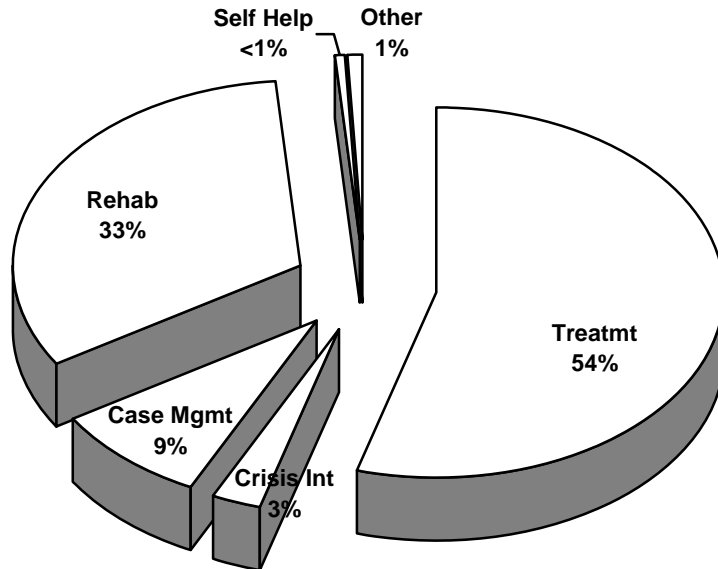
Service Category/Service Description Table for HEALTHCHOICES FUNDS			
Service Description/HealthChoices Rate Code Service Grouping	Recovery Service Category	2007-08 Estimated Expenditures	2009-10 Projected Expenditures
1. Inpatient Psychiatric (provider type 01 – specialties 010, 011, 022, 018)	Treatment	\$4,531	\$4,782
2. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)		\$ 4,438	\$4,713
3. RTF – Accredited (provider type 01 – specialties 013, 027)		\$ 7,956	\$8,408
4. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52–specialty 520)		\$1,953	\$2,061
5. Family Based Services for Children and Adolescents (provider type 11–specialty 115)		\$3,133	\$3,306
1. Crisis Intervention (provider type 11 – specialty 118)	Crisis Intervention	\$1,075	\$1,135
1. Targeted CM, ICM (provider Type 21– specialties 222)	Case Management	\$3,585	\$3,783
2. Targeted CM, blended (provider type 21– specialty 222)			
3. Targeted CM, RC (provider type 21–specialty 221)			
4. Targeted CM, ICM-CTT (provider type 21 – specialty 222)			
1. BHRS for Children & Adolescents (all BHRS provider types & specialties under HC Behavioral Health Svcs Reporting Classification Chart)	Rehabilitation	\$12,552	\$13,249
2. Rehabilitative Services (provider type 11, specialty 123)		\$654	\$711
Specify if used	Enrichment		
Specify if used	Rights Protection		
1. Residential and Housing Support Services (provider type 11 – specialty 110)	Basic Support		
2. Family Support Services (provider type 11 – specialty 110)			
1. Peer Support Services (provider types 08, 11, 21 – specialty 076)	Self Help	\$200	\$220
2. Mental Health General (provider type 11 – specialty 111)	Wellness/ Prevention		
Miscellaneous Program Exceptions	Other	\$321	\$330

Dollars shown in thousands

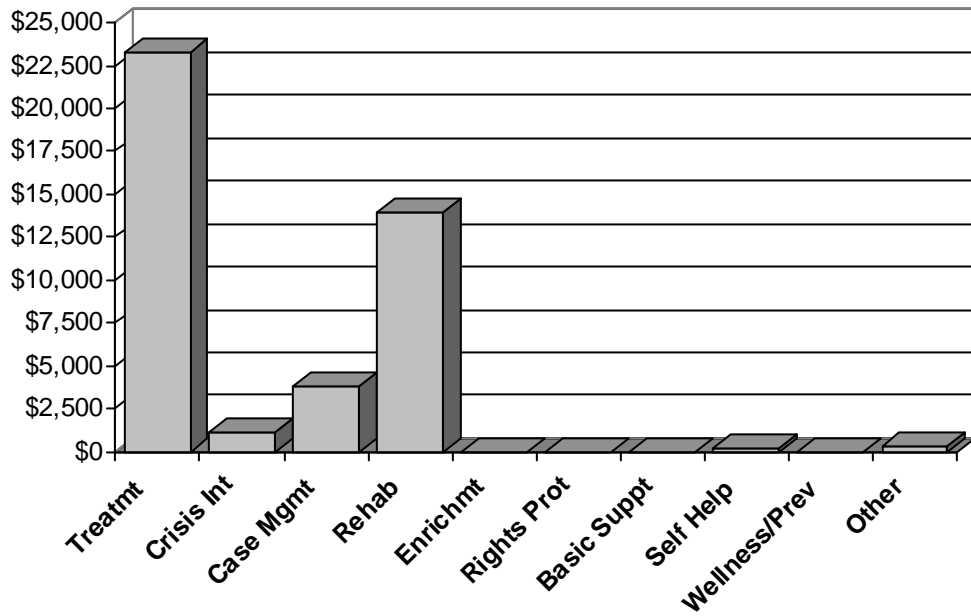
Expenditure Chart 3: HealthChoices Funds - FY 2008 Estimated Expenditures (1000s)



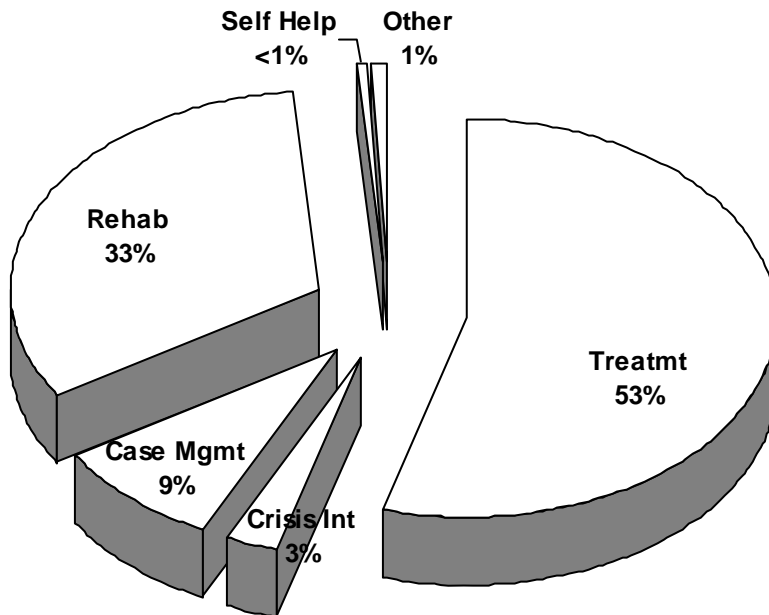
Percentage Chart 3: HealthChoices Funds - FY 2008 Estimated Distribution



Expenditure Chart 4: HealthChoices Funds - FY 2009-10 Projected Expenditures (1000s)



Percentage Chart 4: HealthChoices Funds - FY 2009-10 Projected Distribution

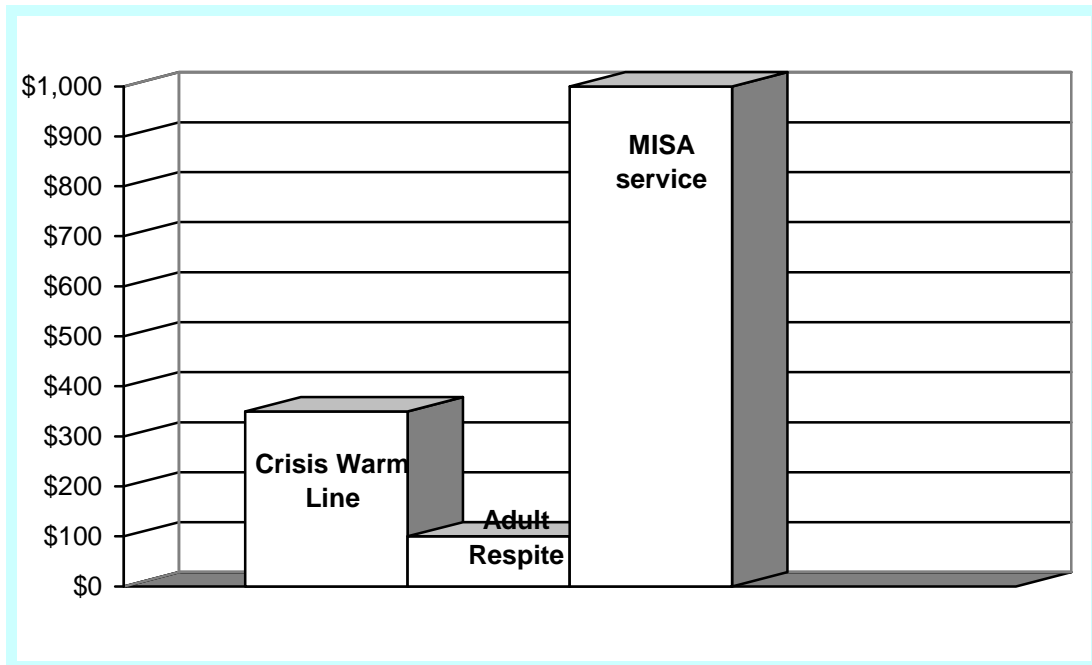


Services Funded with Reinvestment Funds

Expenditure Chart 5 below lists services funded with reinvestment funds and the corresponding dollar amounts for the current year.

	C/FY 2008 EXPENDITURE (1000s of dollars)
SERVICE 1: Crisis Intervention, Warm Line Services- Startup CYs 08 and 09	\$350
SERVICE 2: Adult Respite (CYs 08, 09, and 10)	\$100
SERVICE 3: MISA-program planning, development, training and new service start-up (CYs 08-10)	\$1,000 submitted, approval pending
SERVICE 4: Housing Plan	To be determined

Expenditure Chart 5: HealthChoices Funds – C/FY 2008 Expenditures (1000s)



Request for New State Funds

Chester County's four new funding requests for system transformation priorities are outlined in Attachment K (page 40). Our transformation priority 3 will be accomplished within the existing budget. Activities for the remaining priorities will require additional funds.

