

Community Support Journal



Volume 10, Issue 120

December 2021

Montgomery County Community Support Program Committee

MH Deputy Secretary says focus is “doing better” as Pandemic subsides - ***SE Regional CSP Committee Report***

Deputy Secretary Kristen Houser of the PA Office of Mental Health and Substance Abuse Services (OMHSAS) was the guest speaker at the Southeast Regional CSP Committee’s December virtual meeting. Houser, who took the position days before the Pandemic began in March 2020, said her goals are to get back to pre-Pandemic work and “do better” than before.

“Pennsylvania still has a striated system of care,” Houser told participants at the meeting, adding there was still a need to cross-train staff and deliver services in a more holistic approach.



Kristen Houser

Houser covered topics including the 15-year-old strategic recovery plan, “A Call for Change,” Family Peer Support, in person Certified Peer Specialist Training, state hospitals, and a new nationwide suicide prevention line that will take effect in July 2022. Houser also provided information about the role of

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Mental Health Planning Council seeks applicants ***-SE Regional CSP Report***

The Pennsylvania Mental Health Planning Council (MHPC) is seeking applicants to fill positions on the Council and its subcommittees, according to the Pennsylvania Human Services website.

The MHPC consists of three committees: Children's Advisory Committee, Adult Advisory Committee, and Older Adult Advisory Committee. These committees come together to form the MHPC whose purpose is to advise on a broad behavioral mandate to include — but not be limited to — mental health, substance abuse, behavioral health disorders, and cross-system disability.

According to Kristen Houser, Deputy Secretary for the PA Office of

Continued on page 4

Deputy Secretary - continued from page one

the Mental Health Planning Council (MHPC) at the request of the Regional Committee. Houser told the Committee that OMHSAS and the MHPC are looking at the MHPC and how to strengthen it.

There are three legislated missions of MHPC:

- Feedback for block grant plans –looking for more participation from people with lived experience for the stated block grant priorities of first episode psychosis, crisis services, and mental health;
- Advocating for people with serious mental illness or children with serious behavioral issues, and
- Annually evaluate the adequacy of MH and BH programs in the state. In the spring, OMHSAS will bring in some data sources like Consumer Family Satisfaction Team (CFST) surveys.

Houser noted that the pandemic has shown how strained mental health services have become. Data is lacking in some areas because it is hard to measure services that aren't available. And, it is then hard to measure needs that are not met. OMHSAS is working with the University of Pittsburgh to find other data sources to capture some data around the anecdotal issues that have been reported.

MHPC is structured so that every member has to have lived experience. There are also representatives from other systems, including housing, workforce development, and criminal justice.

There are three standing committees, Older Adults, Adults, and the Children's committee. There was a Substance Recovery committee but it has stopped meeting. OMHSAS is working with the MHPC to determine if the current standing committees are the appropriate committees and if they are working effectively with the larger committee.

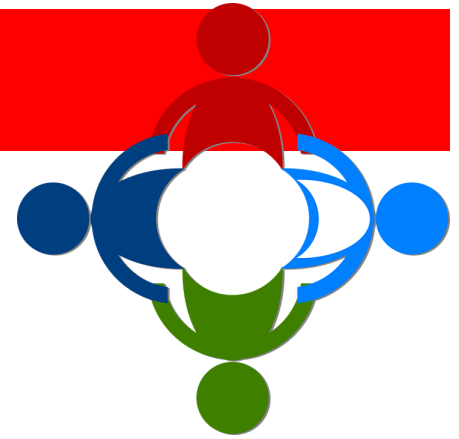
A question was asked about the Call for Change, a strategic document crafted 15 years ago to promote a recovery-oriented system in the state. OMHSAS has contracted with Mercer to take the next steps, gathering people to get more input into the document, so that it can be updated with input from a variety of people. Applications will be sent out soon for people who want to be considered to join the steering committee for the *Call for Change*.

Some of the work happening right now includes making Family Peer Support a billable service, which will take a while. They are also working on issues around opening up more resources to hospitals. Diversity, equity and inclusion is a priority, and Houser said that one of the co-chairs of the MHPC has been volunteering her time to open up dialogues with a variety of people. OMHSAS wants to encourage this work and ensure that services are meeting the needs for all of the diverse communities in PA.

