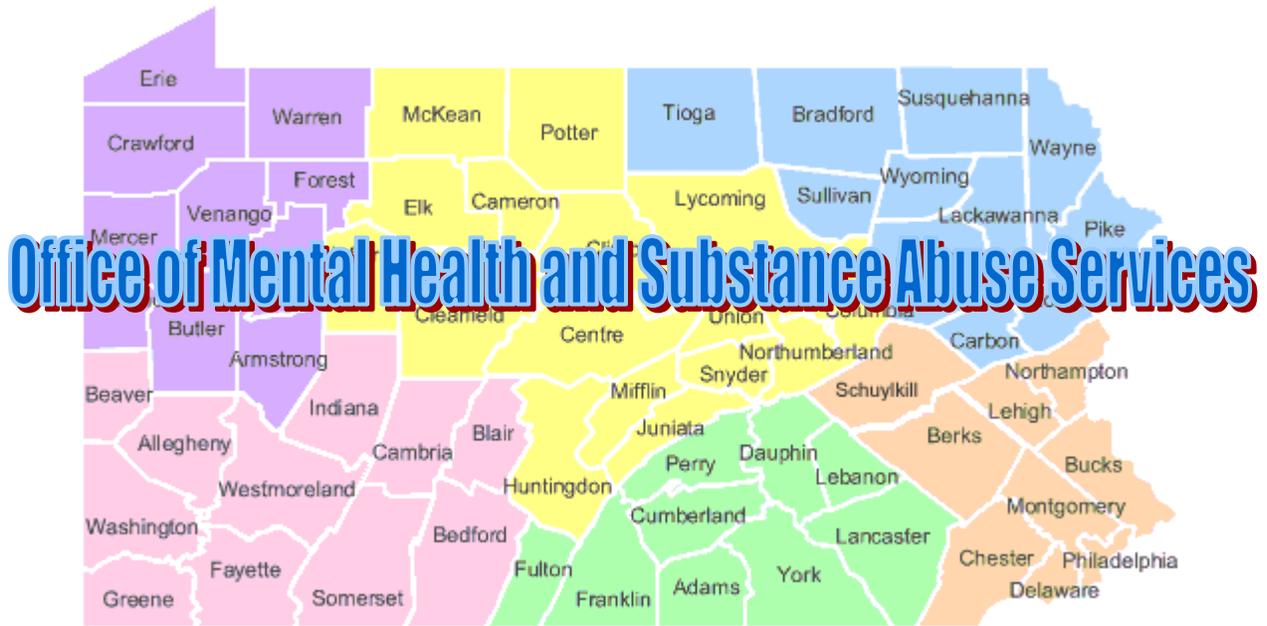


**A Summary Report of the  
Fiscal Year 2009-2010  
County Mental Health Plans for  
Adults, Older Adults, & Transition-Age Youth with Serious Mental  
Illness and Co-occurring Disorders**



**Department of Public Welfare  
Commonwealth of Pennsylvania**

**May 2009**

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## **I. INTRODUCTION**

*A Summary Report of the Fiscal Year 2009-2010 County Mental Health Plans for Adults, Older Adults, & Transition-Age Youth with Serious Mental Illness and Co-Occurring Disorders* presents some of most recent trends in the mental health planning efforts in the counties across the Commonwealth. This report showcases the measures that the counties have undertaken to support individuals with mental illness to have the opportunity for growth, recovery and inclusion in their community.

This summary report is based on the Fiscal Year 2009-2010 plans submitted by the 48 County MH/MR Program Offices in May 2008. These plans were developed by the counties based on the revised *County Mental Health Plan for Adults, Older Adults and Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders Guidelines* issued by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) in September 2007<sup>1</sup>. This revised document was the product of very extensive deliberations by a broad-based stakeholder committee convened by OMHSAS to redesign the county mental health planning process. The workgroup concurred that the county plans should focus on a few targeted priorities relevant to each county.

The newly revised county plan guidelines are for a three year planning cycle covering fiscal years 2009-2010, 2010-2011, and 2011-2012. The counties were required to submit a full three year plan the first year, with updates in the following two years. The full first year 2009-2012 plan was submitted by counties in May 2008 since plans must be submitted a year in advance of the actual planning year.

## **II. THE PLANNING PROCESS**

### **County Mental Health Plans**

One of the primary purposes of the County Mental Health Plan is to satisfy the legal requirement pursuant to the MH/MR Act of 1966 that the local authorities review and approve an “annual plan and estimated costs” and transmit that plan to the Department of Public Welfare. More importantly, the plan has become a critical instrument that the counties utilize to conceptualize and build the framework for the transformative changes as they evolve within their respective mental health service systems.

As stated earlier, the plans submitted by the counties were based on the revised guidelines issued by OMHSAS in September 2007. This re-design was based upon the recommendations received from counties and other stakeholders that the county mental health

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<sup>1</sup> Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *County Mental Health Plan for Adults, Older Adults, and Transition-Age Youth with Serious Mental Illness Co-occurring Disorders, Fiscal Year 2009/2012 Guidelines*. Issued September 2007. [Available at <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/CountyPlanGuidelines.pdf>]

planning process be streamlined to focus on targeted priorities identified by the county. To that end, each county has identified 3-5 systems change efforts around which their plan was developed. The new guidelines eliminated many of the state-level requirements for data and other information which the counties were mandated to provide in the previous years. The revised guidelines also provided a template to counties to afford them the latitude to focus attention on their initiatives in the areas of housing, forensics, services for the homeless population, and services for older adults.