The first transformation priority is to further develop employment and education supports. Chester County requests \$300,000 to implement the evidence-based practice of supported employment.

The second transformation priority focuses on expanding affordable housing and housing supports. As described in detail in the County Housing Plan, we request \$1 million for development of a variety of housing supports. Our Housing Plan also includes plans for expanding the range of mobile services to enable people to live independently even when the seriousness of their illness has a significant impact on their lives.

The third request supports consumer engagement and community integration. We have already started work with the Peer Support Center to expand the range of peer support and advocacy services and to enhance community education and training activities. The new Center will be a hub of consumer support services, especially for the most vulnerable and difficult to engage. The County has allocated CHIPPS funds to help with program startup, and requests \$200,000 additional funds annually to support these enhancements.

The fourth transformation priority involves expanding mobile services and services for special populations. In spring, 2008 the County engaged in a process to redesign and re-contract Crisis Services. The redesigned service will have a strong wellness and recovery focus, with stabilization and diversion being the goals. The comprehensive redesign includes expanded mobile response and diversion services, a Warm Line, and respite beds. The expanded mobile services---essential for wellness and successful diversion---involves a significant cost increase.

The County also has contracted with one Core Provider for a Case Manager specializing in older adults, with plans to expand this service (*Horizons*) as soon as possible. We project the full cost of mobile service expansions will be \$2.6 million. HealthChoices will fund services for those who are eligible.

Attachments

Attachment A: LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I /we have reviewed and approved the attached FY 2009-12 County Mental Health Plan.

COUNTY: County of Chester

Chairperson/County Commissioner:

Name: Carole Aichele Signature_____ Date_____

County Commissioner:

Name: Terence Farrell Signature_____ Date_____

County Commissioner:

Name: Kathi Cozzone Signature_____ Date_____

FY 2009-12 County Mental Health Plan

Attachment B: PUBLIC HEARING NOTICE

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

Name of Publication: Daily Local News.

Notice published: April 2nd, April 9th and April 16th 2008

Chester County Mental Health / Mental Retardation

Notice of Public Hearing

for the

Chester County FY 2009-2012 Mental Health Plan & Budget Request

Thursday, April 24, 2007

4:15 – 5:15 p.m.

Chester County Government Services Center
Room 149

Special accommodations or questions, contact:

Lisa at 610-344-6265, or
lrichardson@chesco.org

Proof of Publication of Notice in the Daily Local News

Under Newspaper Advertising Act No. 587, Approved May 16, 1929

State of Pennsylvania
County of Chester

{ss:

{No.

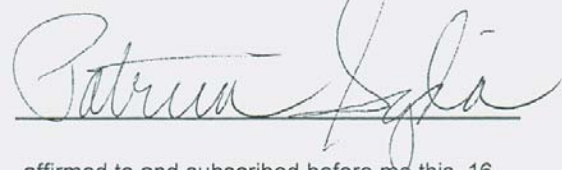
Term, 2008

Patricia Sigda, Legal Representative of the Daily Local News Company, a corporation, of the County and State aforesaid, being duly affirmed, deposes and says that the Daily Local News, a newspaper of general circulation, published at 250 N. Bradford, Ave., West Chester, PA, County and State aforesaid, was established November 19, 1872, and Incorporated December 11, 1911, since which date the Daily Local News has been regularly issued in said county, and that the printed notice or publication attached hereto is exactly the same as printed and published in the regular editions and issues of the said Daily Local News on the following dates viz:

April 2, 9, 16

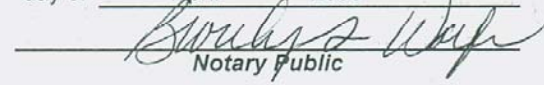
A.D. 2008

Affiant further deposes that he/she is the proper person duly authorized by the Daily Local News Company, a corporation, publishers of said Daily Local News, a newspaper of general circulation, to verify the foregoing statement under oath, and that affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.



affirmed to and subscribed before me this 16

day of April 2008


Notary Public

NOTICE OF PUBLIC HEARING
The Chester County Department of Mental Health/Mental Retardation will hold a public hearing on the Plan & Budget Request for Mental Health Services for Fiscal Year 2009-2012 on Thursday, April 24, 2008, from 4:15 to 5:15 p.m., at the Government Services Center, 601 Westtown Road, Room 149, West Chester, Pa.
Interested persons are invited to attend and provide testimony if desired. Copies of the draft 2009-2012 Plan will be available on our website www.chesco.org/mhmr by April 14, 2008.
Those wishing to testify are asked to call the Department at 610-344-6265 to register. A copy of their written testimony is requested for inclusion in the final Plan. If special accommodations are needed, please call in advance.

NOTICE OR PUBLICATION

My Commission Expires:
Beverly A. Wolfe, Notary Public
East Bradford Twp., Chester County
My Commission Expires June 4th, 2009
Member, Pennsylvania Association of Notaries

Lisa Richardson
The County of Chester
Dept. of Mental Health/Mental Retardation
601 Westtown Road, Suite 340
P.O. Box 2747
West Chester, PA 19380-0990

RECEIVED
APR 21 2008
Chester County
MH / MR

To DAILY LOCAL NEWS COMPANY, Dr.
For publishing the notice or publication attached hereto on the above stated dates\$
Probating same\$
Total\$

Publisher's Receipt for Advertising Costs

The Daily Local News Company, a corporation, publishers of the Daily Local News, a newspaper of general circulation, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same has been duly paid.

DAILY LOCAL NEWS, a Corporation, Publishers of the DAILY LOCAL NEWS, a newspaper of General Circulation.

FY 2009-12 County Mental Health Plan

Attachment C: 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)

Chester County does not receive PATH funds.

Attachment D

County: Chester

FY 2009-12 County Mental Health Plan

Attachment D: COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS

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

YES NO

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

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

Comments: *The membership of CSP is broad and diverse and includes all groups named here.*

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

Comments: *CSP prioritizes the development of a “where to turn guide” and will help to do it.*

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

Comments: *Number one and number four from Top Five Transformation Priorities were discussed at CSP’s ad-hoc committee, which reviewed issues in this document.*

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

Comments: *This was received via mail and verbally announced at various meetings. Flyers on the hearing were given out at CSP meetings.*

YES NO

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

Comments: *Members of CSP were present and gave input at the Mental Health Planning Forum. Members will review draft between April 14 and April 24.*

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

Comments: *The county embodies this "call for change" much more than providers.*

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

Comments: *Several CSP members attended this meeting in 2007. They were given the opportunity to be a part of the dialogue.*

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

Comments: *This was done via e-mails and in Key-4 meetings. Minutes of these meetings reflect what happened.*

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

Comments: *The plan was to have Caroline Smith come to CSP every six months and report. However, in actual practice, this was done via Key-4 meetings and reports to and from CSP liaison Erica Colbert.*

Name of CSP Committee Chester County

CSP Committee Chair: (3) Lynn Hesselbaker, Wendy Sepinski, Kriston White

Address 930 E. Lancaster Av, Exton PA 19341

City, State, Zip _____

Phone _____ Fax _____

E-Mail _____ Date _____

SIGNATURES:

Member(s) Representing Consumers: Lynn Hesselbaker

Member(s) Representing Families: Wendy Sepinski

Member(s) Representing Professionals: Rob Christman

Names of other participants:

1. Laura Baldino
2. JOHN JAMESON
3. ALAN D. STONE
4. Rob Christman
5. Stevon Mills
6. Ruth Ann Faust
7. Marian Steverson (representing HSE)
8. Marilyn V. Baker

County: Chester

FY 2009-2012 County Plan

Attachment E: EXISTING COUNTY MENTAL HEALTH SERVICES

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE (with HC provider type & specialty)	FUNDING SOURCE* & Base Cost Ctr	PRIORITY POPULATION (adult, older adult, youth 18-21)
Treatment	Alleviating symptoms and distress	Symptom Relief	Outpatient (PT 08, sp. 110, 074, 080; PT 11, sp. 113, 114; PT 19, sp. 190) Inpatient Psychiatric (PT 01, sp. 010, 011, 022, 018)	B (3.6), HC HC	All All
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	MH Crisis Interventn Svc (PT 11, sp. 118) MH Crisis Residential (PT 11, sp. 118) Emergency Services	B (3.10), HC B (3.10), HC B (3.21)	All All All
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Intensive Case Mgmt Targeted CM, ICM (PT 21, sp. 222) Resource Coordination Targeted CM, RC (PT 21, sp. 221) Targeted CM, ICM-CTT* (PT 21, sp.222) Administrative Mgmt	B (3.40) HC B (3.19) HC B (3.23), HC B (3.20)	All All All All All
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Community Employmt & Related Comm Residential Svc Psychiatric Rehabilitation Rehabilitation Svc (PT 11, sp. 123)	B (3.12) B (3.16) B (3.24) HC	Adult, older adult Adult, older adult Trnsitn youth, adult Transtn youth, adult
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development	Adult Develptl Trng Fac-based Voc Rehab Social Rehabilitation	B (3.11) B (3.13) B (3.14)	Trnsitn youth, adult Transtn youth, adult All
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	Admin Office: Representative Payee, CFST	B (3.1)	All
Basic Support	Providing the people, places, & things consumers need to survive	Personal Survival Assured	Housing Support Svc	B (3.22)	Adult, older adult
Self Help	Exercising a voice and a choice in one's life	Empowerment	Community Services: Compeer, Advocacy, MH Dialogues, Family Support Peer Support Services (PT 08, 11, 21, sp. 076)	B (3.2) B, HC	All All
Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	Community Services	B (3.2)	
Other		Specify			

Under Services Available, B= Base, HC=HealthChoices. *CTT listed under Case Mgmt to be consistent with HC Service Rate Coding; however, it is a Treatment service.