Some concerns were raised about how OMHSAS responds to the quarterly reports from local CSPs. Some local CSP committees worry that OMHSAS is not addressing the concerns since feedback has not been received for a while. Houser said that these reports are rolled into larger reports that OMHSAS reviews during planning. They have come to realize that these reports are not public and people may not be aware that meetings are being held and information is being shared.

In respond to a question regarding more Certified Peer Specialist (CPS) training, Houser said that OMHSAS sees that training as an important priority and is working with vendors to make sure trainings are being

Deputy Secretary continued -



planned, especially now that in person trainings are available on a limited basis.

Another concern raised was that warm lines—which offer peer support to individuals who are in distress—don’t seem to be recognized by the state. Houser said she will take the concern back to her office.

In response to the new proposed “988” national suicide hotline, Houser said the state is reviewing the conversion with the 13 current call centers in PA.

As time ran out in the meeting, there were still some unanswered questions and Houser asked the Committee to forward the remaining questions to her and she will get back to the committee later with responses. Those questions were:

- The PA legislature has State SB 610/R 1667 which is aiming to reduce burnout for people. When this passes, what programs will this cover, and will it include CPSs and CRSs?
- A representative from the regional OMHSAS meeting used to attend the monthly CSP regional meeting, to give updates from the state and to learn about what we are working on. Is it possible to have a person attend again in the future?
- Do you have any recommendations for how CSP can facilitate OMHSAS hearing our feedback? Is there a specific person we can send feedback to?
- Regarding the Norristown State Hospital land transfer – what is being done to support the relocation of the regional mental health programs and the homeless shelter that are being displaced?

OMHSAS Request for Steering Committee members:

December 14, 2021

A Steering Committee will be organized to work together to create an implementation plan based on the [*A Call for Change: 15 Years of Progress in HealthChoices Behavioral Health \(HC BH\) report*](#). This Steering Committee will identify priorities and additional recommendations to develop an action plan for recommendations to further develop the recovery-oriented HC BH system. Stakeholder input and recommendations from individuals with lived experience will be key for developing an action plan. The Steering Committee will meet bi-weekly beginning in mid-January 2022. Individuals on the Steering Committee are expected to be fully engaged to represent the voices of their communities.

If you are interested in joining the Steering Committee, please complete the survey below by 5 pm on Monday, December 20:

http://mercer.qualtrics.com/jfe/form/SV_c089IKIKDd3FawC

Marisa Santanna | Executive Assistant

Department of Human Services | Office of Mental Health & Substance Abuse Services
Commonwealth Tower | 303 Walnut Street, 11th Floor | Harrisburg, PA 17101

717-409-3791 | www.dhs.pa.gov

Mental Health and Substance Abuse Services (OMHSAS), the state is required by federal statute to have a MHPC in order to receive community block grant funds.

The application must be completed by all individuals seeking appointment (or reappointment) to the Office of Mental Health and Substance Abuse Services (OMHSAS) Mental Health Planning Council. The Council's committees, subcommittees and related workgroups are charged with providing advice to OMHSAS' Deputy Secretary on a broad range of issues. Committee members represent the geographic and cultural diversity of Pennsylvania, and help ensure that the Commonwealth's public mental health and substance abuse system focuses on facilitating recovery and building resilience of individuals served.

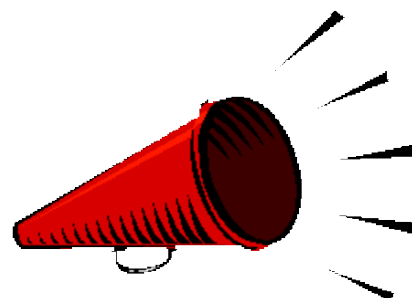
According to the OMHSAS website and the application form, more information about OMHSAS and the Mental Health Planning Council Committees can be obtained at: <http://www.dhs.pa.gov/parecovery/>. However, when you search for the link, the page cannot be found. A copy of the application can be found [here](#).

Applications will be accepted throughout the year. Appointments/reappointments will be made annually in May. Applications must be received by March 30 for the annual review. Applications received after that date will be held for the following year's review. In the event of a vacancy, appointments may be made at other times throughout the year. Individuals who are appointed or reappointed will be notified by letter.

