IMPORTANT NUMBERS

Fill out this list and keep it handy as your family member goes through the CSP process and moves back to the community.

County Office:	
CSP Facilitator:	
Mayview Social Worker:	
Case Manager/ Service Coordinator:	
Community Treatment Team Contact:	
Crisis Services:	

RESOURCES FOR FAMILY MEMBERS

OF PEOPLE DISCHARGED FROM MAYVIEW STATE HOSPITAL

This Resource Guide includes information on the Community Support Planning (CSP) process (pages 3-5) and the efforts made to follow-up with people in the community after discharge (pages 6-8). You will also find a helpful glossary (pages 15-19) and pages to take notes and track contact information for people involved in your relative's services and supports.

Important contact information for each county in the Mayview Service Area can be found:

Regional Resources: page 9

Allegheny County: page 10

Beaver County: page 11

Greene County: page 12

Lawrence County: page 13

Washington County: page 14

JULY 2008

INTRODUCTION

With the closure of Mayview State Hospital, family members of people being discharged may be experiencing a number of feelings: from happiness and hope, to anxiety, fear, frustration and isolation. For many family members, there is uncertainty about what is involved in the discharge process, where to turn for help or support, and how to support their family member with mental illness while maintaining their other roles and responsibilities.

Family members are incredibly important in discharge planning. As a family member, you have experience and insight into your relative's illness and history that is important to share. The relationship that you develop and share in the community will also provide crucial, valued support.

This resource booklet is intended to provide family members with information about the discharge process, what to expect from providers and counties in the community, and where to go with questions, concerns or complaints. This booklet is divided into several sections:

- **The Community Support Planning (CSP) Process:** developing a plan for discharge and successfully living in the community (pages 3-5).
- **Follow-up After Discharge:** ensuring people receive the services and supports they need (pages 6-7) through county monitoring and consumer surveys.
- **Single Point of Accountability:** expectations for case managers, service coordinators, and community treatment teams (CTTs) (page 8).
- **Resource list:** Contact information for support, questions, concerns and complaints for the region and for each of the five counties in the Mayview service area (pages 9-14).
- **Glossary:** definitions of common terms and acronyms used in the mental health system (pages 15-19).

In addition to this booklet, you may also receive information about the community resources that are being developed in your county, including crisis services , and an example of a CSP plan.

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COMMUNITY SUPPORT PLAN MEETINGS

Developing a Community Support Plan for your family member to live successfully in the community will take time and effort from everyone involved. The process is designed so that the end product is an individualized plan that includes the type of housing and community where the person will live, mental and physical health treatment, and supports that allow the person to become a part of their community and to pursue his/her interests. For example, the finished plan may include a way to connect with a local religious organization, hobby or book group, education and employment opportunities, and/or building a relationship with a peer mentor.

Your family member must give permission for you to participate in the CSP meetings. If your family member does not agree at first, the person may change her/his mind at any time and include you in the process. The person can also decide at any time during the process that they would rather you did not participate. The facilitator will remind your family member that he/she can invite you to be part of the discussions even if you were not at past meetings.

Even if your relative does not consent to have you participate in the CSP meetings, you may contact his/her social worker to express your opinions or ideas. The planning process includes:

Assessments

Before the first CSP meeting, your family member answers questions about his/her needs and wants in the community in a peer assessment. The clinical team also completes an assessment, including strengths, needs, and treatment history. If your family member consents, you will also be asked to complete an assessment.

Community Support Plan (CSP) Meetings

There will be more than one meeting, and each meeting will typically run no longer than one hour.

- At the first meeting, people talk about information from the assessments, and discuss your family member's strengths and potential challenges.
- Then, different options for services and supports that match your family member's needs and wants are shared. The CSP will address the housing, supports, and treatment needs of your family member, as well as his or her interests and needs in employment, daily activities, and community involvement.

COMMUNITY SUPPORT PLAN MEETINGS (CONT.)

- Locating or creating service and housing options in the community are the primary responsibility of the county and community providers.
- Your family member will have the opportunity to visit his or her options for housing and support services between meetings.
- Once your family member and the CSP team have agreed on services and supports that are the right fit, the plan to assist your family member in the transition from the hospital to the community is developed.
- This plan will be very individualized. Depending on your family member's needs, it may take some time to complete all the tasks and get the resources in place before your family member is discharged.