County: Chester

FY 2009 - 2012 County Plan

Attachment F: EVIDENCE-BASED PRACTICES SURVEY

Provider Name and Provider Type 99 # (List all providers offering EBP)	List Evidence-Based Practices provided (see list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Staff trained specifically to implement the EBP?
Fellowship Health Resources, Inc. 099000486	Assertive Community Treatment**	HC = 39 B = 18	DACTS*	County, Provider	Annually		
Holcomb Associates, Inc 099000291	Supported Employment	33	<i>Fidelity not measured</i>				
Handi-Crafters, Inc. 099000485	Supported Employment	39	<i>Fidelity not measured</i>				
Elwyn, Inc 099000263 (Delaware County)	Supported Employment	13					
Brians House, Inc.	Supported Employment	1					
Holcomb Associates, Inc 099000291	Supported Housing	20	<i>Fidelity not measured</i>				
Human Services, Inc. 099000488	Supported Housing	74	<i>Fidelity not measured</i>				
Evans Management 099000491	Supported Housing		<i>Fidelity not measured</i>				
Horizon House 099000283 (Philadelphia Co.)	Supported Housing	36	<i>Fidelity not measured</i>				
Kelsch Associates 099000489	Supported Housing	1	<i>Fidelity not measured</i>				

* Dartmouth Assertive Community Treatment Scale ** HC = CY 2006, Base = FY 06-07

Evidence-Based Practices

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

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

County: Chester

FY 2009-12 County Mental Health Plan

Attachment G: COUNTY DEVELOPMENT OF RECOVERY-ORIENTED PROMISING PRACTICES**

Practice Type	Services Exist (Check all appropriate)	Services Planned (Check all appropriate)	#s Served	\$\$ Existing	\$\$ Planned
Consumer/Family Satisfaction Team	Exists		Base = 435 HC = 200	Base= \$210,158 HC= \$50,000	
Compeer	Exists		70	Base=\$118,102	\$118,102
Self Help / Advocacy	CSP NAMI advocacy Peer Support Center		60	\$ 20,000	\$ 45,000
			50	\$ 81,000	\$ 81,000
			400	\$161,000	\$575,000
Outreach for Older Adults	Start-up 5/1/08		20	\$10,000	\$65,000
Warm Line		Planned			\$100,000
Mobile Services/In Home Meds		Expanded Crisis Outpatient Psych Rehab CPS service Forensic ACT			\$2,500,000
Fairweather Lodge					
Medicaid-Funded Peer Specialist Program	All adult Core Providers & 1 other agency have CPS positions		Base = 75	Base= \$117,000	\$200,000
Dialectical Behavioral Therapy (#s, \$\$ for 7/07 – 4/08)	Exists: 3 teams (2 MH, 1 D&A)		121	HC= \$60,880	

**This form identifies 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.

FY 2009-12 County Mental Health Plan

Attachment H: SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information																								
Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.	<p>How many 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? 12</p> <p>How many of those individuals have a targeted discharge date during FY 08-09? 9</p> <p>FY 09-10? _____</p>																								
Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.	<p>Number of individuals as of December 31, 2007 who have been admitted more than twice to a community hospital? If the data are not available please check no data.</p> <table border="1" data-bbox="440 768 1425 1014"> <thead> <tr> <th colspan="2">Public Funded</th> </tr> <tr> <th>7/1/05-6/30/06(FY05-06)</th> <th>7/1/06-6/30/07 (FY06-07)</th> </tr> </thead> <tbody> <tr> <td>Involuntary Admissions- 264</td> <td>Involuntary Admissions- 141</td> </tr> <tr> <td>Voluntary Admissions- no data</td> <td>Voluntary Admissions- no data</td> </tr> <tr> <td>All Admissions-</td> <td>All Admissions-</td> </tr> <tr> <td>No Data-</td> <td>No Data-</td> </tr> </tbody> </table> <table border="1" data-bbox="440 1045 1425 1289"> <thead> <tr> <th colspan="2">Private Funded</th> </tr> <tr> <th>7/1/05-6/30/06(FY05-06)</th> <th>7/1/06-6/30/07 (FY06-07)</th> </tr> </thead> <tbody> <tr> <td>Involuntary Admissions- 166</td> <td>Involuntary Admissions- 87</td> </tr> <tr> <td>Voluntary Admissions- no data</td> <td>Voluntary Admissions- no data</td> </tr> <tr> <td>All Admissions-</td> <td>All Admissions-</td> </tr> <tr> <td>No Data-</td> <td>No Data-</td> </tr> </tbody> </table>	Public Funded		7/1/05-6/30/06(FY05-06)	7/1/06-6/30/07 (FY06-07)	Involuntary Admissions- 264	Involuntary Admissions- 141	Voluntary Admissions- no data	Voluntary Admissions- no data	All Admissions-	All Admissions-	No Data-	No Data-	Private Funded		7/1/05-6/30/06(FY05-06)	7/1/06-6/30/07 (FY06-07)	Involuntary Admissions- 166	Involuntary Admissions- 87	Voluntary Admissions- no data	Voluntary Admissions- no data	All Admissions-	All Admissions-	No Data-	No Data-
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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?</p> <table border="1" data-bbox="440 1318 1425 1423"> <thead> <tr> <th>As of 6/30/07</th> <th>As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td># individuals- 53</td> <td># individuals- 50</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals in the target population will max-out from the county jail during FY 07/08? Not available.</p> <p>How many individuals in the target population is the county planning for the possibility of parole from the county jail during FY 07/08? Not available.</p> <p>How many individuals in the target population are currently incarcerated in a State Correction Institution from your county?</p> <table border="1" data-bbox="440 1625 1425 1730"> <thead> <tr> <th>As of 6/30/07</th> <th>As of 12/31/07</th> </tr> </thead> <tbody> <tr> <td># individuals</td> <td># individuals</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>Total County residents in SCI = 160 (SCI data does not include arrest or begin date)</p> <p>How many individuals will max-out from a SCI in the target population during FY 07/08? 9</p> <p>How many individuals in the target population is the county planning for the possibility of parole from a SCI during FY 07/08? 26.</p>	As of 6/30/07	As of 12/31/07	# individuals- 53	# individuals- 50	No data	No data	As of 6/30/07	As of 12/31/07	# individuals	# individuals	No data	No data												
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# individuals- 53	# individuals- 50																								
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As of 6/30/07	As of 12/31/07																								
# individuals	# individuals																								
No data	No data																								

FY 2009-12 County Mental Health Plan

Attachment I: OLDER ADULTS PROGRAM DIRECTIVE

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

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

Yes X*

NO

* (rewritten Spring 2008)

FY 2009-12 County Mental Health Plan

Attachment J: TOP FIVE TRANSFORMATION PRIORITIES

	TRANSFORMATION PRIORITY
1	<p><u>Working/Learning</u> Implement supported employment as an evidence-based practice.</p>
2	<p><u>Living</u> Develop working relationships with landlords and create rent and other housing supports to increase low-cost and flexible housing capacity, particularly for special populations (forensic, MISA, transition age).</p>
3	<p><u>Participating in the Community</u> Expand and enhance the Peer Support Center to engage members in community activities and to involve members in regular community outreach and education.</p>
4	<p><u>Clinical Best Practice - a</u> Develop a variety of consumer and family education tools to support informed choice and improve transition from inpatient or crisis levels of care to outpatient services.</p>
5	<p><u>Clinical Best Practice – b</u> Expand mobile treatment services at all levels:</p> <ul style="list-style-type: none"> • expand <i>Horizons</i> program of mobile services for older adults (mobile identification and intake, psychiatric rehab, OP, peer support, and supported living services); • expand mobile housing supports for all adults; • expand mobile intensive recovery team associated with Mental Health Court services (<i>Forensic Intensive Recovery Stabilization Team (FIRST)</i>).

FY 2009-12 County Mental Health Plan

Attachment K: TOP NEW FUNDING REQUESTS FOR RECOVERY-ORIENTED SYSTEM TRANSFORMATION PRIORITIES

	Target Population 1 or as noted*	Description of Infrastructure Support or Service Capability Enhancement Requiring New State Funds	Cost Center**	6-Month Cost (thousands)	Annual Cost (thousands)
1	1, especially transition-age youth	Implement supported employment as an evidence-based practice.	3.12	\$150	\$300
2	1, especially forensic, transition-age, older adults	Create rent subsidies and other housing supports (especially for forensic, MISA, and transition-age populations).	3.22	\$500	\$1,000
3	1	Expand Peer Support Center and community integration programs	3.14	\$100	\$200
4	1, older adults, transition-age youth	Expand mobile services, especially mobile housing support, services for older adults, and intensive recovery team.	3.24 3.60 3.23	\$1,600	\$2,600

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

** Indicate the cost centers for the new services (as defined in OMHSAS bulletin OMH-94-10).

FY 2009-12 County Mental Health Plan

Attachment L: Expenditure Tables and Charts

See Section 7, pages 17 - 23

FY 2009-12 County Mental Health Plan

Attachment M: HOUSING PLAN

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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
DEPARTMENT OF PUBLIC WELFARE

COUNTY MENTAL HEALTH/ SUBSTANCE ABUSE HOUSING PLAN

COUNTY PROGRAM: Chester County Mental Health/Mental Retardation

CONTACT:

Name: Mary Beth Hyatt

Title: Psychosocial Rehabilitation Coordinator

Address: 601 Westtown Rd., Suite 340 P.O. Box 2747 West Chester, PA 19380

Phone: 610-344-6265

Email: mhyatt@chesco.org

SUMMARY OF COUNTY HOUSING PLAN:

Please identify the estimated number of housing units/ subsidies to be developed (a planned range is allowed), what financing strategies you are employing including, and how you will meet OMHSAS guidelines for affordability (no more than 50% of income for housing).

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Note: All references to MH Funding Streams in this Housing Plan document refer to one or a combination of HealthChoices Reinvestment funds, Community Hospital Integration Program Project funds (CHIPP), and Base Funds.