For more information about the application process, please contact:

Jill Stemple, Section Chief of Planning
Commonwealth of Pennsylvania
DHS-OMHSAS-BPPPD
Commonwealth Tower 11th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675
717.409.3790
Email: jistemple@pa.gov

**"It's your voice.
Be heard!"**



Committee Member Expectations

- Committees will meet at least four times per year in the Harrisburg region. Committee members are expected to physically attend at least three of these meetings annually. Members without state/agency funding may request travel cost reimbursement through OMHSAS.
- Committee members are expected to read and respond to e-mailed requests from Committee Co-Chairs in a timely fashion.
- Committee members are expected to represent their broader constituency — not only themselves or their own family member(s)/ organization(s) — in their committee's work.
- Members must have the ability to communicate with those they are representing to bring their concerns to the committee and to report back on the outcomes of the committee's work.

Committee members should have the time and ability to participate in additional workgroups throughout the year on an as-needed basis.

MY LIFE



Leading humanity
to healthy, vibrant lives



Magellan's MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) is leading the way nationally and locally for youth involvement in behavioral health, foster care systems, juvenile justice, etc. Through regular meetings, special events, performances, social media and local and national presentations, youth share their stories and support each other in their recovery goals.

MY LIFE currently meets virtually via zoom and consists of youth between the ages of 13-23 years old who have experiences with mental health, substance use, juvenile justice, and foster care-related issues. Youth who have a family member or friend experiencing these challenges are also encouraged to participate. For more information or to register, please contact Marissa MacKeverican at mackevericanm@magellanhealth.com.

Marissa L. MacKeverican
Youth Support Coordinator, Bucks County
Magellan Behavioral Health of Pennsylvania
Magellan Healthcare Division
Magellanhealth.com

Why join MY LIFE?

MY LIFE is a group where youth can:

- Feel supported.
- Make friends.
- Have fun.
- Show off their talents.
- Learn about topics that are important to them.

MY LIFE gives youth a chance to build:

- Confidence.
- Positive social supports.
- Leadership skills.

MY LIFE helps youth use their experiences to help others. It gives the chance to help improve the programs and systems that serve young people.

Become a fan of MY LIFE
on Facebook!

MY LIFE has a Facebook fan page (www.facebook.com/MYLIFEyouth). The page helps to educate, inform, engage and build support for MY LIFE programs.

Thanks for your support!

The Mental Health Safety Net Coalition



Alliance of Community Service Providers

Brook Glen Behavioral Hospital

Clarion Psychiatric Center

Conference of Allegheny Providers (CAP)

Fairmount Behavioral Health System

Family Training and Advocacy Center (FTAC)

Foundations Behavioral Health

Friends Hospital

Horsham Clinic

Keystone Center

Keystone National Alliance for the Mentally Ill (NAMI)

Lancaster Behavioral Health Hospital

MAX Association

Meadows Psychiatric Center

Mental Health Association of PA (MHA)

Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS)

Pennsylvania Mental Health Consumer Association (PMHCA)

Pennsylvania Psychiatric Leadership Council (PPLC)

Rehabilitation and Community Providers Association (RCPA)

The Roxbury Treatment Center

Treatment Advocacy Center

Dear Members of the General Assembly:

On behalf of the Mental Health Safety Net Coalition, we are writing to restate the urgent need for the General Assembly to appropriate at least \$28 million in additional funds to support county mental health programs for FY 2021–22 when the legislature returns in the fall. Unfortunately, the enacted FY 2021–22 state budget not only does not include the requested additional funds but actually cuts the existing level of critical county mental health resources. Given the ongoing demand and now the surge in pandemic-related mental health challenges, a state investment in county mental health services is desperately needed.

Why is state funding for County Mental Health programs so important?

- Under our state administered/county run public mental health system, the county mental health programs are key to coordinating and effectively leveraging the other federal and state resources for mentally ill individuals.
- In addition to helping them to fulfill their role as provider of last resort, the flexible use county mental health block grant funding enables counties to provide critical gap filling services to optimize the treatment investment under other federal and state programs like Medical Assistance.
 - For example, housing — All the behavioral health managed care plans have data showing that the Medicaid spend on mentally ill individuals without stable housing is many times higher than the comparable spend on mentally ill individuals with stable housing. It is no accident that the single biggest use of county block grant funding is for adult/family housing that is not covered by Medicaid.

Why is an increase in state funding for county mental health services justified?