What Family Members Should Expect at CSP Meetings

- Everyone introduces themselves and explains their role.
- All participants are respectful, positive, creative and on time.
- Everyone uses clear language, and talks directly to you and your family member.
- Everyone's responsibilities are clear and people follow up on their tasks between meetings.
- If your relative gives permission, you receive a copy of the CSP.

Roles and Responsibilities

The CSP meetings will include the following participants. Each person has a specific role and is important to the process.

Your Family Member's Role

- Shares information about him/herself and preferences for services and supports in the community.
- Asks questions about anything he/she does not understand.
- Tells about any place he/she visited and shares opinions.

Facilitator Role

- The facilitator runs the CSP meetings.
- The main goal of the facilitator is to make sure your family member's wishes and needs form the basis of the CSP.
- The facilitator may propose new ideas and creative resources to help your relative make a smooth transition to the community.

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COMMUNITY SUPPORT PLAN MEETINGS

- The facilitator makes sure that people follow up on their assignments between meetings.

Recorder Role

- The recorder takes notes and writes the CSP for the group.

Advocate Role

- Advocates from the community and/or the hospital will meet with your family member ahead of time and help ensure that his/her opinions and ideas are brought out at the meetings.
- The advocate will also offer suggestions and make sure your family member's opinions and rights are respected.

Hospital, Community Provider, and County Roles

- Your family member's Mayview social worker and psychiatrist are important participants. They share the clinical perspective and recommendations for treatment in the community. Other staff who know your relative well may participate too.
- The county representative and community providers bring knowledge of the community and potential resources to the meetings.
- The community provider could be a hospital liaison sometimes called a base service unit (BSU) liaison or service coordination unit (SCU) liaison.
- Each person leaving Mayview will have a case manager/service coordinator or Community Treatment Team (CTT). CTTs and case managers/service coordinators get to know your relative while he or she is in the hospital.
- Both CTTs and case managers/service coordinators set up services and supports in the community as part of the CSP plan. CTTs provide many behavioral health services, while case managers primarily act as coordinators of services (see page 8).

Peer Mentor Role

- Peer mentors are mental health consumers who work at Mayview and in the community. They get to know individuals being discharged, and help support them in the CSP process and in the community.
- The mentor helps your relative become more comfortable with moving back to the community by building a positive relationship, talking about options and going on community visits.

FOLLOWING UP WITH PEOPLE AFTER DISCHARGE

County Follow-up Responsibilities

The five counties in the Mayview service area are not only expanding services and supports—they are also expanding their own efforts to keep in touch with people discharged and follow up on any issues that arise.

Each month, a county representative speaks with each individual's case manager/service coordinator or CTT, the residential provider, and often the person discharged and his/her family (if the person has given permission). The county monitors how each individual is doing, and the services and supports he or she is receiving. If necessary, the county will help with changes and follow-up to make sure the individual's needs are met.

If a person has any difficulties or crises during the month, community providers are required to let the county know immediately. The county will set up a meeting to make changes to the person's community support plan. The counties, in turn, report to Pennsylvania's Department of Public Welfare (DPW) weekly and monthly to make sure people are getting the services and supports they need to live safely in the community.

If you have a question or concern about the services your relative is receiving, or want to provide information on your relative's current situation, you can contact:

- your county representative
- your family member's CTT, service coordinator, or case manager
- the managed care insurance company (Community Care or Value Behavioral Health)

See your county resource page for specific contact information.

GLOSSARY

cessful and satisfied in the living, working, learning and social environments of their choice.

Residential Treatment Facility for Adults (RTFA): RTFA programs provide highly structured residential mental health treatment services for individuals 18 years or older. They offer stabilization services and serve as an alternative to either state or community hospitalization.

Service coordination: Allegheny County calls case management services "service coordination." See case management definition for more information.

Social rehabilitation (social rehab): Social rehab programs help people with mental illness learn social skills and assist people in developing natural support systems in the community.

Specialized supportive housing (also called long-term residences): Allegheny County has developed several group homes with 24-hour staff for people who need extra support and supervision in specific areas (including medical needs or behaviors that require close supervision).

Steering Committee: See MRSAP Steering Committee above.

Subsidized Housing: provides housing until Section 8 Housing Vouchers are provided.

