

County Mental Health Planning for Adults and Older Adults with Serious Mental Illness

I. STATEMENT OF PURPOSE

The purpose of the Mental Health Plan is to plan for the implementation of a unified system strategy and the consolidation of the mental health planning process. The proposed Mental Health County Plan Guidelines for FY 2009-2012 establish a newly designed and streamlined planning process built upon a three-year planning cycle. The plan should describe the status of, plans for, and any modifications to the county's efforts to enable adults, older adults, and transition-age individuals with serious mental illness (SMI), 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*.

The legal purpose of the annual plan is to meet the requirement in the MH/MR Act of 1966 to review and approve an "annual plan and estimated costs" by local authorities and to transmit that plan to the Department of Public Welfare.

II. GENERAL EXPECTATIONS

In order to complete the Mental Health Plan the county should:

1. Engage the target planning populations: adults, older adults, and transition-age youth with SMI, including individuals with co-occurring substance use disorders and individuals that reflect the cultural makeup of the county. Other stakeholders should include family members, providers, behavioral health managed care representatives, and cross-systems partners. Stakeholders should be included in the development of the county plan; monitoring of community treatment programs, services, and supports; and in

- providing ongoing input into the county's system for recovery-focused services.
2. Work 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, etc., to develop an integrated plan for services that integrates federal, state, and county funding sources to make the most effective use of public funds.
 3. Describe the strategy to continue to shift the mental health service delivery system away from reliance on large institutions and towards an array of community services and supports to address the needs of adults, older adults, and transition-age individuals with SMI and co-occurring substance use disorders.

III. PLAN OUTLINE

1. Executive Summary: The Executive Summary should be a brief, stand-alone, easy to understand, overview of the plan that counties can use as a public handout to summarize the plan's content.
2. Vision & Mission Statement: County's Vision & Mission Statement should clearly indicate the goal of recovery for adults, older adults and transition-age youth with SMI and co-occurring substance use disorders within the county mental health program.
3. Process Used for Completing the Plan: Counties should indicate who and through what means they involved a broad range of constituents in the planning process including consumers, families, providers, managed care representatives, cross-systems agencies, etc. The county should conduct a public hearing, acquire approval of local authorities, and submit the notice of the public hearing with the plan. The county should submit the Community Support Program (CSP) Plan Development Process Review form with original signatures of CSP members who were involved in the plan development process.
4. Overview of the Existing County Mental Health Service System: This section should list the current mental health services, including any co-occurring services in the community for older adults, adults, and

transition-age individuals using the Recovery Model Crosswalk from William Anthony's article, "A Recovery-Oriented System: Setting Some System Level Standards." This article is included in the county plan guidelines diskette. For this section of the plan, counties must also complete the Evidence Based Practices survey, and Promising Practices chart.

5. Identification and Analysis of Service System Needs: The purpose of this section is for counties to analyze both the strengths and gaps in their current service system in order to identify the county transformation priorities to be included in section 6 below.
6. Identification of the Recovery-Oriented Systems Transformation Priorities: This section should include a description and time line for moving the county administration, and treatment services and supports, from a system of care or maintenance to a recovery-oriented system. The plan should consider recovery-oriented services as well as the county's administrative and program practices and policies.
7. Fiscal Information: This section of the plan should provide the following:
 - A visual display, using charts, of how county-based and HealthChoices funds are used to support mental health services within the county. Sample charts are included on the county plan diskette.
 - A brief narrative explaining the charts and how funding is making a difference, or how funding needs to be redirected or increased, to address needs and priorities identified in sections 5 and 6 above.
 - A brief narrative explaining requests for new state funding.
8. Supplemental Planning Guides: OMHSAS is in the process of developing topic-specific planning guides for counties including planning guides for three major system priority areas: housing, forensics, and employment. As these guides are developed, they

will be included as attachments to the county MH planning guidelines. Housing Plan guidelines are included for this year.

IV. REVIEW PROCESS

1. OMHSAS field office and Bureau of Policy and Program Development staff will review the County Mental Health Plan based on the Plan Review Criteria
2. A copy of the Review Criteria forms completed by the Field Offices will be provided to the County Administrator, the local CSP, and other local stakeholders as requested.
3. A statewide report summarizing community treatment and services requests, systems change activities, quality management activities, trends, barriers, and other items will be issued by the state.

V. TIME FRAMES

The County Mental Health Plan for FY 2009-2012 must be received by OMHSAS no later than May 30, 2008. Update plans are due May 30, 2009, and May 30, 2010. The time frames to fully implement the guidelines are as follows:

September 2007	Release of the FY 2009-12 Guidelines for the County Mental Health Plan.
May 30, 2008	Submission of FY 2009-12 County Mental Health Plan
June/Aug. 2008	Field office and Bureau of Policy review of plans. Feedback and plan approval provided to counties.
August 2008	FY 2010-11 County Mental Health Plan update Guidelines are released.
August 2008	Submission of requests for Governor's budget consideration based on county plan information.

Sept./Oct. 2008	Preparation & distribution of statewide aggregate report summarizing county plans.
May 30, 2009	Submission of the FY 2010-11 County Mental Health Plan update.
June/Aug. 2009	Field Office review of plans. Feedback and plan approval provided to counties.
August 2009	FY 2011-12 County Mental Health Plan update Guidelines are released.
August 2009	Submission of requests for Governor's budget consideration based on county plan information.
Sept./Oct. 2009	Preparation and distribution of statewide aggregate report summarizing county plans.
May 30, 2010	Submission of FY 2011-2012 County Mental Health Plan update.
June/Aug. 2010	Field Office review of plans. Feedback and plan approval provided to counties.
August 2010	FY 2013-2016 County Plan Guidelines released.
August 2010	Submission of requests for Governor's budget consideration based on county plan information.
Sept./Oct. 2010	Preparation and distribution of statewide aggregate report summarizing county plans.