- For the past decade, the Commonwealth has level funded the county mental health programs. **On the basis of inflation alone, level funding has reduced the purchasing power of county programs by approximately 27%.**
- While level funding initially may have fostered healthy efficiencies and “do more with less,” **now going into the 12th year, counties are just doing less...less services, less programs, less people served, and less capacity to meet the increasing mental health needs of their communities.**
- **Approximately 80% of a typical behavioral provider budget is spent on personnel, and the loss of purchasing power associated with level funding is directly and adversely impacting the ability to recruit and retain staff.**
- **Overarching workforce issues** — Behavioral health agencies are facing untenable vacancy rates and are unable to increase their pay to be competitive with other fields. Staff are leaving the health care field for easier jobs with higher pay.
- **Results of the pandemic** — The pandemic, the growth in behavioral health needs associated with the pandemic, and the pandemic induced changes in the labor market have all compounded the impact of this decade of underinvestment to create an escalating mental health crisis in communities across the Commonwealth.

The Mental Health Safety Net Coalition

Why should you care as a legislator about addressing this crisis no matter what your party affiliation is or what region of the Commonwealth you are from? While there are many reasons you should care, we will focus on three:

- **Cost...**the failure to invest in county mental health services results in higher costs to the Commonwealth in other systems like Medicaid, law enforcement, corrections, state operated mental health hospitals, and hospital emergency departments. The Commonwealth's mental health system is out of balance and all too often lacks the capacity to intervene with the right service at the right time. As a result, we are forced to make the norm responding when people are in crisis and in the most expensive settings whether it be an emergency department, inpatient hospitalization, or even worse, jail.
- **Safety...** Research shows individuals who have a mental illness are more likely to be victimized than to be perpetrators of violence. However, it is also true that tragic and horrific incidents involving individuals with a mental illness have and will continue to occur in communities across this Commonwealth. Over the past two years there have been dozens of preventable tragedies and many more "near misses." The cumulative effect of years of underinvestment, reduced service capacity, and now unprecedented staff shortages is creating an environment that is prone to dangerous outcomes. In virtually every case when a tragedy occurs, the result is: reflection, calls for reform, and all too often finger pointing.
 - Youth and adolescent suicidal ideation and death by suicide rates have increased during COVID, according to the CDC, along with other underfunded crisis intervention service needs;
 - There has been a 31% increase in the use of emergency services, related to lack of accessible services (especially for adolescents), which increases overall costs to all of us;
- **Improved Outcomes...**mental illness and other behavioral health challenges impact all families. The status quo is not sustainable and is leading to needless human suffering and damage. It is in all our interests to begin the process of rebuilding our community based mental health system. The county mental health services, the coordinating role, and gap filling services are a key component of optimizing the Commonwealth's investment in mental health and improving outcomes for its residents.

Again, we urge you to appropriate at least \$28 million in additional county mental health funding when the legislature returns to session in September. While this amount is relatively modest in the context of the need, this investment would be a good start to begin a multifaceted and multi-year sustained effort to rebuild community mental health services in the Commonwealth.

Sincerely,

The Coalition for the Mental Health Safety Net

Brush with the Law Community Arts at HopeWorx

By: *Maria Maneos*

This collection of paintings is the are the results from participants of our first class, "Painting A Picasso". You'll see below, the Picasso painting, "Bust of a Woman" he painted of his lover, Marie Therese, and that's the image we worked from. The class began in November. During another class, we created collages of our individuals stories on panels.



Throughout November and the first week of December we hosted together with HopeWorx, four free art classes along with supplies that we have been mailing out to people interested in our event as far away as Puerto Rico and Canada!

The classes sold out but others were able to attend through a zoom link.

The classes were both virtual and live in person at HopeWorx, a non-profit peer advocacy organization in Norristown that focuses on focuses on mental and behavioral health needs and services.

People from all walks of life are participating with us and definitely getting their ART ON!

Get your ART ON!

Picasso's "Bust of a Woman"



MAWD Expansion Signed into Law Effective January 2022

On July 1, Governor Wolf signed [Act 69 of 2021](#) into law, expanding the eligibility criteria for the Medical Assistance for Workers with Disabilities (MAWD) program.