The county mental health plans continue to focus on adults, older adults, and transition-age youth (18-26) with serious mental illness, including individuals with co-occurring substance use disorders, served by both the county-based as well as through the behavioral health managed care systems (HealthChoices). The guidelines instructed the counties to detail their plans to enable adults, older adults and transition-age individuals with serious mental illness, including individuals with co-occurring substance use disorders, to “live, work, learn, and participate fully in their communities” as described in the President’s *New Freedom Commission on Mental Health* report released in July of 2003 titled *Achieving the Promise: Transforming Mental Health Care in America*<sup>2</sup>.

The report by the President’s New Freedom Commission on Mental Health<sup>2</sup> unequivocally states that community-based alternatives are far more effective than hospitalization and emergency room treatment. The report also calls for the development of a range of effective, community-based treatment options that are crucial in the recovery journey of consumers. The mental health plans revealed the commitment of the counties to the development of evidence-based and promising practices that expand the scope of community-based treatment options beyond the traditional services available in their communities.

While recognizing the importance of the county planning process, it is pertinent to note that the need to efficiently manage the implementation of transformation while optimally utilizing resources in each county is vital to accomplishing the objectives outlined in the plan.

### **Building Partnerships**

Consistent with the requirements in the County Plan guidelines, counties engaged the target planning populations, namely, adults, older adults and transition-age youth with serious mental illness, including individuals with co-occurring substance use disorders and individuals that reflect the cultural makeup of the county throughout the planning process. Additionally, other stakeholders, including family members, providers, behavioral health managed care representatives, and cross-systems partners were also involved in all stages of the process. In addition to public hearings and the use of the Internet and electronic document exchange to solicit input into the plans, many counties held stakeholder-specific focus groups and/or subject-

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<sup>2</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. DHHS Pub. No. SMA-03-3832. [Available at [www.mentalhealthcommission.gov/reports/reports.htm](http://www.mentalhealthcommission.gov/reports/reports.htm)]

related forums to maximize the public's opportunity to not merely be informed of the plan, but also to encourage them to play a role in its development.

It is imperative that the counties, as part of the planning process, explore opportunities that integrate federal, state and county funding sources to make the most efficient use of public funds. Accordingly, counties worked with their counterparts in mental retardation, drug and alcohol, county probation, state and county corrections, aging, housing, vocational rehabilitation, and representatives of the behavioral health managed care organization in the development of their mental health plans.

### **III. CHANGES UNDERWAY**

#### **Evidence-Based Practices (EBPs)**

The term Evidence-Based Practice (EBP) refers to the use of behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. The Institute of Medicine, in its report titled, *Crossing the Quality Chasm: A New Health System for the 21st Century*, states that EBPs are "the integration of best research evidence with clinical expertise and patient values".

OMHSAS concurs with the position that "a stronger focus on evidence base presents an opportunity to improve the quality of mental health care, empower consumers and families to seek and demand continually improving care and services and ensure consistently better and meaningful outcomes for consumers and families. In addition, there is the opportunity to redeploy mental health system resources on outcome-driven programs and practices and to incorporate the recovery paradigm into the services and supports that consumers receive"<sup>3</sup>.

EBPs also represent one of the ten National Outcome Measures (NOMs) that the Substance Abuse & Mental Health Services Administration (SAMHSA) utilizes to evaluate and quantify the outcomes accomplished by the states. A primary function of NOMs is the creation of a basic national data set to measure the performance of systems administered by State substance abuse and mental health agencies. "NOMS embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in the communities"<sup>4</sup>.

Pennsylvania's commitment to promote the development of EBPs was reinforced in the White Paper "*Strategies for Promoting Recovery and Resilience and Implementing Evidence Based Practices*" issued by OMHSAS<sup>5</sup>. This document was a companion work to OMHSAS' "A

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<sup>3</sup> Mental Health America, *Position Statement: Evidence-based Healthcare*. [Available at <http://www.mentalhealthamerica.net/go/position-statements/12>]

<sup>4</sup> Substance Abuse & Mental Health Services Administration, *National Outcome Measures*. [Available at [www.nationaloutcomemeasures.samhsa.gov](http://www.nationaloutcomemeasures.samhsa.gov)]

<sup>5</sup> Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *Strategies for Promoting Recovery and Resilience and Implementing Evidence Based Practices*. Issued October 2006.

*Call for Change*<sup>6</sup> document to continue the work in developing recovery-oriented services and supports. It is evident from the county plans that counties have recognized the significant role that the EBPs play in a service system that actively supports and promotes recovery principles. The counties were asked to report on the following seven specific EBPs<sup>7</sup>:

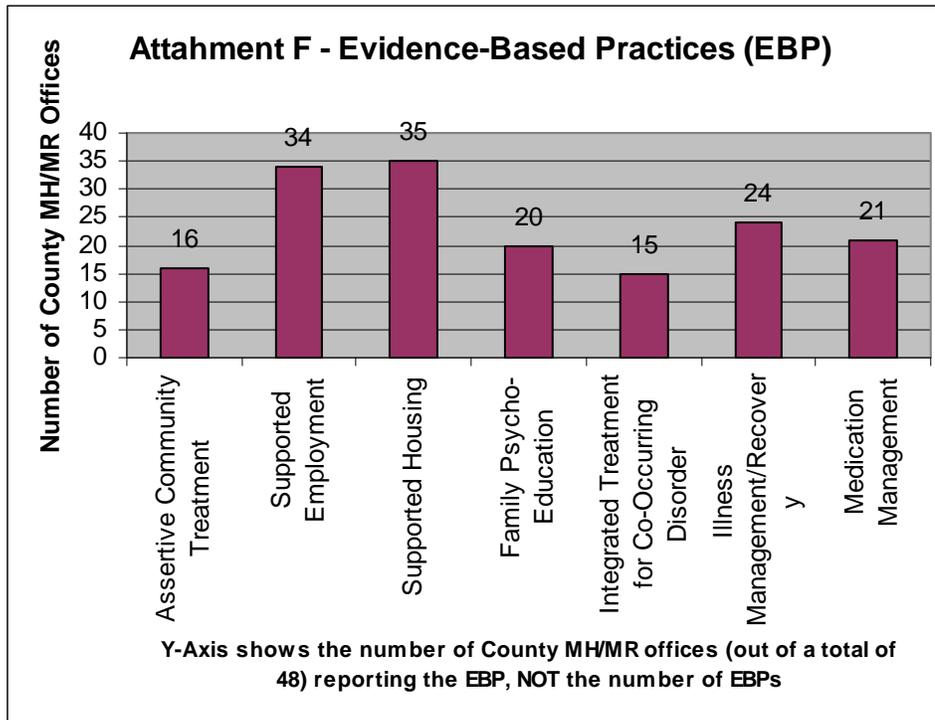
1. Assertive Community Treatment
2. Supported Employment
3. Supported Housing
4. Family Psychoeducation
5. Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)
6. Illness Management/Recovery
7. Medication Management

Review of county plans from prior years had indicated that some counties had challenges when it came to recognizing and embracing the concept of fidelity to the nationally accepted standards for EBPs. In order to better understand the extent to which the providers of EBPs have embraced fidelity, the new guidelines asked counties to furnish more specific information about the EBPs being offered, including information on fidelity measures, staff training, and other relevant information. The following chart depicts the number of county MH/MR offices that have implemented each of the aforementioned evidence-based practice:

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<sup>6</sup> Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *A Call for Change: Toward A Recovery-Oriented Mental Health Service System for Adults*. Issued November 2005. [Available at <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/ACallForChange.pdf>]

<sup>7</sup> For definitions and more information on the above EBPs, please refer to the 2009-2012 County Plan guidelines available at: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/CountyPlanGuidelines.pdf>.



As indicated in the chart, the Y-axis shows the number of County MH/MR offices (out of a total of 48) reporting a specific EBP, not the number of EBP programs. For example, the chart shows that 16 County MH/MR offices reported having Assertive Community Treatment (ACT), but the actual number of ACT teams (programs) in the state at the time was 41 because many of those counties have multiple ACT teams<sup>8</sup>. It should be noted that these are self-reported numbers and do not necessarily reflect EBP implementation based upon fidelity.

### **Recovery-Oriented/Promising Practices**

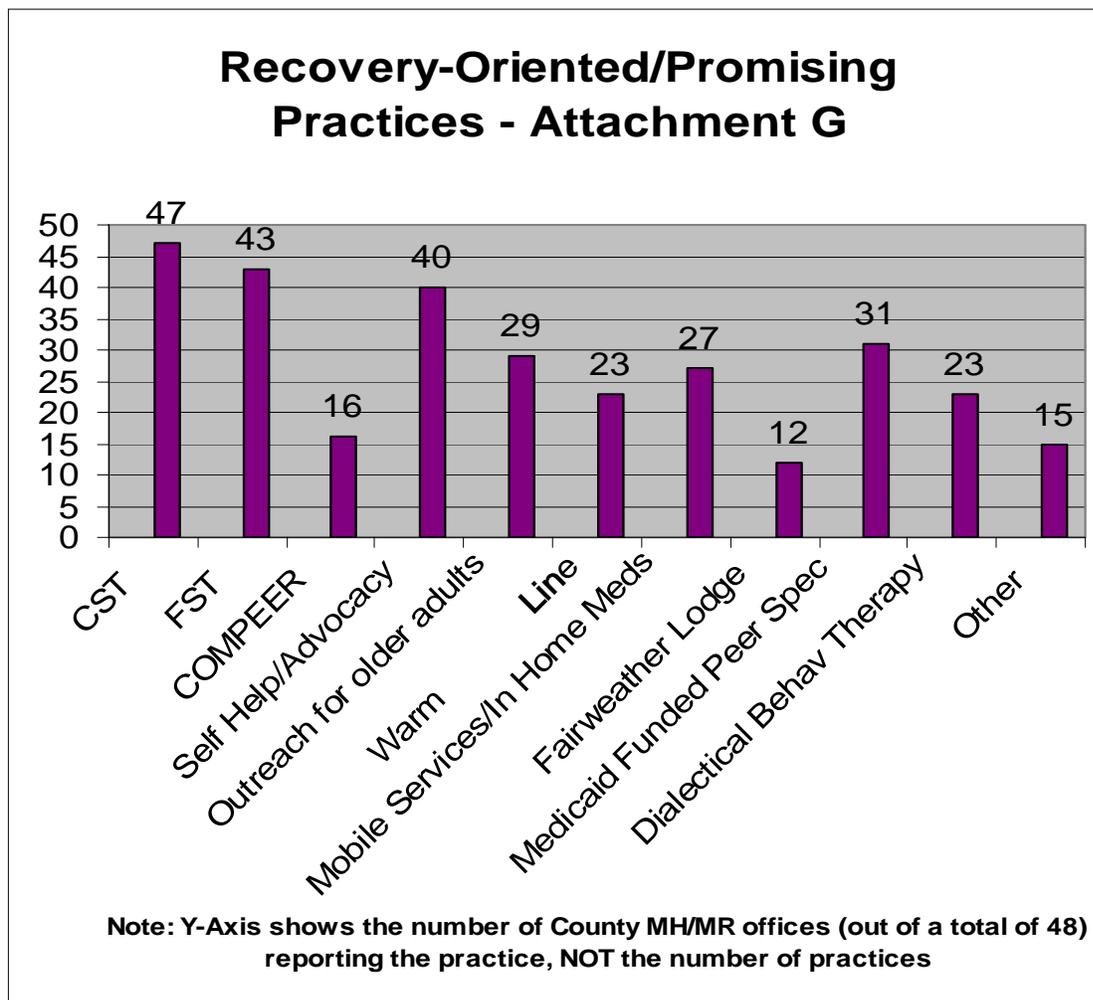
The FY 2009/2012 County Plans demonstrated the continued efforts in the counties to expand the development of Recovery-Oriented/Promising Practices as evidenced by the data presented in the County Plan *Attachment G: Recovery Oriented/Promising Practices*. This attachment is part of the state's efforts to identify the existence of, or plans for some of the services that traditionally have been under-developed, and that the adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. The counties had been asked to report on the development of the following recovery-oriented/promising practices:

1. Consumer Satisfaction Team (CST)
2. Family Satisfaction Team (FST)
3. Compeer

<sup>8</sup> Programs that identified themselves as Community Treatment Teams (CTT) are also included in the count. CTT is a program model similar to ACT, but with some variations.

4. Self Help/Advocacy
5. Outreach for Older Adults
6. Warm Line
7. Mobile Services/In Home Meds
8. Fairweather Lodge
9. Medicaid Funded Peer Specialist Program
10. Dialectical Behavioral Therapy
11. Other

The chart below illustrates how counties reported on the development of the recovery-oriented/promising practices (existing as well as planned) identified above:



The fact that all services, with the exception of *Compeer* and *Outreach to Older Adults* (both remained at the same level as the previous year), showed increased availability from last year attests to the serious efforts underway in the counties to design and develop services that facilitate recovery. For example, 43 counties reported either the existence of, or plans to develop

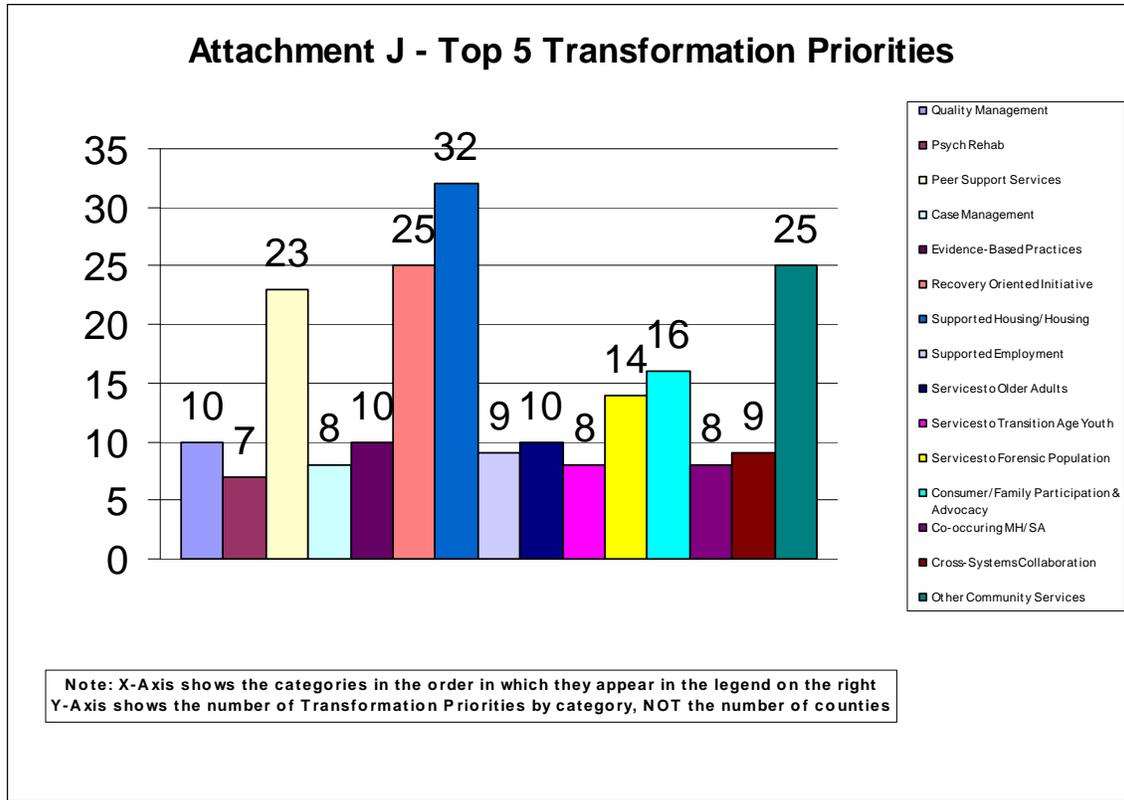
Family Satisfaction Teams, compared to 34 counties from last year. Similarly, availability of *Mobile Services/In-Home Meds* increased from 20 counties in the previous year to 27 in the current year. This was the first year when counties reported on *Medicaid Funded Peer Specialist* and *Dialectical Behavioral Therapy* services, and as indicated in the chart, a substantial number of counties were already offering these services at the time of the plan submissions in May 2008.