Supportive Housing: Programs that provide transitional or permanent housing along with needed supported services for individuals. This can include:

- Enhanced Clustered Housing – multiple apartment in the same building with staff available 24h/day
- Clustered Housing – multiple apartments in same building with staff available during the day.
- Specialized Residences for People with Mentally Illness who are Homeless - this program serves individuals living in homeless shelters or on the streets.
- Independent Apartments – staff provide housing supports to people living in their own apartments

Warmline: The Warmline is a consumer-operated telephone service available for mental health consumers, or any other interested parties that are 18 and older, to call for support. The service provides supportive listening, problem solving, resource sharing, referral, and peer support.

MRSAP Steering Committee: The Steering Committee guides the planning process for the five counties in the Mayview service area. The Steering Committee includes behavioral health professionals, staff from all five counties, administrators from Mayview State Hospital, consumers, advocates, and Pennsylvania Department of Public Welfare (DPW) representatives.

Office of vocational rehabilitation (OVR): Part of the state Department of Labor and Industry, OVR oversees rehabilitation services to promote the employment of people with mental illness and other disabilities.

Peer mentor: The Peer Support and Advocacy Network (PSAN) is operating a peer mentor program for people being discharged from Mayview. People with mental illness are trained to become mentors for people being discharged. Mentors support people through the CSP process and maintain their relationships with people in the community.

Peer specialist: Peer specialists are current or former consumers of behavioral health services who are trained to offer support and assistance in helping others in their recovery and community-integration process. Peer specialists provide mentoring and service coordination supports that allow individuals with serious mental illness to achieve personal wellness and cope with the stressors in their lives. Efforts to provide certification for peer specialists are occurring in Pennsylvania.

Peer Support and Advocacy Network (PSAN): PSAN is a consumer-operated agency. PSAN provides peer support activities at their drop-in centers. They also operate a warmline and a peer mentor program for people being discharged from Mayview.

Permanent supportive housing (PSH): PSH provides affordable housing linked to supportive services that are available, but not required. PSH is safe and secure, affordable to consumers, and permanent, as long as the consumer pays the rent and follows the rules of their lease. This program also includes a Housing Support Team that assists people in maintaining their tenancy and with integrating into their home community.

Project Based Housing: subsidized housing for people with criminal offenses precluding them from public housing.

Psychiatric rehabilitation (also called psychosocial rehabilitation or psych rehab): Programs that help people with mental illness to re-discover skills and access resources needed to become suc-

CFST Surveys

Each county has a Consumer and Family Satisfaction Team (CFST) staffed with consumers and family members. Their primary responsibility is to interview and survey consumers to measure their satisfaction with their services, access to resources, and quality of life. The CFST representatives bring a unique combination of skills and experience to the table—they are consumers or family members and are trained, experienced interviewers.

Every six months after a person is discharged, the county's CFST will contact your relative for an interview. The interview includes questions about access to resources, involvement in treatment, supports and daily activities, and quality of life. The person does not have to participate if she/he prefers not to.

After the survey is completed, the CFST sends the response (with the individual's permission) directly to the county so the county can follow up with any issues or concerns. The results are also used to evaluate overall how people are doing in the community.

University of Pittsburgh Evaluation Project

Pennsylvania's Department of Public Welfare (DPW) has asked the University of Pittsburgh to do an independent evaluation of the Mayview closure. These researchers will be interviewing a group of people discharged from Mayview over the course of a year. Participation is completely optional, and people are paid for the time they take to answer questions and talk about their experience.

Aside from immediate safety concerns, these interview results will be completely confidential and not shared at an individual level with the counties. The results will be used to write a report to DPW on how people experienced the discharge process and their return to life in the community.

CASE MANAGERS, SERVICE COORDINATORS, AND CTTS

Each person discharged from Mayview will have a case manager/service coordinator or Community Treatment Team assigned as the single point of accountability. This accountability means each individual has someone to turn to no matter what the issue.

Case manager/Service coordinator: A case manager (called a service coordinator in Allegheny County) works to ensure people with mental illness receive the continuous care and support they need. The case manager helps people to access mental health, substance abuse, housing, social and education services in order to lead a more stable and healthy life in the community. Caseload sizes vary and are based on the level of need of the individuals being served.