The Act, which goes into effect in January 2022, is a significant victory and an important step forward in Pennsylvania's Employment First efforts to help people with disabilities who want to work be able to get and keep competitive integrated employment. The MAWD expansion law will enable individuals on MAWD to seek and accept higher-paying jobs; accept a pay raise or promotion at their current employment; and/or work more hours. Too often, people with disabilities must turn down jobs or promotions to keep their income under the limit for Medicaid, especially for Home and Community-Based Services Waiver programs that provide services and supports aimed at achieving and enhancing independence. The legislation will also allow some individuals on MAWD to save more money.

The passage of the new legislation is the result of advocacy efforts led by people with disabilities, especially Dr. Josie Badger. Working with Mary Anderson Hartley and the United Way of Southwestern Pennsylvania's [#I Want to Work Campaign](#), Dr. Badger and other people with disabilities as well as their advocates identified the problem, developed a solution, and obtained the support of key state legislators, particularly Senator Bob Mensch and Representative Kate Klunk. PHLP staff, along with Brian Baxter, developed the explanation as to how the Pennsylvania Department of Human Services (DHS) could expand MAWD income eligibility consistent with federal law. In subsequent meetings with key DHS staff, Dr. Badger, Ms. Hartley, Mr. Baxter and PHLP staff were able to convince DHS that expanding the MAWD eligibility criteria was both legally permissible and necessary to enable people with disabilities to seek and obtain competitive integrated employment that pays well without the risk of losing essential supports that are only available through the Medicaid program.

Act 69 of 2021 Highlights

For more details on Act 69, go to:

<https://www.phlp.org/en/news/mawd-expansion-signed-into-law>

If you have question about this new law, please contact PHLP's Helpline at 1-800-274-3258 or staff@phlp.org. Click [here](#) to see more information about DHS' efforts to support people with disabilities who want to pursue competitive integrated employment.



COME JOIN OUR COMMUNITY GARDEN!



WHERE: PHS Green Resource Center at Norristown Farm Park (on Germantown Pike near the Main Park Entrance)



WHEN: Opening Spring 2022



WHY: The Pennsylvania Horticultural Society has started a 2-acre teaching farm at the Norristown Farm Park including a 49-raised bed community garden! **Come be a part of a wonderful community of people who love gardening!**



HOW: To rent a plot, send an email to farmpark@pennhort.org, with

- Your name
- Phone number
- Gardening experience (*beginner, medium, advanced*)
- Number of plots you'd like



PHS

PENNSYLVANIA
HORTICULTURAL
SOCIETY®







This year, Hanukkah started on Sunday, November 28th. The festival is celebrated for a duration of **eight days**, ending on Monday, December 6th.



Thank you CSP Committee! Benefits of a CSP Connection Grant



Dear Montgomery County local CSP -

Thank you for being willing to help financially support the women in the community as I was able to have a women's Christmas event for 21 people. We had a lot of fun!

We were able to have a gift exchange which was extremely fun and filled with lots of laughter and excitement!

We had an amazing meal which consisted of a Christmas Salad with Citrus Champagne Vinaigrette Dressing, chicken Piccata, Angel Hair Pasta, Vegetable Risotto, Beans, Cheese Cake, Fruit Salad and Cranberry Punch. We were so full after that!

After eating we watch a movie.

We were so grateful to have this time to be able to spend together after being in isolation. It was so nice to be together and see each other in person. We had a really good time together. We cannot thank you enough to CSP for helping make this event possible!

Wishing you all a Merry Christmas, Happy Holiday, and a Happy New Year!

- Julie Whitmore

Fall Freestyle Challenge



It's FUN and EASY!

- Register for the challenge and invite your friends!
- Complete 125, 250, 500, or 1,000 miles by running, biking, walking or a combination of all three.
- Easily log your daily mileage with our challenge tracker. Earn virtual badges as you go!
- Complete your miles by the last day of fall (December 21st) and earn your medal and swag!
- Share your pics and stories and get motivation on our group Facebook page

For more info and to sign up, go to: **RUNegades.com**

OR

Join HopeWorx from Friday, October 1 to Tuesday, December 21

In fall of 2020, we had 10 people from HopeWorx participated in the RUNegades Fall Walk/Run/Ride Challenge and together we walked over 1118 miles.

We are looking forward participating again this year and we are inviting you to join us. Registration ends November 15, 2021 at 11:59pm EST . If you register with HopeWorx Walking Crew the registration fee will be \$5 person. There is limited space (20 people) and it is first come first serve. For HopeWorx registration please contact us at 610-813-1140 | communityworx@hopeworxinc.org.