### **Transformation Priorities**

In the County Plan *Attachment J: Top Five Transformation Priorities* the counties prioritized strategies to transform county services. The strategies included efforts to facilitate recovery, improve service access, and address quality and outcome measures. Most of the counties submitted five transformation priorities (while a few discussed less than five priorities), with a total of 214 transformation priorities planned by the 48 County MH/MR program offices. OMHSAS compiled and organized the data submitted by the counties on their *transformation priorities* under the following categories:

- Quality Management
- Psychiatric Rehabilitation
- Peer Support Services
- Case Management
- Evidence-Based Practices
- Recovery Oriented Initiative
- Supported Housing/Housing
- Supported Employment
- Services to Older Adults
- Services to Trans-Age Youth
- Services to Forensic Population
- Consumer/Family Participation & Advocacy
- Co-occurring Mental Health/Substance Abuse
- Cross-Systems Collaboration
- Other Community Services

For example, counties identified 10 separate transformation priorities that could be categorized as quality management in nature and so were grouped under “Quality Management”. Similarly, other transformation priorities were also grouped under the categories that best matched their description. The priorities that did not blend in with any of the main categories were grouped under “Other Community Services” that included a variety of different priorities. The following chart summarizes the state-wide data for *the top five transformation priorities*:



Services grouped under “Housing/Supported Housing” (identified 32 times) topped the categories for the fourth year in a row, demonstrating that counties recognize the significant role that housing plays in the recovery journey of consumers. The other leading transformation priorities included “Recovery Oriented Initiatives” (identified 25 times) and “Peer Support Services” (identified 23 times).

### **New Funding Requests**

County Plan Attachment K: *Top Five New Funding Requests for recovery-oriented system transformation priorities* was utilized by counties to identify prioritized funding needs designated to create, sustain or enhance services. These requests for new state funds were to be prioritized for Adult Priority Target Population 1 (adults with serious mental illness who also meet some other requirements as outlined in OMHSAS bulletin OMH-94-04<sup>9</sup>). However, counties were permitted and strongly encouraged to target one of the top five requests to older adults or transition-age youth.

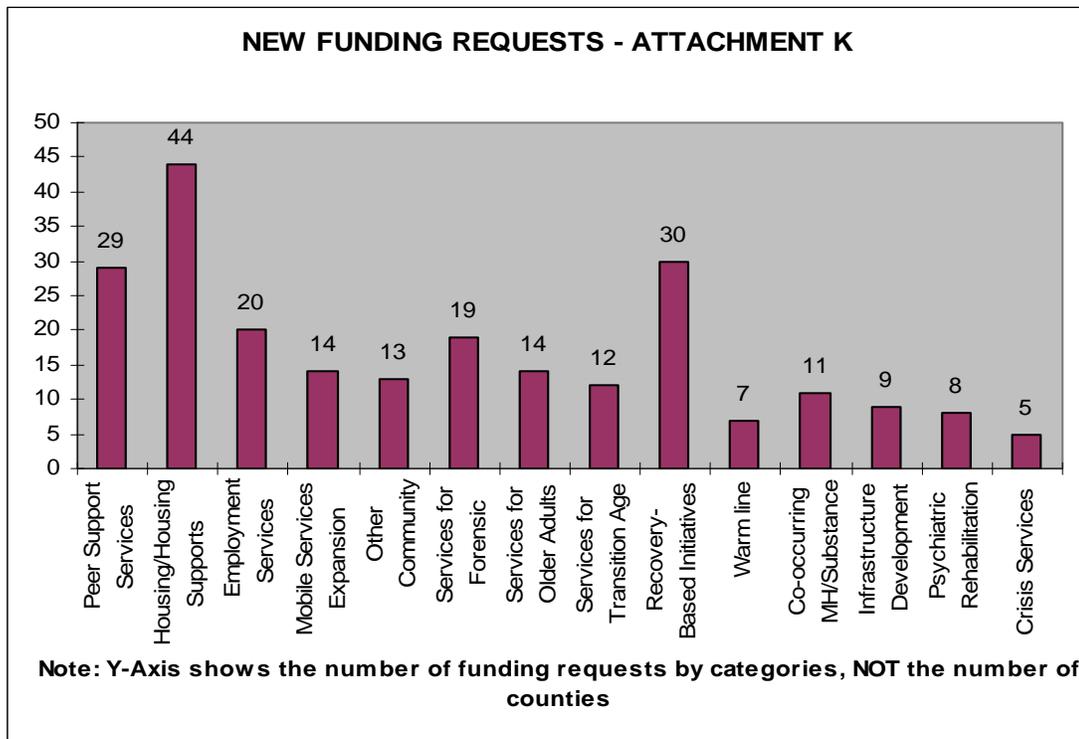
The types of services/supports identified that require new state funds included, but were not limited to: Supported Housing, WarmLine, Peer Specialist Services, Psychiatric Rehabilitation, Drop-In Center, Clubhouse, Fairweather Lodge, etc. In total, there were 235 new funding requests identified by the 48 County MH/MR program offices.