I. FUNDING REQUEST:

(For explanations of each category, see Appendix 1 to this plan)

1. Capital Funding

Amount: _____ Source*: _____

2. PHFA Project Based Operating Subsidy

Amount: _____ Source: _____

3. Master Leasing (Rental Subsidy)

Total Subsidy Request: _____ Source: _____

4. Bridge Subsidy Program (Tenant-Based Rental Subsidy)

Amount: _____ Source: _____

5. Program Management/ Clearinghouse

Amount: _____ Source: _____

6. Housing Contingency Fund

Amount: _____ Source: _____

7. Housing Support/ Support Services

Amount: _____ Source: _____

8. Fairweather Lodge and/or Evidenced Based Supportive Housing

Amount: _____ Source: _____

Total Funding Request: _____

*** Sources: If more than one source add additional lines**

- HealthChoices Reinvestment
- Community Hospital Integration Program Project (CHIPP)
- Base Funds
- Other (specify in responses above)

II. ANALYSIS OF EXISTING AND POTENTIAL RESOURCES AND LOCAL

CAPACITY: In order to develop a strategic use of MH funding streams for supportive housing, it is important to identify the availability or lack of availability of resources in your county. In your responses to this section of the Plan, please highlight any unique opportunities (funding or real estate market) that you would like to take advantage of as part of this plan..

Please complete Attachment A to identify current available housing resources for people with mental illness or attach your current resource inventory if one exists that includes all of the information requested on Attachment A.

1. Capital Funds, Rental Subsidies, Loans: *Identify city/ county/ state/ federal housing development resources, such as local housing trust funds, HOME or CDBG; State HOME or other DCED funds; PHFA PennHOMES or Low Income Housing Tax Credits; Federal Home Loan Bank Affordable Housing Program or, HUD McKinney-Vento Homeless Assistance Program or Section 811Program. Also include sources of rental assistance such as Housing Choice Vouchers (Section 8) or other rental subsidy programs. Include resources that have been used to develop both existing housing and sources for housing now under development.*

The information in Column H of Attachment A should be used in completing this section of the plan. County base dollars such as CHIPP and SIPP have been utilized to subsidize a 52 unit supportive living program that receives funding through HUD in the form of Section 8 rental subsidies. County base dollars have also been used to subsidize a Forensic House that receives Shelter+Care funds to work specifically with this population. There are three MH agencies that have been awarded Shelter+Care funds to provide rental subsidies for people in Supportive Housing programs. County dollars are used to provide staff and administrative costs.

2. Housing Development Capacity: *Availability of local organizations who can develop affordable rental housing in a competitive environment and assessment of the need for capacity building for expanded affordable housing development*

Chester County will partner with the county's Department of Community Development (DCD). DCD will act as Fund Administrator for the HealthChoices Reinvestment Dollars for the development of supported housing for people who are diagnosed with mental illness. DCD currently administers funding such as HUD McKinney-Vento, Shelter+Care, CSBG, local housing trust fund, HOME, Continuum of Care, ESG and DCED. MH/MR plans to utilize Health Choices reinvestment dollars for either start up or to provide matches for grant opportunities. Chester County has an LHOT which includes organizations such as the local Housing Authority, Residential Living Options, DCD, Mental Health providers and other human service providers. Several Mental Health providers have successfully obtained housing funds, such as Shelter+Care such as Horizon House, Human Services, and Holcomb Behavioral Healthcare. MHMR staff participates in LHOT.

Clinical, Peer and Family assessments have been completed for our priority population, which are current residents at Norristown State Hospital. We are in the midst of planning for the first 5 people to move. The process includes a Community Support Plan which takes the three tiered assessment to develop a real plan for the person to take with them into the community. We have also had 14 housing assessments completed at two CRR programs to determine capacity needs and wants.

3. Housing-Related Administration and Management: *Potential organizations who can act as administrator of rental resources, manage contingency funds, housing clearinghouse, selection and waiting list management and tenancy facilitation. To avoid conflict of interest, this organization should be separate from housing development organization(s) if housing development funds are to be managed at local level.*

Within the first two years, MHMR in conjunction with DCD will conduct the “clearinghouse” functions and will manage the waiting lists and tenancy facilitation for the priority populations and projects. It is proposed that Reinvestment Dollars are used to hire a full time Mental Health Housing Coordinator that will work with the Departments of MH/MH, DHS and DCD and serve as the primary project manager for the new project based subsidy projects, master leases, bridge subsidies and contracting for contingency fund management.

The Coordinator also will serve as the liaison to other important county housing forums such as the LHOT, and the DCD Community Services Housing Committee, and will chair the MH Housing Workgroup. As the supported housing set-aside projects, project based subsidy program and other support housing program grow, the Department will contract with a community agency/provider with a proven track of developing and supporting affordable housing for the “clearinghouse” functions.

4. Services Capacity: *Potential mainstream or specialty providers who can provide housing support as a stand alone or integrated service. Describe any CTTs ACT or other comparable services that are available in the county and can also be identified as services that provide a “clinical home”; describe progress on Peer Services implementation.*

Chester County currently contracts with several agencies to provide Supported Living services. There are various models and approaches among them with providing this type of service. In addition to this type of service Chester County has an ACT program which has a caseload of 50. They provide services throughout the county. There are three Core Providers that provide adult services in the county, as well as one agency that provides outpatient and clubhouse services. The Core Providers offer Intensive Case Management, Resource Coordination and Administrative Case Management, Outpatient services, Psychiatry, Psychiatric Rehabilitation (site based and club house models) and peer specialist services. All the Core Providers utilize a Clinical Home model in their approach to services. In addition to treatment and rehabilitation services there are three agencies that provide supported employment services. As noted above there is a Homeless Outreach Team that provides outreach and support to the homeless throughout the county. One Core Provider has a specialist housing case manager on staff who was able to find permanent housing for 70 people last year.

Current projects for 07/08 in the County include a revamping of Crisis Services, revamping case management services by offering a Blended Case Management model; significantly expanding the peer support center to be a county wide wellness center that can offer classes and training on wellness and recovery as well as working with individuals on a one to one level; expanding Supported Living services to move people from a CRR level of care to more independent living. We are developing Mobile Psychiatric Rehabilitation services to offer a more comprehensive service approach for consumers who may benefit from it.

We are increasing the utilization of peer support services by having dedicated peer support staff at each Core Provider who, amongst other things, is available to do outreach if an appointment was missed or assist someone in talking with their doctor. There are peer specialists employed by residential providers which will be expanded to reach the people living on their own. A peer

specialist position has been created that is dedicated to work with the Chester County residents at Norristown State Hospital and all the residents at the Enhanced Long Term Structured Residence.

The development of mobile outpatient service is in process. This type of mobile service would allow a person to receive treatment at their home. This is beneficial for those people living on their own who have a difficult time accessing transportation to get to appointments. Dialectical Behavioral Therapy is a recent addition to the array of services offered. This type of clinical intervention provides intensive supports to the person living in the community. They also aid by giving the person tools they can use to increase their ability to monitor their illness and therefore increases their tenure in the community by decreasing hospitalization.

The County Prison Diversion program began in 2005. It has a FTE community case manager/therapist on staff. The County Forensic workgroup is currently applying for startup funds from Pennsylvania Commission on Crime and Delinquency (PCCD) for a Mental Health Court, with adjunct clinical and case management services that will strengthen the Forensic team's ability to support people with criminal justice involvement in the community.

III. LOCAL PLANNING/ COUNTY MHMR PROGRAM STAFFING

1. Please describe your Local Housing Options Team (LHOT) or other local housing planning effort that serves a similar purpose. Identify what role the LHOT (or other group) will play in the implementation of this Plan. Please briefly describe the membership of the team/group by title or representation.

Chester County has a local LHOT spearheaded by the Chester County Department of Community Development. This LHOT serves all disabilities and not just consumers with mental illness and therefore the membership has a broad representation across interested stakeholders, provider agencies and housing providers and advocates. There are representatives from all the human services categorical departments as well as providers that serve the homeless community and other disability communities.

MHMR will review the MH Housing Plan with the LHOT and use the LHOT for on-going feedback and collaboration. Current member of the LHOT also serve on the MH Housing Workgroup and the DCD Community Services Planning Committee.

2. Please identify other local or state housing planning processes (i.e. Continuum of Care planning process) in which either County MH/MR staff or other local stakeholders have actively participated. Describe the entities that have participated and the extent of involvement.

In addition to the LHOT and the MH Housing Workgroup, representatives from the Department of MH/MH or DHS also participate in to following forums:

- 1. Southeast Regional Service Area Plan*
- 2. DCD Community Services Planning Committee*
- 3. Housing Specialist meetings*

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3. OMHSAS expects that the planning process used to develop the County Housing Plan be consumer driven. Please describe how your County involved MH/MR consumers in developing the proposed Housing Plan and how consumers will be involved in the ongoing implementation and evaluation of the program approach(es). If the County has not already conducted a housing choice or preference survey to better assess what types of housing opportunities consumers prefer; please make arrangements to complete such a survey as part of the implementation of your housing plan. Describe results and/or plans. Please indicate if you need technical assistance to complete this survey/ needs assessment.

The Chester County C/FST conducted 14 housing assessments as an initial starting point to our housing plan. The assessments have assisted with identifying what the gaps are. We will be utilizing the assessment process in other CRR programs as a means to further identify needs and gaps in regards to housing and supports.

As mentioned before, housing has been identified as a priority in our MH plan for several years. To address this we have set up several venues to begin to tackle it. A Housing work group was established in 2006 which is a subcommittee of the Adult Mental Health Committee which in turn is a subcommittee of the MH/MR Board. The current work group attendees are listed on the previous page and at the most recent MH planning forum there were more people who signed up to be part of the work group.

MH planning forums occur at least twice a year. Within these forums are focus groups and one of the groups is for housing. The focus group consists of family members, consumers, providers and housing entities within the county. A draft of the Housing Plan was shared at the last forum which was held on March 28, 2008. The members of the focus group unanimously approved of the direction the county was taking with the Housing Plan.

In addition to the forums our department will be taking the draft housing plan on the road to invite comment from the larger stakeholder community. Venues will include clubhouses; psych rehab programs and CRR programs. We will also host the county CSP group to review and offer comments to the plan.

4. Please identify your lead staff person to implement this plan and identify where this individual is located within the organization. Attach an organizational chart if available.

The Departments of MHMR, DHS and DCD plan to hire a full time Mental Health Housing Coordinator that will work with the Departments of MH/MH, DHS and DCD and serve as the primary project manager for the new supported housing projects, master leases, bridge subsidies and contracting for contingency fund management. The Coordinator will also serve as the liaison to other important county housing forums such as the LHOT, the DCD Community Services Housing Committee and the MH Housing Workgroup. The Coordinator will help the direct the process to develop the necessary guidelines, protocols and policy and procedures as it relates to waiting list maintenance, supportive housing eligibility, use of contingency funds and provider/landlord education, communication and program satisfaction processes. It is proposed that this new position will be hired directly by the Department of Community Development with the use of reinvestment dollars.