No matter how far you walk, run or ride, you'll receive our unique Fall Freestyle Challenge medal and a long-sleeved challenge-themed tech T-shirt in the mail!



CSP Advocacy Committee urges county to say “no” to forced mental health treatment

To: Pam Howard, MH/DD/EI Administrator

November 2021

Cc: Valerie Arkoosh, MD, MPH

Kenneth Lawrence Jr.

Joseph Gale

As you know, three years ago the Pennsylvania General Assembly passed a law expanding Assisted Outpatient Treatment (involuntary outpatient commitment), largely due to out of state lobbying organizations, and despite local advocacy efforts against it by Disability Rights PA (DRP), NAMI Keystone PA (NAMI), PA Mental Health Consumers' Association (PMHCA), Mental Health Association of Pennsylvania (MHAPA), and many others.

The new law allowed counties to elect to opt out on an annual basis. Following passage in October 2018, all 67 counties in Pennsylvania elected to opt out for the 2019 calendar year and did so again for both the 2020 and 2021 calendar years. The law requires counties to make this election each year by December 31st in order to excuse their county residents from this law.

On November 6, 2019, OMHSAS published Bulletin OMHSAS-19-04, Guidelines for Implementing Assisted Outpatient Treatment. A copy of the bulletin is attached. Also attached is a copy of the MHA Pennsylvania Fall 2018 Newsletter, which concisely outlines why the PA AOT law is not in the interest of Pennsylvania residents experiencing mental distress or their families. A copy of Mental Health America's position statement regarding involuntary mental health treatment, which outlines how involuntary outpatient treatment infringes on the rights of individuals and can be counterproductive, is attached as well.

In July of last year, the Joint State Government Commission released a report on Behavioral Healthcare System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health, which is also attached. Recommendation number five reads as follows: “Given the insufficiency of community-based mental health services available to support individuals receiving assisted outpatient treatment in Pennsylvania and the fact that counties are not required to adopt assisted outpatient treatment (AOT) programs, the consensus of the Advisory Committee is that, as currently structured, the coercive aspects of AOT outweigh the lack of supplemental enhanced community services such as housing and vocational services that contribute to the successful use of AOT. At the time of the adoption of AOT, no funding was provided to assist counties in implementing it, which may have contributed to the failure of many counties to adopt it. If the other recommendations offered in this report are adopted, and the Commonwealth moves to a person-centered, recovery-oriented approach to mental health and substance use disorder services, any coercive treatment processes would be unnecessary. Further expansion of existing mental health and substance use disorder services would permit these providers to offer timely intervention for people in sub-crisis, and could prevent the need for coerced compliance. Further, court-ordered involuntary outpatient treatment was initially included as an option in the MHPA and remains a viable option. Accordingly, AOT10 should be repealed. For further discussion, see page 35 of this report.”

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To: Pam Howard, MH/DD/EI Administrator
Cc: Valerie Arkoosh, MD, MPH
Kenneth Lawrence Jr.
Joseph Gale

November 2021

Specifically, the Montgomery County Community Support Program (CSP), which is a stakeholder group comprised of individuals that receive mental health services, their family members, providers, and the Department of Behavioral Health, opposes this legislation for several reasons.

Much research has come out in recent years showing the link between mental health and trauma. We recognize that involuntary treatment of any kind can be inherently traumatic and takes away an individual's basic rights to make decisions for themselves. As such, we believe that it should only be used as an absolute last resort, when every other attempt to engage with the person has failed and when the person poses a serious risk to themselves or others. We believe that this law would cause further trauma to individuals who are subject to it and would likely result in less of a willingness to seek help voluntarily in the future. Especially now, during this pandemic, which we know is resulting in more people needing behavioral health services than previously, a law which detracts people from being willing to seek help could have disastrous consequences.

Additionally, proponents of involuntary treatment often point to "lack of insight" as the justification to force treatment. However, people with physical and other conditions besides mental health also experience what professionals deem "lack of insight" and yet we do not force treatment on people with physical health conditions or, for that matter, even on people with substance use issues, regardless of whether or not we perceive them to have "insight" into the alleged condition. In all other healthcare realms, we respect human rights and autonomy, regardless of whether the professional agrees with the individual or thinks that their decision is "in their own best interest". In every other area of healthcare, the only way a person can be forced treatment against their will is for them to be declared incompetent by a court of law. We do not believe that the standard should be any different in mental health and we think having a different standard in the mental health system than in all other areas of healthcare constitutes discrimination.