<sup>9</sup> For more information on the Adult Priority Groups, please see the OMHSAS bulletin OM-94-04 available at: <http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?BulletinId=1007>

OMHSAS compiled the data submitted by the counties and grouped the requests under the following categories:

- Peer Support Services
- Housing/Housing Supports
- Employment Services
- Mobile Services Expansion
- Other Community Services
- Services for Forensic Population
- Services for Older Adults
- Services for Transition Age Youth
- Recovery-Based Initiatives
- Warm Line
- Co-occurring MH/Substance Use Disorders
- Infrastructure Development
- Psychiatric Rehabilitation
- Crisis Services

The new funding requests that did not fit in with any of the main categories were grouped under “Other Community Services” and included funding requests for a variety of priorities. The following chart summarizes the state-wide data for *Top Five Funding Requests for Infrastructure Support or Enhancement of Service Capacity that Require New State Funds*:



The highest number of requests for new state dollars identified by the counties for the fourth year in a row was Housing/Housing Supports (44 total requests), followed by

Recovery-Based Initiatives (30), Peer Support Services (29 requests), and Employment Services. The decrease in the number of requests for Peer Support Services from last year (37 last year to 28 this year) could be attributed to the fact that many counties have already developed and implemented the Peer Support services.

### **Reinvestment Funds**

Under Pennsylvania's behavioral health managed care program, HealthChoices, counties are able to utilize program savings (unexpended capitation funds) as "reinvestments" for developing new programs or to expand needed services. 21 County MH/MR offices responded that they planned to utilize approximately 77 million dollars to develop programs/services funded with reinvestment dollars. These funds have helped in the development as well as expansion of a variety of services in the counties, some which are listed below:

- Psychiatric Rehabilitation Services
- Community Treatment Teams
- Housing Development Fund
- Housing Support Team
- Consumer Drop-In
- COMPEER
- Older Adult Outreach
- Clubhouse Expansion
- 24-Hour Warmline
- Expansion for D&A Services
- Respite
- MISA Outpatient
- Assertive Community Treatment
- Residential Treatment Facilities
- Residence Dual Diagnosis
- Peer Resource

### **Housing Plans**

*A Plan for Promoting Housing and Recovery-Oriented Services*,<sup>10</sup> issued by OMHSAS in November 2006, provides guidance to County MH/MR Programs for the planning, resource allocation, and development of effective supportive housing models and for modernization of the housing approaches. This document spells out specific actions for OMHSAS, its state partners and County MH/MR Programs on housing policy and development. Subsequent to the issuance of this document, OMHSAS has increased technical assistance to counties in Housing Plan development, and specifically provided guidance on the allocation of HealthChoices reinvestment funds for supportive housing.

With these endeavors underway, OMHSAS required that each County MH/MR program office prepare a Housing Plan outlining how they intend to utilize HealthChoices reinvestment, Community Hospital Integration Program Project (CHIPP), or Base funds for any housing activity, and include that plan as a part of the 2009/2012 County Mental Health Plan.

Furnished below are a summary chart from the County Housing Plans, and also the chart that shows the projects that have approved reinvestment funding for housing as of April 2009:

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<sup>10</sup> Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *A Plan for Promoting Housing and Recovery-Oriented Services*. Issued November 2006. [Available at: [http://www.parecovery.org/documents/OMHSAS\\_Housing\\_Report\\_Final\\_110706.pdf](http://www.parecovery.org/documents/OMHSAS_Housing_Report_Final_110706.pdf)]

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**County Housing Plans Summary Chart** (please see below for definitions)

COUNTY	Bridge	Master Leasing	Capital	PBOA	Clearing House	Contingency Funds	Housing Supports	Fair-weather	Housing Specialist	CRR Conversion
Allegheny	□	□	□		□	□	□X	X	X	
Armstrong/Indiana		●			□	●	●		●	
Beaver	□		□				□X	●	X	
Bedford/Somerset	●				●		●		●	●
Berks	□	□	□	●	□	□	□		X	
Blair						X	●X	●		
Bradford/Sullivan										
Bucks	●	□	□	●	●	●	●X		X	●
Butler		●	●		●	●	●		X	●
Cambria	●X				●		●		●	
Cameron/Elk	●				●	●	●		X	
Carbon/Monroe/Pike		●			●	●	●	●	X	●
Centre	●				●		●	X	X	
Chester	□	□	□	□	□	□	X		X	
Clarion						●			●	
Clearfield/Jefferson	●X				●	●	●	●	X	
Columbia/Montour/Snyder/Union	●	●				●	●			
Crawford	●	●			●	●	●	X□		
Cumberland/Perry	●	●	□	●	●	●	●X	X	X	X
Dauphin			□				□	□X	X	
Delaware	□	□	□	□		□	X	□	X	
Erie	●		●	●	●	●	X	X	X	X
Fayette	□●	□●			●	●	X	●X	X	
Forest/Warren	●	●	●		●		●	●	●	
Franklin/Fulton					●	●	●	X	X	
Greene							X	●	X	
Huntington/Mifflin/Juniata	●	●			●		●	●X		
Lackawanna/Susquehanna		●	□●		●	□	●			
Lancaster		●	X	●		●	X			
Lawrence	□				□	□		X	X	
Lebanon	●					●	●		X	
Lehigh	□	□	□	□	□	□	□			
Luzerne/Wyoming		●	●		●	●	●			●
Lycoming/Clinton	●	●			●	●	●	●	X	
Mercer		●	●		●	●	●	X	●	●
McKean		●						●	●	
Montgomery	□	□	□	□	□	□	□		X	
Northampton	●		●	●			●		X	
Northumberland					●			●	●	
Philadelphia				□		●			X	
Potter	●								●	
Schuylkill	●				●		●	●	X	
Tioga	●				●		●		●	
Venango		●		●	●	●	●	X	X	
Washington	□				□	□	□		X	
Wayne	●	●	●		●		●		X	
Westmoreland	□		●		●	●	●	●	X	●
<b>York/Adams</b>		□	□	□	□		□	X	X	