IV. IDENTIFICATION OF PRIORITY CONSUMER GROUP

Identify up to four priority groups (if using HealthChoices persons targeted must be 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. In the rationale for priority, please describe any strategic, systems considerations for identifying a priority consumer group. 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

Priority Group 1:

Rationale for Priority:

Chester County’s Priority Group 1 is the 12 Chester County residents remaining at Norristown State Hospital.

OMHSAS’s decision to downsize Norristown State Hospital over the next four years was a significant deciding factor in choosing this as our priority. For additional information you may refer to Chester County CHIPPS Plan dated October 8, 2007.

In addition housing overall has been on our county’s five top priorities list for the Mental Health Plan for several years. We have had several planning forums and have a planning work group that focuses on this topic. On September 13, 2007 and again on March 28, 2008, Mental Health planning sessions were convened to update our stakeholder community of the implementation of the MH Plan. It was at these meetings that the work groups agreed on who the priority populations would be for the housing plan and agreed with the direction the county was taking with the housing plan.

Another deciding factor is that for the past three and a half years we have not had admissions to the state hospital. Yet the need to further develop infrastructure to safely divert people from that level of care is still apparent. This initiative will provide more of an array of housing choices to either move someone from the hospital or to divert someone from that level of care.

Priority Group 2:

Rationale for Priority:

The second priority group is current CRR residents able to move onto a more independent level of care. This population has been targeted for several years as we have been experiencing a jam in the CRR programs as people have tended to stay. The reasons for not wanting to move include the expense of renting, finding a safe area, being close to transportation, and the lack of staffing supports. Again this was agreed to by the housing work group at the planning session in September, 2007 and again in March, 2008.

Housing Assessments were completed for 14 current residents of CRR programs. The majority of people surveyed were happy with their current living arrangement and although some could see moving into a supported living setting in the future it was not an immediate goal for them. These assessment outcomes further strengthen our need to provide more affordable and

supportive housing in an effort for people to see that there is support available when the time comes for them to move out on their own.

Priority Group 3:

Rationale for Priority:

Transition Age Youth is the third priority group we have identified in our plan. This primarily includes young adults who are involved in more than one system such as juvenile detention, Children, Youth and Family services and drug and alcohol. By age 18 children are required to leave Residential Treatment Facilities, (RTF) and the county is usually responsible to find housing for them upon discharge.

Overall the young adult population does not have the history of living in an institutional setting throughout the formative years of their lives when a young adult learns to become more independent. Past utilization of institutional care often resulted in dependency on the system. Therefore leading to living in CRR programs for an indefinite period of time. The young adult has more ability and opportunity to live on their own with some supports.

We recognize the mental health service system also needs to discover that supports and care do not need to result in a group home living situation. The housing plan establishes how permanent housing can be more beneficial with the right supports in place.

Priority Group 4:

Rationale for Priority:

The fourth priority population is listed as co-occurring, special needs. Our concentration will be focused on the forensically involved population. Our county has developed models to divert people from going to jail in order for them to receive treatment. The lack of affordable housing in the county places a barrier on the diversion from jail program as there are very few places where the person can reside. The housing plan will assist in our development of services and supports for this population.

IV. PERMANENT SUPPORTIVE HOUSING (PSH) APPROACH

Please complete the templates provided below to describe your PSH Program approach. If you do not plan to incorporate one or more of the objectives below in your PSH Approach, please indicate that by simply writing in “Not Applicable” in the first block of the objectives table. The County should consider each of these objectives in developing their local housing plan. These objectives are also described in the OMHSAS Paper on Utilizing Health Choices Reinvestment Funds to Develop Permanent Supportive Housing that was distributed in November 2006 and summarized in a handout provided at the Mental Health Housing training.

Remember to think strategically in your planning of MH Funding Streams across the program strategies. Select the program strategies that take full advantage of opportunities in your local area as well as effectively leverage both Federal and State affordable housing resources. In particular, since some type of rental subsidy is necessary for people living on very low fixed incomes, it is expected that each county will have an objective to offer some type of rental subsidies. While you are not required to dedicate MH Funding Streams to support all program objectives, there is an expectation that a County will need a structured program

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management function as well as dedicated housing support services in order to manage and support the PSH opportunities (i.e. either targeted units or tenant-based rental subsidies) developed by the Plan.

In designing your program approach to develop permanent supportive housing in your community, the County must ensure that the housing created by the following approaches is consistent with the OMHSAS permanent supportive housing definition:

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

A supportive housing unit is:

- Available to, and intended for a person or family whose head of household is experiencing mental illness, other chronic health conditions including substance use issues, and/or multiple barriers to employment and housing stability; and may also be homeless or at risk of homelessness;
- Where the tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%;
- Associated with a flexible array of comprehensive services, including medical and wellness, mental health, substance use management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment, and tenant advocacy;
- Where use of services or programs is not a condition of ongoing tenancy;
- Where the tenant has a lease or similar form of occupancy agreement and there are not limits on a person's length of tenancy as long as they abide by the conditions of the lease or agreement; and
- Where there is a working partnership that includes ongoing communication between supportive services providers, property owners or managers, and/or housing subsidy programs.

Supportive Housing is:

1. Safe and Secure
2. Affordable to consumers
3. Permanent, as long as the consumer pays the rent and honors the conditions of the lease.

Supportive Housing is linked to support services that are:

1. Optional. People **are not** required to participate in services to keep their housing, although they are encouraged to use services
2. Flexible. Individualized services are available when the consumer needs them and where the consumer lives.

Handout 1-7

1. Objective for Capital Investment (i.e. Housing Development Fund)

Describe the need and opportunity for using MH Funding Streams for Housing Capital financing to create targeted permanent supportive housing units:

Chester County proposes to use \$_____ of HealthChoices Reinvestment dollars for capital financing. These funds will be used to directly attract and match other capital dollars and to offset potential upfront costs pertaining to capital development, i.e. attorney fees, zoning applications and other start-up costs. Reinvestment dollars could also be used for pre-development capital in the form of a recoverable loan. This is seen as important for those developers and service provider looking to obtain HUD 811 and 202 funding.

Chester County Departments of Mental Health/Mental Retardation and Human Services are proposing to use \$_____ of CHIPPS dollars for the Enhanced Community Rehabilitation Residence (CRR) for individuals being discharged from Norristown State Hospital (NSH) and needing more structured and supervised community living supports. The Department of MH/MR will contract with an existing CRR to make the additional programmatic and environmental changes to be able to support 4-6 adults. The CRR will be made handicapped accessible to ensure such capacity within our community housing options. It has been identified that having a supportive residential facility that is handicapped accessible is a priority within our county. The Department of MH will work with the Department of Community Development to access any dollars targeted for making such facilities handicapped accessible. This new CRR will also be available to support individuals who may need for intensive clinical and support services to avoid long term hospitalizations at NSH or even extended lengths of stay within the prison system.

Describe the strategy(ies) for using MH funding streams to support a Housing Development Fund:

Chester County Mental Health will work with County Department of Community Development (DCD) to identify and partner with housing developers to build/renovate affordable housing with the goal of purchasing “set aside” housing units specifically for our targeted priority populations in this Plan.

Reinvestment dollars will now be an option for DCD and developers when putting together the various funding streams necessary to create affordable housing in Chester County. DCD and MHMR view the availability of the Reinvestment Dollars as a potential incentive to housing developers when trying leverage other capital funds, grants and tax credits to make the entire project fiscally viable.

In the Spring of 2008, DCD will distribute its 2008 Request for Proposals for the development of affordable housing in Chester County. In this proposal there will be key questions for developers to indicate their interest/commitment in developing set aside units for the mental health system. The Departments of MHMR and DHS will work closely with DCD to develop these RFP questions and then to select viable candidates for this year’s DCD funding with the newly available HealthChoices Reinvestment dollars. These candidates will then proceed with their PHFA applications in the Fall 2008 funding cycle.

Range of housing units to be created: _____

Amount of MH Funding required: _____

Planned Avg. Capital Investment per unit: _____

Amount and source of leveraged funds: To be determined

Describe the Source(s) of Rental or Operating Subsidy (i.e. Section 8 Project Based Rental Assistance) commitments, Section 811, McKinney-Vento subsidies) to ensure that PSH units are affordable to priority consumers. This is required for any capital development initiative:

The Department of Community Development (DCD) works to ensure that housing developers interested in developing affordable housing apply for all eligible funding sources including Low-Income Tax Credit through PHFA, PennHomes, local Community Development Block grants or Home Investment Partnership Act (HOME) funds and any HUD grants, etc. Section 8 Vouchers and the committed Reinvestment Dollars will also be used to develop financial strategies with developers to reduce the percent of Adjusted Median Income (AMI) required for the targeted set aside apartment units from 50-60% to 30%%, This will assure that the new set aside apartment/housing units are affordable for individuals with mental illness with SSI incomes.

Describe the plan to select/identify a Fund Administrator including the selection process, qualifications and experience that you will be looking for and any possible candidates:

Chester County MH/MH and DHS intends to enter into a partnership with the Chester County Department of Community Development (DCD) to serve as the Fund Administrator for the committed Reinvestment Dollars. The three Chester County Departments have a close working relationship and both have worked closely to develop this Mental Health Housing Plan.

DCD has a long track record of developing affordable housing in Chester County, working closely with housing developers to secure all of the potential affordable housing funding streams including all options through PHFA, tax credit programs, HUD grants/programs, HOME funds and other capital development strategies. DCD can now use the option of Reinvestment Dollars to further leverage creative financial strategies with local developers and to set aside affordable units for the mental health system.

DCD already has the positive relationships with local housing developers and working knowledge of the housing market that is unique to Chester County. We believe that having DCD serve as the Fund Administrator lends credibility with state, regional and local funders, developers as well as with PHFA.

This partnership also eliminates duplication with local oversight and accountability as DCD is already in this role with all developers of affordable housing in the county.