We agree with the points outlined by MHAPA, Mental Health America, and the Joint State Government Commission and hope that Montgomery County will continue to stand by its citizens by supporting recovery-oriented services and not causing further harm to those that are struggling by subjecting them to involuntary treatment. We hope that Montgomery County will again opt out of the AOT law for 2022.

*EDITOR'S NOTE: Anna Trout- Crisis & Diversion
Director, Office of Mental Health/
Developmental Disabilities/Early Intervention,
reported at the November CSP meeting that
Montgomery County has opted out of the law
for 2022. The county has opted out since 2018.
They will send a waiver to the state.*

Thank you for your consideration,



Kimberly Renninger, Co-Chair,
Montgomery County CSP Advocacy Subcommittee



**Mental Health
FIRST AID**

from NATIONAL COUNCIL FOR
MENTAL WELLBEING



SE Regional Mental Health Services Coordination Office



Announcing New 2022 Winter/ Spring Mental Health First Aid Classes

2022 Winter/Spring Virtual Training Schedule

01/07/22 Youth MHFA

02/18/22 Adult MHFA

03/10/22 Youth MHFA

04/16/22 Adult MHFA

05/06/22 Youth MHFA

06/01/22 Adult MHFA

We would like to announce new 'virtual' classes sponsored by Montgomery County Department of Behavioral Health.

Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. In this course, participants learn the unique risk factors and warning signs of mental health problems, the importance of early intervention and, most importantly, how to help someone experiencing a mental health or substance use emergency. More information at www.fivecountymh.org.

First Aiders will complete a 2-hour, self-paced online class, and then participate in a live 5.5-hour, Instructor-led training on ZOOM platform.

**Mental Health First Aid
takes the fear and
hesitation out of starting
conversations about
mental health and
substance use problems.**



Sign Up for a Class today at www.fivecountymh.org

BE THE ONE - TO MAKE A DIFFERENCE IN SOMEONE'S LIFE!

Montgomery County Office of Mental Health Update on COVID-19

For current updates in Montgomery County, please go to the County's COVID Hub: www.montcopa.org/COVID-19. People are encouraged to call ahead to service providers to confirm there have been no changes to delivery as public health best practices are evolving. Please utilize the Community Connections program for general questions or help navigating getting connected as well as Mobile Crisis and the Peer Support Talk Line.



ACCESS SERVICES

Creating better ways to serve
people with special needs

Access Services is proud to provide behavioral
health services to Montgomery County.

MONTGOMERY COUNTY
**MOBILE
CRISIS**
SUPPORT
855-634-HOPE
(855-634-4673)

MONTGOMERY COUNTY
**PEER SUPPORT
TALK LINE**
855-715-8255
text 267-225-7785

Justice Related
Services
610-500-2111

montgomery county
teent@kline
text 215.703.8411
or call 866.825.6866
teens helping teens / no judging no pressure

Starting Point
Mobile Psych Rehab
215-540-2150

Homeless Street
Outreach
610-482-5483

www.accessservices.org

COVID-19 Vaccine—from the Montgomery County, PA website

Vaccine Registration: The COVID-19 vaccine is available to anyone age 12 and older (Pfizer) or 18 and older (J&J). Walk-ups are accepted at all vaccine clinics. To see a list of locations and hours, visit our [vaccine page](#) or call (833) 875-3967.

Vaccine Frequently Asked Questions: Check out the list of vaccine FAQs to get answers to questions about the COVID-19 vaccine.

Vaccine Providers in Pennsylvania: There are a number of locations in Montgomery County that are distributing vaccine, they are listed on vaccines.gov.

CSP Committee Reports for November 2021

Advocacy Subcommittee: We are keeping an eye on the carve out and any legislation. There is no movement on it. We talked about Kristen Houser coming to the SE regional CSP meeting. There is a legislative update with Madeleine Dean with the Buxmont Collaborative. (just sent out an email)

Social Subcommittee: A community connection grant was approved for \$90.

Conference Subcommittee: Conference date & Time: May 24 10am- 2pm. Created a save the date flyer. Updated sponsorship form, and focusing on sharing this. We talked about food options. Improve workshop did confirm. We Invited commissioners. We are looking into possible equipment rentals. If anyone has any thoughts about workshops, please let us know. Shout out to RHD and Horizon House for sponsoring this.