X - Currently have Project/Person/Service; □ Funded Project as of April 2009; ● Developed Plans for Project/Person/Service

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**Definitions of terms used in the above chart**

- **Bridge Subsidy** is short term tenant based rental subsidies, intended from the start to be a “bridge” to more permanent housing.
- **Master leasing** is leasing units from private owners and subleasing – and subsidizing - these units to consumers.
- **Capital** is use of county based funds as capital financing to create targeted permanent supportive housing units (funding goes into bricks and mortar).
- **Project Based Operation Assistance (PBOA) Funds** is a partnership program with Pennsylvania Housing Finance Agency in which County provides operating or rental assistance to specific units then leased to eligible persons.
- **Clearinghouse** is an agency that coordinates and manages permanent supportive housing opportunities.
- **Housing support services** funding are temporary funding for housing support services that counties set aside for individuals until permanent funds can be identified or put in place.
- **Contingency** funds are funds for one-time and emergency costs such as security deposits for apartment or utilities, to pay back rent or utility costs.
- **Fairweather Lodge:** Fairweather lodges are small groups of four to eight people who share a house and own a small business. The group selects a business to operate, for which they develop and implement a business plan.

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**Housing Programs with Approved Reinvestment Funding as of April 2009**

County	Bridge	Master Lease	Capital	PBOA	Clearing House	Housing Support	Contingency	Fairweather Lodge	Other	Total Reinvestment
Allegheny	\$2,259,439	\$1,900,000	\$3,288,651	\$0	\$100,000	\$1,417,395	\$200,000			\$9,165,485
Armstrong/ Indiana					\$206,000		\$250,000			\$456,000
Beaver	\$987,635		\$800,000			\$212,365				\$2,000,000
Berks	\$1,225,000	\$400,000	\$1,500,000		\$375,000	\$250,000	\$250,000			\$4,000,000
Bucks		\$220,000	\$135,000							\$355,000
Chester	\$540,000	\$540,000	\$240,000	\$205,000	\$575,000		\$300,000			\$2,400,000
Cumb/Perry			\$1,224,000							\$1,224,000
Dauphin			\$64,000			\$32,696		\$32,000		\$128,696
Delaware	\$887,680	\$358,117	\$50,000	\$1,130,261			\$132,500	\$50,000		\$2,608,558
Fayette	\$162,000	\$113,400								\$275,400
Lack/Susq			\$200,000				\$42,980			\$242,980
Lancaster									\$167,778	\$167,778
Lawrence	\$261,339				\$250,000		\$12,000			\$523,339
Lebanon									\$75,997	\$75,977
Lehigh	\$345,802	\$824,000	\$3,500,000	\$1,000,000	\$580,000	\$300,000	\$100,000		\$1,650,198	\$8,300,000
Luzerne/ Wyoming		\$128,924								\$128,924
Montgomery	\$883,766	\$825,000	\$1,540,000	\$716,234	\$120,000	\$300,000	\$300,000			\$4,685,000
Philadelphia				\$4,918,323						\$4,918,323
Washington	\$645,000				\$100,000	\$255,198	\$125,000			\$1,125,198
Westmoreland	\$460,000									\$460,000
York/Adams		\$2,102,935	\$2,500,000	\$2,102,935	\$175,000	\$711,150				\$7,592,020
<b>Total Reinvestment</b>	<b>\$8,657,661</b>	<b>\$7,412,376</b>	<b>\$15,041,651</b>	<b>\$10,072,753</b>	<b>\$2,481,000</b>	<b>\$3,478,804</b>	<b>\$1,712,480</b>	<b>\$82,000</b>	<b>\$1,893,953</b>	<b>\$50,832,678</b>

As indicated in the chart above, as of April 2009, OMHSAS has approved reinvestment funds worth more than 50 million dollars for 21 County MH/MR program offices (comprising of 26 counties) to address the housing needs of the consumers in their communities.

## **Forensic plans**

In September 2006, The Office of Mental Health and Substance Abuse issued its Forensic Agenda Workgroup's *Recommendations to Advance Pennsylvania: Responses to People with Mental illness and/or Substance Use Disorders Involved in the Criminal Justice System*<sup>11</sup>. This dissertation discussed the Workgroup's goals, priorities, and strategies for improving the response to people with mental illness and/or substance use disorders involved in the criminal justice system. The County Plan guidelines instructed the counties to submit a Forensic Plan that briefly described the county or service area's current forensic activities and their forensic agenda by framing the discussions in relation to the recommendation of the Forensic Workgroup's report.