Sustainability Plan: Please discuss how the County plans to provide housing coordination, tenant referral and housing support services to sustain these units over the long-term:

After the initial one to two years, the Department of MH/MR will enter into a contract with agency/provider with a proven track record to provide the clearinghouse functions, housing coordination, tenant referral and wait list processes. A few well know and reputable agencies/providers have expressed interest in providing these services.

The Department of MHMR currently has contracts with reputable providers for the provision of housing support services. As the need and volume increases, the county will look to expand such contracts. The Departments of MHMR and DHS are also exploring the use of HealthChoices Mobile Psych Rehab as an option for supportive housing services. The County also has a seasoned ACT program and Blended Case Management. The County is enhancing its Forensic MH Program and looking to develop a Mental Health Court. Other news projects target transitional age youth and individuals with co-occurring mental health and substance abuse illness which are also priority populations of the MH Plan. The Department of MHMR and HealthChoices are also developing mobile out-patient services which should enhance housing supports and recovery.

Action Steps: (Steps to be accomplished over 18 months)	Proposed Completion Date ³	Resources needed: (partnerships, technical support, involvement of consumers, changes in use of existing resources, etc.)
Submit Housing Plan for approval	May 2008	Final Reinvestment Plans approvals, etc.
Housing Developers- development and applications for other financial/funding streams/grants/credits, etc.	Fall/Winter 2008/09 and on-going	In-kind time of DCD and housing developers, applications, technical assistance, etc.
Contract/Agreement between CDC, DMH/MH and DHS and housing developer for targeted set aside housing units, etc.	Winter 08/09 and on-going	Technical and legal consult for development of binding agreement

2. Objective for Project-Based Operating Subsidies (PHFA Administrated Program)

Describe the need and opportunity for using MH Funding Streams for Project-Based Operating Subsidies:
 New housing projects using Low-Income Tax Credits through PFMA range between 56-60% of Adjusted Median Income (AMI) in terms of affordability. This is still not affordable when considering that most individuals with significant mental health disabilities receive SSI or SSDI levels of income that place them at about 20-30% of AMI. To achieve affordability, it is proposed that HealthChoices Reinvestment Dollars will be available for additional project based subsidies for approximately _____ housing units.

Describe the strategy for using MH Funding Streams for Operating Subsidies including a discussion of which PHFA-sponsored properties (if able) may be attractive (i.e. livability, reputation of the management company, accessibility to community amenities)
 DCD has close working relationships with many local developers of affordable housing in Chester County. DCD, serving as our Fund Administrator and partner with MHMR and DHS, will provide leadership and technical support in the identification, feasibility and financial structuring of contracts between housing developers and MHMR and DHS. DCD will work with developers to craft feasible financial options using Reinvestment Dollars with the outcome of

³ Some action steps may have occurred by the time this plan is forwarded for approval, please include these.

project based subsidies for a specific number of “set aside” units for targeted individuals within the mental health system. We believe the local track record, knowledge of the housing market and current relationships will help forge positive partnerships between DCD, developers and the mental health system.

DCD, MHMR, DHS and stakeholders will ensure that identified housing projects meet the needs of the mental health systems and of the consumers. This includes location, access to transportation, shopping, jobs, schools, services and community life.

Reinvestment dollars will subsidize up to \$-----per month plus % administrative cost for X year period of time.

Range of PSH units to be supported: _____
Amount of MH Funding required: _____
Planned Term of the Operating Subsidy Contracts (minimum 5 year term): _____

Sustainability Plan: Discuss the County’s plans to sustain the target units after the initial term of the operating subsidy contract:

MHMR will develop clear protocols to require that all consumers enter such project based subsidized programs be registered on the Section 8 Waiting List and apply for any other eligible subsidy program. Acknowledging up front, that such wait list may be 5 years long, we are at least ensured that most of the eligible consumers will eventually secure a rental subsidy voucher in the future.

MHMR and DCD will work closely to forge a working relationship with the Chester County Housing Authority that will help achieve mutual housing goals. Through the development of this relationship perhaps additional subsidy programs and vouchers will be identified for the mental health system.

Action Steps:	Proposed Completion Date	Resources needed:
<i>On-going meetings/networking with Chester Cty Housing Authority</i>	<i>Spring/Summer 2008 and on-going</i>	<i>On-going meeting to build relationships, share information and develop mutual goals.</i>
<i>Identification of potential housing developers/projects through DCD RFP Process</i>	<i>Summer/Fall 2008 and on-going</i>	<i>In-kind time of DCD, MHD and stakeholders to develop potential housing options, feasibility and contractual relationships with developers.</i>
<i>Housing Developers-development and applications for other funding streams including PHMA</i>	<i>Winter 2008/09 and on-going</i>	<i>In-kind time of DCD and housing developers, applications, technical assistance, etc.</i>

<i>Contract/Agreement between CDC, DMH and housing developer for targeted set aside housing units, etc.</i>	<i>Winter 2009 and on-going</i>	<i>Technical and legal consult for development of binding agreement</i>
<i>Hiring and training new MH Housing Coordinator</i>	<i>Summer/Fall 2008</i>	<i>Partnership between MHMR and DCD</i>

3. Objective for Master Leasing Program

Describe the need and the opportunity (i.e. existence of benevolent landlords, conducive rental market, quality existing rental housing stock) for using MH Funding Streams to establish Master Lease Agreements with private property owners of multi-family rental housing:

Chester County has limited stock of affordable housing and even mutli-family housing real estate is limited and not affordability for individuals on SSI or SSD incomes. MHMR does have 2-3 well established providers of mental health, supportive housing and recovery services who already serve as the Master Lessor of apartments and then sub-lease to mental health consumers. This is especially helpful for those individuals who have poor or no credit histories, lack employment or may have criminal justice background issues that make it difficult to obtain leases directly.

Chester County MH proposes to enter into 2-3 Master Leasing programs with provider(s) of supportive housing who have a proven track record of providing such housing and supportive housing services. Chester County will focus on the following priority populations:

- Work closely with the Forensic MH Program, the Chester County Courts and the prison to ensure that individuals with significant mental health disabilities and involvement with the criminal justice system has access to safe/affordable housing and housing support services.*
- Consumers being discharged for Norristown State Hospital whose goals and planning target supportive housing. Also, work with those individuals needing housing and housing support services that would help serve as a diversion from long term hospitalization, i.e. Norristown State Hospital.*
- Consumers being transitioned from CRRs to community living.*
- Transition age youth that desire to live independently but need additional subsidies and supportive housing as part of their recovery plan.*
- Consumers with barriers to securing their own lease due to poor or no credit, involvement with the criminal justice system or poor or no housing references.*
- Consumers with co-occurring mental health and substance abuse illnesses needing a higher level of supportive housing as part of their recovery plan.*

Describe the strategy(ies) for using MH Funding Streams for a Master Leasing Program:

Chester County MH/MR will enter into a Master Leasing Program with 2-3 providers of supportive housing to insure access to safe and affordable housing. All units will be Section 8 equilivant and must meet HQS inspections. All eligible consumers within the priority populations must register with the Chester County Housing Authority Section 8 Program or any other housing subsidy/voucher program available. Once a consumers is eligible for a Section 8 or other subsidy voucher, this subsidy will supplant the Reinvestment Dollars subsidy.

Range of PSH units to be supported: _____
Amount of MH Funding required: _____
Planned Term of the Master Lease Agreements (minimum 5 year term): _____

Describe the plan to select/identify a Program Administrator discussing the selection process, qualifications and experience that you will be looking for and any possible candidates:

Chester County Department of MH/MR will select the agency/provider(s) to contract with for the Master Lease Program. Again, the provider(s) will need to have a proven track record with serving as a housing provider and a provider of housing support services. These new agency/provider(s) would have to demonstrate a proven track record of developing safe/affordable housing that meets the varying issues such as accessibility to transportation, shopping, jobs, schools and community life.

Sustainability Plan: Discuss the County’s plans to sustain the master lease units after the term(s) of the agreement::

DMH/MR will develop clear protocols of the provider of this Master Lease Program to required that all consumers a registered on the Section 8 Waiting List and apply for any other available subsidy program that they may be eligible for. Acknowledging up front, that such wait list may be upwards to 5 years, we are at least ensured that most of the eligible consumers will eventually secure a rental subsidy voucher in the future.

Action Steps:	Proposed Completion Date	Resources needed:
<i>Contract with Provider(s) for Master Lease Program(s) for specific target populations</i>	<i>Summer 2008</i>	<i>On-going development of court/prison diversion and re-entry protocols. Technical assistance with master lease and sub-lease contracts/agreements</i>
<i>Hire new MH Housing Coordinator and Housing Workgroup-establish protocols for initial referrals, wait list and review for specific master lease programs (forensic, transition age youth and general supported housing)</i>	<i>Summer/Fall/Winter 2008/09</i>	<i>In-kind support from MHMR , DHS staff, consumers and other stakeholders.</i>

4. Objective for Tenant Based Rental Subsidies (i.e. Bridge Subsidy Program)

Describe the opportunity for using MH Funding Streams for Tenant Based Rental Subsidies: Please discuss your current relationship with your local PHA(s) and any commitments from the PHA(s) to systematically link your Bridge Subsidy Program with their Section 8 Housing Choice Voucher Program.

Chester County will start a pilot Tenant Based Rental Subsidy Program within the first year of the Housing Plan. It is the goal of the Department of MH to build a strong working relationship the

Chester County Housing Authority with the goal of developing mutual housing goals. It is essential that the Bridge Subsidy Program be systematically linked to the Section 8 Housing Choice Voucher Program to ensure that consumers can access Section 8 vouchers in a reasonable time thus shortening the overall financial liability to the Reinvestment Dollars Subsidy Program.

Describe the strategy(ies) for using MH Funding Streams for Tenant Subsidies:

Chester County would contract directly with same 2-3 targeted providers that manage the Master Lease Housing Program. Again, these providers will need to have a proven track record with serving as a housing provider and a provider of housing support services. This new agencies/providers would have to demonstrate a proven track record of developing safe/affordable housing that meets the varying issues such as accessibility to transportation, shopping, jobs, schools and community life.