CSP MEETING CALENDER 2021-22

*Meetings are held every third
Thursday, monthly @
Norristown Public Library from
12: 00-2:30pm
The next meeting will be:*

| | |
|----------|----|
| December | 16 |
| January | 20 |
| February | 17 |
| March | 17 |

Montgomery County CSP Executive Committee

2020/2021 Tri-Chairs

Provider Member: Abby Grasso

Person in Recovery: Danny Kuchler

Family Member: Kathy Laws

2020/2021 Sub-Committee Chairs

Social/Media: Penny Johnson

Advocacy: Kim Renninger, Julie Whitmore

Conference: Erin Hewitt, Stacey Volz

2020/2021 Treasurer

Dion Despaigne, CST Specialist

Fiduciary - HopeWorx, Inc.

CSP Principles

- * **Consumer Centered/
Consumer Empowered**
- * **Culturally competent**
- * **Able to Meet Special
Needs**
- * **Community Based with
Natural Supports**
- * **Flexible**
- * **Coordinated**
- * **Accountable**
- * **Strength Based**

**Join our
Mailing list!**

We have an e-mail list as
well as a regular mailing,
to join:

Send an e-mail to:

amalcolm@hopeworxinc.org

*Or send your contact info to
the mailing address below*

Meetings:

12:00 p.m. to 2:30 p.m.

***3rd Thursday
of each month***

Norristown

Public Library Community Room

1001 Powell St.

(at Swede St.)

Kathie Mitchell, Newsletter Editor

**Montgomery County Community
Support Program (CSP)**

1210 Stanbridge Street,
Suite 600
Norristown, PA 19401
610-270-3685

Website: www.montcopacsp.org

ABOUT CSP***Mission Statement:***

Montgomery County's Community Support Program (CSP) brings together individuals that receive mental health services, their family members, providers and the Department of Behavioral Health in an equal partnership to promote recovery and excellence in the delivery of community-based mental health services.

The committee strives to include a balance of people who use services, people who provide services, family members, and interested members of the community at large.

The CSP initiatives continue to grow state, regionally and county wide. As the involvement increases CSP has become a place that feedback can truly be given to the county from individuals that receive services and information can be given that suits the needs and requests of those that attend.

CSP Subcommittees:

- * **Advocacy Subcommittee**—Works on legislative, policy, communication, budget, voter education and other issues related to mental health services in the county, statewide and at the federal level when relevant. At the direction of the CSP Committee, the Advocacy Subcommittee gathers information on issues, plans advocacy events and creates a monthly newsletter to provide information to the stakeholder network as well as the community at large about the work of CSP. The newsletter also provides updates on new and changing mental health services provided in Montgomery County.
- * **Social/Media Subcommittee**—Works on facilitating opportunities for people in the CSP community to be more involved in the Montgomery County community. This includes implementing the Community Connections grants, which provide funding for people to participate in a variety of activities. The committee also implements transportation grants that provide gas cards and SEPTA day passes to CSP community members. The annual CSP Poster Art contest is also organized by this committee.
- * **Conference Sub-committee** – The conference subcommittee will plan and fundraise for the annual Montgomery County CSP Conference.
- * **Newsletter Subcommittee**—The newsletter subcommittee works to provide information to the public about CSP and mental health advocacy. The newsletter subcommittee is committed CSP recovery principles which is person centered and empowered by stakeholders. Our goal is to provide information through various media avenue and to create a quality newsletter that includes but is not limited to, legislative advocacy, events, services, personal recovery stories and creative writing such as poems. Please feel free to submit articles and stories to enrich our newsletter. Send to the editor: kathiemitchell8221@gmail.com.

Organizations who regularly send representatives to CSP:

Central Behavioral Health
Community Advocates of Montgomery Co..
Consumer Satisfaction Team of Montgomery County
Hedwig House
Magellan Health Services
Mental Health Partnerships
Montgomery Co. Department of Behavioral Health
Montgomery County Emergency Services (MCES)
NAMI Montgomery County
Norristown Vet Center
Resources for Human Development
Salisbury Behavioral Health

We invite all peers, family members and providers/professionals to attend.



**If you can't attend the monthly
CSP meetings but would like to
give your feedback on topics we
discuss, please email us at
amalcolm@hopeworxinc.org**