Community Treatment Team (CTT): Also known as Assertive Community Treatment, CTT is a team-delivered service with extensive success in helping people with serious mental illness live in the community. The hours are flexible, services are provided in the community, and CTT handles after-hours emergencies. The teams provide a wide array of services, including psychiatric evaluations, mental health and drug and alcohol therapy, medication management, case management, peer support, assistance with housing, crisis and hospital diversion services, vocational assessments and supported employment, and assistance in managing personal finances. The staff to consumer ratio is low (10 consumers per staff member).

As a family member, you should be provided with contact information, including on-call or crisis pager numbers, for your relative's case manager/service coordinator or CTT. Sharing information with them and being involved in the treatment can help in your relative's recovery.

If your family member has not given his or her case manager/service coordinator or CTT permission to share information with you, your relationship with them may seem one-sided. Even in these situations, you can share information and insight and also contact them with concerns you have.

GLOSSARY

Drop-in center: A place for people with mental illness to go to build meaningful relationships, socialize, learn new skills, and participate in arts, music, and cultural and recreational activities.

Enhanced clinical case management (ECCM): ECCM is a team-delivered mental health treatment service available in Allegheny County. The team includes a clinical therapist, nurse, case manager, and peer specialist.

Enhanced personal care home (EPCH): A facility in which food, shelter and personal assistance or supervision are provided 24 hours a day. These facilities provide assistance or supervision in activities of daily living (ADLs), including dressing, bathing, diet or medication.

Fairweather Lodge: Fairweather Lodges provide decent, affordable and supportive housing for people with mental illness who live and work together as a group. The Lodge is governed by the people living in the house and promotes interdependence.

Long-term residences (also called specialized supportive housing): Allegheny County has developed several group homes for people who need extra support and supervision in specific areas (including medical needs or behaviors that require close supervision). These community-based homes have 24-hour staff.

Long term structured residence (LTSR): A highly structured 24-hour supervised therapeutic mental health residential facility. LTSRs provide intensive mental health services.

Mayview Regional Service Area Plan (MRSAP): Developed by Allegheny, Beaver, Greene, Lawrence and Washington counties, the goal of the service area plan is to provide excellent behavioral health care for the residents of the five counties. The planning process focuses on how best to support people discharged from Mayview in the community as well as all people with serious mental illness in the region.

Mobile medications: Mobile medication teams include three nurses and a peer specialist, with the consultation of a pharmacist. The teams focus on both providing medications and teaching people how to manage their own medications.

sessments and supported employment, and assistance in managing personal finances. The staff to consumer ratio is low (10 consumers per staff).

Comprehensive mental health personal care home (CMHPCH): In addition to providing meal preparation and assistance with activities of daily living of enhanced personal care homes, CMHPCHs provide medication monitoring, activities, and have 24-hour staff including mental health professionals and registered nurses.

Consumer Action and Response Team (CART): CART is Allegheny County's Consumer and Family Satisfaction Team. People who work for CART are either consumers or family members. They do interviews with consumers and families in order to report on people's satisfaction with services and quality of life as well as their needs and preferences.

Consumer and Family Satisfaction Team (CFST): Each county in the Mayview service area has a CFST. People who work for CFSTs are either consumers or family members. They do interviews with consumers and families in order to report on people's satisfaction with services and quality of life as well as their needs and preferences.

Crisis Intervention Team (CIT): The CIT includes a specialized group of Pittsburgh Police officers who receive 40 hours of training to handle crises involving individuals with mental illness.

CROMISA Residential Treatment Facility: Short term residential treatment program for people being released from state correctional facilities who need intensive supports before re-entry into the community.

Department of Public Welfare (DPW): The state agency that oversees state mental hospitals and behavioral health treatment services.

Domiciliary care (Dom care): A private home which provides room, board and personal care for people who are mentally ill, mentally retarded, elderly, or physically disabled. Dom care homes usually accommodate three to four residents.

Mayview State Hospital: For questions or concerns about the CSP process that can't be answered by your family member's social worker or facilitator, contact Kelly Burda, Mayview State Hospital Chief Social Rehabilitation Executive, at 412-257-6732.

National Alliance on Mental Illness (NAMI) of Southwestern Pennsylvania: 412-366-3788 or **1-888-264-7972,** or visit www.namiswpa.org. NAMI Southwestern Pennsylvania is a regional grassroots organization dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through support, education and advocacy activities that promote recovery.

Disability Rights Network (DRN) of Pennsylvania: 1-800-692-7443, or visit www.drnpa.org. Advocates with DRN protect and advance the civil rights of people with disabilities.