Chester County will focus on the following priority populations:

- Work closely with the Forensic MH Program, the Chester County Courts and the prison to ensure that individuals with significant mental health disabilities and involvement with the criminal justice system has access to safe/affordable housing and housing support services.*
- Consumers being discharged for Norristown State Hospital whose goals and planning target supportive housing. Also, work with those individuals needing housing and housing support services that would help serve as a diversion from long term hospitalization, i.e. Norristown State Hospital.*
- Consumers being transitioned from CRRs to community living.*
- Transition age youth that desire to live independently but need additional subsidies and supportive housing as part of their recovery plan.*
- Consumers with barriers to securing their own lease due to poor or no credit, involvement with the criminal justice system or poor or no housing references.*
- Consumers with mental illness who also have substance abuse treatment issues needing supportive housing as part of their recovery plan.*

Range of PSH units to be supported: _____

Amount of MH Funding required: _____

Planned Length of the Tenant Based Subsidy in order to connect to the local Section 8 program (should correspond to the current wait time for people on your local Section 8 waiting list): ____

Describe the plan to select/identify a Program Administrator, including a discussion of the selection process, qualifications and experience that you will be looking for and any possible candidates:

Chester County MH will select the agency/provider(s) to contract with for the Master Lease Program. Again, these provider(s) will need to have a proven track record with serving as a housing provider and a provider of housing support services. These agency/provider(s) would have to demonstrate a proven track record of developing safe/affordable housing that meets the varying issues such as accessibility to transportation, shopping, jobs, schools and community life.

Sustainability Plan: Discuss your sustainability plan, including how you will provide housing supports to people who transition to the Section 8 program over the long-term; discuss strategies to possibly diversify funding (i.e. HOME TBRA) for the program in order to increase the number of priority consumers supported):

MHMR will develop clear protocols of the provider of the Master Lease Program and the Bridge Subsidy Program to require all consumers are registered on the Section 8 Waiting List and apply for any other subsidy programs for which they may be eligible. Acknowledging that the wait list may be upwards to 5 years, we are at least ensured that perhaps most of the eligible consumers will eventually secure a rental subsidy voucher.

Action Steps:	Proposed Completion Date	Resources needed:
<i>Contract with Provider(s) for Bridge Subsidy Program(s) for specific target populations</i>	<i>Summer/Fall 2008</i>	<p><i>On-going development of protocols for eligibility, referrals and wait list maintenance.</i></p> <p><i>Development of contract deliverables and protocols for implementation of the bridge subsidies with providers.</i></p> <p><i>Technical assistance with bridge subsidy contracts/agreements between consumers, landlords and provider.</i></p>
<i>Housing Workgroup-establish protocols for initial referrals, wait list and review for Bridge Subsidy program</i>	<i>Summer/Fall/Winter 2008/09</i>	<i>In-kind support from DMH/MR , DHS staff, consumers and other stakeholders.</i>

5. Objective for Program Management/ Clearinghouse (Required Component)

Describe the need for coordinating and managing the PSH opportunities through a Housing Clearinghouse:

The Department of MH/MH, DHS and DCD plan to hire a full time Mental Health Housing Coordinator that will work with the Departments of MH/MH, DHS and DCD and serve as the primary project manager for the new project based subsidy projects, master leases, the bridge subsidy program and contracting for contingency fund management. The Coordinator will also serve as the liaison to other important county housing forums such as the LHOT, the DCD Community Services Housing Committee and the MH Housing Workgroup. The Coordinator will help the direct the process to develop the necessary guidelines, protocols and policy and procedures as it relates to waiting list maintenance, eligibility, use of contingency funds and provider/landlord education, communication and program satisfaction processes. It is proposed that this new position will be hired directly by the Department of Community Development with the use of Reinvestment Dollars. The Coordinator will initially oversee the referrals, wait list maintenance and landlord liaison through the forum of the MH Housing Workgroup.

As the County's mental health system develops an array of project based subsidy, master lease and bridge subsidy programs it will then become imperative that one central "clearinghouse" manage access to these waiting lists and become a central point of communication for landlords/rental companies.

Chester County Department of MH/MR will then contract with an existing provider/agency with a proven track record of expertise of developing and collaborating with safe and affordable housing partnerships in Chester County. It is know that maintaining a high level of occupancy is essential of landlords and housing projects to remain financial stable. This "clearinghouse" functions will ensure that an established waiting list of consumers ready for immediate "move in" are available upon notice. This partnership between the landlord/rental company and the clearinghouse is an important component to successful set aside programs.

Describe the functions and activities of the Housing Clearinghouse including selection of priority consumers, management of the waiting list, tenant referral process to housing opportunities; coordination of housing support services; housing-related training; and coordination with various stakeholders:

The Department of MH/MR has been in dialogue with a few viable provider/agencies who are interested in this new Clearinghouse contract. The Department of MH has identified the following needs to maintained by this new Clearinghouse:

- MOU with landlords/housing management companies to manage/access the waiting lists for identified priority MH consumers*
- Assist MH consumers in making housing choices and identifying strengths/barriers to successful housing*
- Development of Housing Resource Bank of all community services, benefits and resources including rental subsidy programs, emergency funding for rental, deposits, food, furniture, etc.*
- Support consumers with the skill and knowledge building to become successful tenants*
- Make referral to identified services, resources and supports.*
- Assist with necessary housing rental/application process*
- Manage the County's Housing Contingency Fund.*

Amount of MH Funding required: _____

Annual Budget of MH Funding for Program Management activities: _____

Planned Length of Support from MH Funding Streams Funds (recommend a minimum of 3 years): _____

What agency will be responsible for providing necessary program management coordinating all housing-related activities discussed above? Do you plan on doing this internally or contracting for these activities? If you plan on contracting for management services, describe your plan to select/identify a Program Management entity discussing the selection process, qualifications and experience that you will be looking for and any possible candidates:

Initially Chester County will use the new position, the MH Housing Coordinator, to help develop and craft the necessary guidelines, protocols and practices for various supported housing and

subsidy programs. The Coordinator will use the existing MH Housing Workgroup to review the development of project based subsidy projects, master lease and bridge subsidy programs. The Coordinator and the Workgroup will also develop the protocols and practices for the implementation of the Contingency Fund Program.

As the programs grow, it is the intent that Chester County Department of MH/MR will then contract with an existing provider/agency that has proven track record of expertise of developing and collaborating with safe and affordable housing partnerships in Chester County to provide the clearinghouse functions. It is will be essential that the provider/agency has a known and trusted reputation in the housing/landlord network in Chester County.

If necessary, Chester County would institute a Request for Information or Request for Proposal process that ensures the highest quality of services. Such procurement processes always include stakeholder’s participation.

Sustainability Plan Discuss your plan to sustain the waiting list, tenant referral and overall coordination of housing activities over the long-term after MH Funding is exhausted:

Chester County Departments of MHMR and DHS and its BH MCO work closely with all providers of mental health and drug and alcohol services. The high priority populations for the initial projects will be communicated throughout out our systems. Clear protocols will be developed and implemented by the MH Housing Coordinator and the Housing Workgroup. The Workgroup includes consumers, family members, county staff, providers, housing interests and staff from the BH-MCO.

The Department of MHMR and DHS will continually evaluate the success and outcomes of the established protocols and practices including future contracts with a provider for the clearinghouse functions. The County Departments will actively seek community foundation and grant funding. The Department of MHMR will also review the Service Area Plan funding through the Services Area Plan as another option for funding.

Action Steps:	Proposed Completion Date	Resources needed:
<i>Hire and train the new MH Housing Coordinator</i>	<i>Summer 2008</i>	<i>Partnership with Department of Community Development in the development of the job description, hiring, and training.</i>
<i>Further develop of specific master lease projects for targeted populations</i>	<i>Summer/Fall 2008</i>	<i>Partnership with Chester County JPO, CYF, D&A Courts, Prison and community clinical and support services. Partnership with consumer and stakeholder groups.</i>
<i>MH Housing Coordinator and MH Housing Workgroup- start to review the development of the master lease programs for targeted populations.</i>	<i>Summer/Fall 2008</i>	<i>In-kind time of Workgroup membership Technical assistance- policy, procedures, protocols and practices of existing programs for review.</i>

6. Objective for Housing Contingency Fund

Describe the need for using MH Funding Streams to support a Housing Contingency Fund:

A Housing Contingency Fund will be developed to meet the various one-time housing start-up costs and emergency needs consumers identified to occupy the project and tenant based subsidized units identified in the Plan. It has been identified by various stakeholders forums that many individuals with mental health disabilities often lack adequate funds to pay for required background and credit checks, security deposits, furnishings, housewares and moving expenses. This Contingency Fund will be used to provide funding for such circumstances as well as, one-time emergency funds for rent and utility arrearages.

Describe the strategy(ies) for using MH Funding for a Contingency Fund:

HealthChoices Reinvestment Dollars will be identified for these one-time expenditures for consumers identified to live in the project and tenant based housing options to be developed through this Plan. It is projected this Fund will serve:

<i>Security Deposits:</i>	<i>\$</i>
<i>Furnishing/Housewares</i>	<i>\$</i>
<i>Total available per consumer</i>	<i>\$</i>
<i>X</i>	<i>\$</i>
<i>Emergency Needs per consumer</i>	<i>\$</i>
<i>Administrative Costs (%)</i>	

Amount of MH Funding required: _____

Estimated Range (or number) of Priority Consumers the Housing Contingency Fund will support: _____

Describe the plan to select/identify a Program Administrator, including discussing the selection process, qualifications and experience that you will be looking for and any possible candidates:

The Department of MHMR will subcontract the management of the Contingency Fund with a provider with a proven track of managing such programs. Currently Chester County has a few well establish agencies that managed such types of emergency funding and this MH Housing Contingency Fund would align with their programmatic mission.

Sustainability Plan: Discuss your strategies to diversify funding for the program in order to continue the fund after MH Funding is exhausted:

The Department of MHMR will work closely with CDC and other community foundations to identify on-going funding to support this Contingency Fund. The Department of MHMR will also looks to obtain grants. The Department of MHMR will also review the Service Area Plan funding through the Services Area Plan as another option for funding.