The information submitted by the counties in their Forensic Plans was grouped into the five "Intercepts" outlined in the "*Sequential Intercept Model*"<sup>12</sup>. The model envisions a series of points of interception at which an intervention can be made to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Per this model, ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. This model conceptualizes five interception points, namely, *Law Enforcement and Emergency Services; Initial Detention and Initial Hearings; Jail, Courts, Forensic Evaluations, and Forensic Commitments; Reentry from Jails, State Prisons, and Forensic Hospitalization; and Community Corrections and Community Support*.

The chart below summarizes the various services/programs available in the counties for each of the five Intercept mentioned above. As indicated in the chart, based on the Forensic Plans submitted by the counties in May 2008, thirteen (13) County MH/MR offices (out of a total of 48) have services in all five intercepts. Thirty-three (33) counties/joinders have initiatives pertaining to Intercept 1, while twenty-six (26) counties/joinders have initiatives on Intercept 2. Thirty-four (34) counties/joinders stated they have initiatives to address Intercept 3, thirty-four (34) counties/joinders had initiatives around Intercept 4, and twenty-five (25) counties/joinders stated they have initiatives related to Intercept 5.

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<sup>11</sup> Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *Recommendations to Advance Pennsylvania: Responses to People with Mental illness and/or Substance Use Disorders Involved in the Criminal Justice System*. Available at: [http://www.parecovery.org/documents/Forensic\\_Workgroup\\_Final\\_Report\\_111406.pdf](http://www.parecovery.org/documents/Forensic_Workgroup_Final_Report_111406.pdf)

<sup>12</sup>Munetz, M. R., & Griffin, P. A. *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*. *Psychiatric services* (Washington, D.C.), 2006 Apr;57(4):544. [Available at <http://psychservices.psychiatryonline.org/cgi/reprint/57/4/544>]

A Summary Report of the Fiscal Year 2009-2010 County Mental Health Plans  
for Adults, Older Adults, & Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders

**Forensic Plan Summary Data**

<b>COUNTY</b>	<b>Intercept 1: Law Enforcement and Emergency Services</b>	<b>Intercept 2: Initial Hearings and Initial Detention</b>	<b>Intercept 3: Jails and Courts</b>	<b>Intercept 4: Reentry from Jails, Prisons, and Hospitals</b>	<b>Intercept 5: Community Corrections and Community Support Services</b>
Allegheny	X	X	X	X	X
Armstrong/Indiana	X				X
Beaver	X	X	X	X	X
Bedford/Somerset	X	X	X	X	X
Berks	X	X	X	X	X
Blair	X		X	X	
Bradford/Sullivan	X	X	X	X	X
Bucks	X	X	X	X	X
Butler	X				
Cambria	X	X	X	X	X
Cameron/Elk			X	X	X
Carbon/Monroe/ Pike		X		X	
Centre	X	X	X	X	X
Chester	X	X	X	X	
Clarion	X				
Clearfield/Jefferson			X	X	X
Columbia/Montour/Snyder/Union	X		X		
Crawford			X		X
Cumberland/Perry	X		X		
Dauphin	X	X	X		
Delaware	X	X			
Erie		X	X		X
Fayette	X		X		
Forest/Warren					X
Franklin/Fulton	X	X	X	X	
Greene	X	X		X	X
Huntington/Mifflin/ Juniata	X		X	X	X
Lackawanna/ Susquehanna				X	
Lancaster	X	X	X	X	X
Lawrence					
Lebanon		X	X	X	X
Lehigh	X	X	X	X	X
Luzerne/Wyoming	X	X	X	X	X
Lycoming/Clinton	X	X	X	X	X
Mercer		X	X	X	
McKean				X	
Montgomery	X	X	X	X	X
Northampton	X	X	X	X	
Northumberland	X		X	X	
Philadelphia	X	X	X	X	X
Potter					
Schuylkill	X		X	X	
Tioga	X		X	X	
Venango		X		X	X
Washington	X	X		X	
Wayne					
Westmoreland			X	X	
York/Adams	X		X	X	X

#### **IV. SUMMARY**

The FY 2009/2010 County Mental Health Plans provided a convincing narrative of the transformative changes that the counties are spearheading in partnerships with consumers, family members, and other stakeholders in the face of many adversities. Evident in the county plans was the acknowledgment of the recovery principles that affirm in no uncertain terms that individuals with serious mental illness can and do recover.

The commitment to transformation was palpable in the planning efforts, including the implementation or expansion of Evidence-Based Practices, and the leveraging of many promising practices to facilitate the recovery of individuals with serious mental illness and co-occurring substance use disorders. Also, housing initiatives continue to receive more focused attention as evidenced by the Housing Plans submitted by the counties as a required component of their County Mental Health Plans. The county plans also provided insights into the innovative ideas that steer the development of programs directed towards individuals with serious mental illness and/co-occurring disorders who also have involvement with the criminal justice system.

The counties have recognized that successful transformation does not occur unless the various entities that constitute their service systems embrace the concept of recovery in designing and developing various treatment and rehabilitative options. OMHSAS, in partnership with counties and other stakeholders, will continue to explore and identify new ideas and opportunities to fulfill our transformational agenda.