ALLEGHENY COUNTY RESOURCES

Allegheny County Department of Human Services, Office of Behavioral Health (OBH): 412-350-4457 Contact OBH with questions or concerns about community services.

Crisis Intervention Hotline: 1-888-7YOUCAN (1-888-796-8226)
The hotline provides around-the-clock counseling, emergency care, and referrals by professional mental health and addictions counselors. Callers can receive immediate crisis counseling and/or be referred to a behavioral health provider. A mobile crisis team can be dispatched when appropriate.

Community Care CSP Helpline: 1-866-553-3446
Community Care is a managed care organization that pays for behavioral health services for people receiving medical assistance (called the HealthChoices program) in Allegheny County. Call the CSP Helpline with questions on CSP planning and transitioning to the community. Assistance from a care manager is available 24/7, including weekends and holidays.

> If you have questions or concerns, your first step can be calling Allegheny County OBH or the Community Care CSP Helpline.

HealthChoices Ombudsman: 877-787-2424
If you have a concern or problem with the HealthChoices program, contact the Ombudsman.

National Alliance on Mental Illness (NAMI) of Southwestern Pennsylvania: 412-366-3788 or **1-888-264-7972** NAMI is a grassroots organization dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through support, education and advocacy activities that promote recovery.

Mental Health America - Allegheny County: 1-877-391-3820 MHAAC works to promote good mental health and to improve attitudes toward mental illness through information, advocacy and support.

Consumer Action and Response Team (CART): 412-281-7333
CART is Allegheny's Consumer and Family Satisfaction Team (CFST). CART conducts interviews and surveys to measure people's satisfaction with services, access to resources, and quality of life.

Peer Support Warmline: 1-866-661-WARM (9276)
The warmline is a consumer-operated phone service for mental health consumers and families. It provides supportive listening, problem solving, resource sharing, referral, and peer support. Hours of operation are 2pm to10pm, seven days a week.

The **Peer Support and Advocacy Network (PSAN): 412-227-0402** operates the warmline, peer mentor program, drop-in centers, and other advocacy and community activities for consumers and others.

GLOSSARY

Case management (called service coordination in Allegheny County): designed to ensure people with mental illness receive the continuous care and support they need. Case managers help people to access mental health, substance abuse, housing, social, and education services in order to lead a more stable and healthy life in the community. Caseload sizes vary and are based on the level of need of the individuals being served.

Clubhouse: Clubhouses provide opportunities for people with mental illness to socialize, provide support to each other, develop relationships, and to learn and practice work skills both at the clubhouse and with temporary employment positions in the community. Members work together to manage the clubhouse operations.

Community residential rehab (CRR): A voluntary residential program in an apartment or group-home setting that provides housing, personal assistance, and psychosocial rehabilitation. The CRR is temporary housing which is designed to assist individuals with gaining the skills necessary to reside in a more independent setting.

Community Support Plan (CSP): A CSP is developed through a series of meetings which help to identify a person's wants and needs for support and success in the community. The treatment team, family (if the consumer chooses), community providers, county, advocates and peer mentors may all participate in the plan development. Each person discharged from Mayview as part of the closure develops a CSP.

Community Treatment Team (CTT): Also known as Assertive Community Treatment, CTT is a team-delivered service with extensive success in helping people with serious mental illness live in the community. While staffing patterns may vary from rural to urban areas, CTTs typically include a Team Leader, a Psychiatrist, Nurses, Mental Health Professionals, Drug and Alcohol Specialists, Peer Support Counselors and Vocational Specialists. The hours are flexible, services are provided in the community, and CTT handles after-hours emergencies. The teams provide a wide array of services, including psychiatric evaluations, mental health and drug and alcohol therapy, medication management, case management, peer support, assistance with housing, crisis and hospital diversion services, vocational as-

WASHINGTON COUNTY RESOURCES

Washington County MH/MR Program: 724-228-6832
Call with questions or concerns about community services.

24-Hour Crisis Line: 724-379-6093 or **1-888-386-2144**
24-Hour Mobile Crisis
Crisis Stabilization Unit
Walk-Ins
Telephone Crisis

> If you have questions or concerns, your first step can be calling Washington County Mental Health/Mental Retardation.