Action Steps:	Proposed Completion Date	Resources needed:
<i>MH Housing Coordinator and MH Housing Workgroups develop policy, procedures, & operating practices for the Contingency Fund.</i>	<i>Summer 2008</i>	<i>Partnership with contracting agency/provider for services.</i>

7. Objective for Housing Support Services (Required Component)

Describe the need for using MH Funding for Housing Support Services. If you plan to use existing resources, please describe these resources and how they will be used:

Chester County will need to increase support, rehabilitation and recovery services to some of the individuals living in the newly developed project based and master lease subsidized housing programs identified through this Plan. It is the goal of the Department of MHMR to increase the following services with the 30-60-60-60 CHIPPS funding and HealthChoices funding:

- *Supportive Living services*
- *Peer Support services*
- *Mobile Psych Rehab Services*
- *Mobile out-patient services*
- *Transition Ages services*

It is the goal of the Departments of MH/MR and HS to increase Mobile Psych Rehabilitation and Mobile Out-patient Services to eligible consumers to support their identified rehabilitative and recovery goals. It is believe that these services are an excellent recovery and housing support option for many consumers. Targeted utilization/costs increases in Mobile Psych Rehab and Mobile Out-patient will be identified in the HealthChoices annual data submission.

Describe the strategy(ies) for using MH Funding Streams including existing resources for Housing Support Services and whether you will use the housing support team approach or the housing support capacity building approach:

Chester County will be a blend County base dollars for non-treatment supportive services and HealthChoices dollars for treatment and rehabilitative services. It is the goal to create a comprehensive system of care and supports for those priority consumers accessing such housing. Upon referral to the supportive housing programs a comprehensive assessment of housing needs, interests and availability will be determined. It is the goal to work with the consumer to identify his/her own house goals/wishes and develop a comprehensive plan to identify the resources and services to make this successful. The supportive housing programs will partner with the County's existing blended case management services and the ACT program to identify needed resources and services.

Amount of MH Funding planned: _____

Estimated number of Priority Consumers that the Housing Support Services will serve: _____

Planned Length of Housing Support Services from MH Funding Streams Funds (recommend a minimum of 3 years): _____

Describe the plan to select/identify a service provider(s) to offer these housing support services, including the selection process, qualifications and experience that you will be looking for and any possible providers:

The Department of MH/MR will contract with providers with known track records of providing recovery based supportive housing, recovery and rehabilitation services. The Department of MH/MR are partners with the Departments HS and the County's BH-MCO to ensure that contracted providers meet the highest quality and all required credentialing. If necessary, Chester County would institute an Request for Information or Request for Proposal process that ensures the highest quality of services. Such procurement processes always include stakeholder's participation.

Sustainability Plan: Discuss your plan to provide housing supports to priority consumers residing in PSH over the long-term after the initial funding from MH Funding has been exhausted:

The Departments of MHMR and HS will continually review services needs in the community and the available financial resources. If existing funding and support services are not adequate to maintain services, the Departments of MHMR and HS will request addition funds through opportunities like the 30-60-60 Plan the HealthChoices capitation rate process.

Action Steps:	Proposed Completion Date	Resources needed:
<i>Continue to review, develop the network of needed services and supports</i>	<i>Summer/Fall/Winter 2008</i>	<i>Partnerships with County Departments of HS, CYF, D&A, JPO, Adult Probation, Adult Courts, Prison, NSH, Regional Services Area Planners and BH-MCO.</i>

8. Objective for Fairweather Lodge or Other Evidenced Based Supportive Housing Strategy

Describe the Fairweather Lodge or Other Evidence Based Supportive Housing Strategy, not referenced in Objectives #1-7, and basis for using this strategy:

None at this time.

Describe the specific use for MH Funding and other funds to support development of this housing. (attach a completed expenses and income spreadsheet; identify amount and source for each separate income entry)

Amount of MH Funding required: _____

Amount of other funds committed to this project: _____

Describe the source for other funds and attach documentation of commitment: _____

Please provide information regarding the proposed operating agency/ administrator for this program including their experience with this evidenced based approach. If this request includes establishing a Fairweather Lodge, please describe plans to meet fidelity to this model.

Sustainability Plan: Discuss how the County plans to fund this program after this one-time commitment of MH Funding:

Action Steps:	Proposed Completion Date	Resources needed:

Attachment A

County MH/MR Residential Survey

Please fill out the chart below to the best of your ability identifying where your County MH/MR consumers currently live.

A.	B.	C.	D.	E.	F.	G.	H.	I.
Housing Name	Type of Housing	Owner/ Manager of Property	Service Provider Name	Target Group	Capacity: Units; Slots; People	Services Funding	Housing Funding	Additional Information

Codes:

Type of Housing: PSH, PSH/SRO, S+C, CRR, CRR-Group Home, CRR-APT, LTSR, Fairweather Lodge, Supportive Housing has not been a defined “funding” category by OMHSAS; however, PSH (Permanent Supportive Housing) is defined on page 7.

Target Group: MISA = Mental Illness/Substance Abuse; MH= Mental Health; PwD = People with Disabilities (not targeted to specific disability subpopulation); PhysDis = Physical Disabilities; Youth; Eld = Elders; Fam = Family; DV = Domestic Violence; HM = Homeless (More than one code can be used per property), SA = Substance abuse

Services Funding: Medicaid by type, McKinney, Base funding, CHIPPs

Housing Funding: HUD202; HUD811; HUD McKinney; Section 8 PBA, PHFA; County/ County, CDBG, Section 236, Health Choices Reinvestment

FY 2009-12 County Mental Health Plan

Attachment N: CHESTER COUNTY FORENSIC PLAN FY 2009-12

Report Recommendation	Proposed Action Items
Develop communication strategies and opportunities for cross-training	<p>Chester County stakeholders have been working collaboratively with our criminal justice counterparts, including District Attorneys, Defense Counsel, Court of Common Pleas Judges, Magisterial District Justices, Bail, County Prison, Crime Victims, and Adult Probation with our current diversion program and as we are in the development stages of a Mental Health Court. The following are a demonstration of these efforts:</p> <ul style="list-style-type: none"> • Hiring and training Probation/Case Managers to understand the policies and procedures of the criminal justice and mental health systems, to serve as liaisons between the systems and promote effective communication skills across the systems. • Collaboration with the County Assistance Office to designate a representative to actively facilitate benefit applications using the COMPASS system for individuals incarcerated at the County jail. • Development of a redesigned Crisis Intervention Services system that will provide immediate access to evaluation and treatment for individuals diverted from prison. • Chester County Prison is developing a Request for Proposals to enhance treatment services within the prison. • Coordination with and development of a training curriculum that meets the needs of local law enforcement, corrections, and district justices/judges around signs and symptoms of mental illness and techniques for communicating and interacting with individuals in crisis, and navigating the community services system. • Chester County MHMR accesses the prison data system to assist in identifying individuals receiving public mental health services. The partnering systems are in the development stages of a unified outcomes tracking system to manage Mental Health Court data collection.
Promote local mental health system participation on CJABs	<ul style="list-style-type: none"> • Chester County has an established Criminal Justice Advisory Board with a member from the Department of Mental Health & Mental Retardation. • Chester County MHMR collaborated with the County criminal justice system on a grant proposal for a Mental Health Court. The state funder will provide technical assistance upon awarding the grant. • Chester County MHMR helped to educate the CJAB about MH Courts and gain their support by hosting a presentation by Allegheny County staff on their Mental Health Court model.

Attachment O: COUNTY PLAN FEEDBACK FORM

FY 2009-12 County Mental Health 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?

Attachment P: FY 2009 -2012 COUNTY MENTAL HEALTH PLAN REVIEW FORM

(completed by OMHSAS Staff)

FY 2009-12 County Mental Health Plan

Chester County

BPPD Reviewer _____

Field Office Reviewer _____

TOPIC	<i>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</i>
SUBMISSION	
The plan is submitted on time (Y/N)	
The plan has been distributed electronically and in hard copy to the Field Office, to the Bureau of Policy and Program Development and to the State Hospital CEOs.	
EXECUTIVE SUMMARY	
Does the Executive Summary summarize the plan as a stand-alone document?	
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?	
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	

TOPIC	<u>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</u>
Please note impressions of the process	
Required signature page is attached (Attachment A)	
Public Hearing notice attached (Attachment B)	
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 on existing services	
Evidence-based Practices Survey (Attachment F) is included. Please note any comments	
Recovery-oriented/Promising Practices Chart has (Attachment G) been completed Please note any comments	
The county has included a brief narrative (optional) explaining Attachments E, F, and G	
IDENTIFICATION AND ANALYSIS OF SERVICE SYSTEM NEEDS	
Describes the resources and strengths in the current system that the county can use/build upon	

TOPIC	<u>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</u>
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	
Provides a description of the data and stakeholder input that was used to identify what is working and what is not	
The Service Area Plan Chart (Attachment H) is completed and reflects the progress towards meeting the Service Area Planning goals	
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	
Older Adults Program Directive (Attachment I) is included	
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	
IDENTIFICATION OF RECOVERY-ORIENTED SYSTEMS TRANSFORMATION PRIORITIES	
Attachment J is completed and identifies three to five recovery-oriented systems transformation priorities required to accomplish the county’s vision and mission	
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)	
Includes a time line to accomplish the transformation priorities and related activities	
Addresses fiscal and other resources needed	
Attachment K is completed to reflect the Top Five New State Funding Requests for Recovery-Oriented System Transformation Priorities.	

TOPIC	<u>Note: In each area briefly explain and describe areas of strength and areas where improvement is needed</u>
Describes the Quality Management plan for tracking implementation/outcomes	
FISCAL INFORMATION	
Expenditure Tables and Charts (Attachment L) completed as per the guidelines Please note your comments	
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	
Includes a brief narrative explaining requests for new state funding included on Attachment K	
SUPPLEMENTAL GUIDELINES	
Housing Plan (Attachment M) included Y/N). Note your impressions of the Housing Plan Forensics Plan (Attachment N) is included (Y/N). Please note your impressions of the Forensics Plan	
COUNTY PLAN FEEDBACK FORM (OPTIONAL)	
<i>If the County has completed The County Plan Feedback Form (Attachment O), please summarize the feedback here</i>	
OVERALL IMPRESSIONS/REMARKS ON THE PLAN	