Washington Communities MH/MR Program: 724-225-6940
8:30 PM to 5:00 PM -Washington Area
Mobile Crisis
Walk-ins
Telephone Crisis

911 – (within Washington County) or 724-229-4600 (outside of Washington County) The Washington County dispatcher will link persons directly to a mental health crisis worker.

Mental Health Association of Washington County: 724-225-2061

National Alliance on Mental Illness (NAMI) Pennsylvania—Washington County: NAMI is an educational, advocacy and support group for families, consumers, and professionals dealing with mental illness. Contact Thomas Shade at **724-228-9847**.

Value Behavioral Health: 1-877-688-5976
Value Behavioral Health is a managed care organization that pays for behavioral health services for those individuals receiving medical assistance in Washington County.

Washington County CFST: 724-225-9550 x405
The CFST conducts interviews and surveys to measure people's satisfaction with services, access to resources, and quality of life.

Warmline: 724-223-1026 or **1-877-642-2466**
The Warmline is a telephone line for mental health consumers and family members of Washington and Fayette Counties to call and receive non-emergency peer support and/or community resource information. The hours of operation for the Warmline are 6pm-9pm, 7 days a week, except major holidays.

BEAVER COUNTY RESOURCES

Beaver County Behavioral Health (BCBH): 724-847-6225. Contact BCBH with questions or concerns about community services.

Heritage Valley Health Systems (HVHS) - Staunton Clinic, Rochester: 724-775-5208 or 1-800-400-6180
Telephone hot-line and walk-in crisis services are provided 24 hours a day, 7 days a week for individuals in crisis. Services include screening calls, counseling, consultation, referral and face-to-face assessment and crisis resolution.

> If you have questions or concerns, your first step can be calling Beaver County Behavioral Health.

Beaver County Mental Health Association: 724- 775-4165. The Mental Health Association works to promote good mental health as well as to improve attitudes toward mental illness. There is a consumer drop-in center, along with many community activities and supports available not only to consumers, but families and other interest groups.

WARMLINE of Beaver County: 724-775-9507 (Local) or **1-877-775-WARM** (Long Distance). This is a consumer run telephone service for mental health consumers to offer peer support and resource sharing. The WARMLINE operates 365 days a year from the hours of 6:00 p.m.-9:00 p.m.

National Alliance on Mental Illness (NAMI) -Beaver County: NAMI-Beaver County is an educational, advocacy and support group for families, consumers, and professionals dealing with mental illness. Meetings are held at 7:30 p.m. the third Thursday of each month in the conference room at Heritage Valley Health Systems-Staunton Clinic, Rochester. The address is 176 Virginia Avenue, Rochester. NAMI Hotline & Information: **1-800-950-6264.**

Beaver County CFST: 724-775-7650. The Consumer and Family Satisfaction Team (CFST) conducts interviews and surveys to measure people's satisfaction with services, access to resources, and quality of life.

Value Behavioral Health of PA: 1-877-688-5970. Value Behavioral Health is a managed care organization that pays for behavioral health services for those individuals receiving medical assistance in Beaver County.

GREENE COUNTY RESOURCES

Greene County MH/MR Program: 724-852-5276 (Toll free: 888-317-7106) Contact Greene County with questions or concerns about community services.

Crisis Line: 724-627-8156 (after 5pm on weekdays or on weekends call 911)

Steps In Side, Inc. is Greene County's Consumer and Family Satisfaction Team (CFST). The CFST conducts interviews and surveys to measure people's satisfaction with services, access to resources, and quality of life. They can be reached at 724-852-5395.

Value Behavioral Health: 1-877-688-5973
Value Behavioral Health is a managed care organization that pays for behavioral health services for those individuals receiving medical assistance in Greene County.

> If you have questions or concerns, your first step can be calling Greene County MH/MR.

LAWRENCE COUNTY RESOURCES

Lawrence County MH/MR Program: 724-658-2538. Call with questions or concerns about community services.

- John Klenotic, Administrator (ext. 12)
- Joe Venasco, Mental Health Program Specialist (ext. 17)

24-hour Crisis Line: 724-652-9000

National Alliance on Mental Illness (NAMI) of Lawrence County: 724-657-0220. NAMI is an educational, advocacy and support group for families, consumers, and professionals dealing with mental illness.

Human Services Center (HSC): 724-658-3578
Human Services Center is the Community Mental Health Center for Lawrence County and functions as the single point of contact for case management services. Contact Bill McLachlan, Community Liaison (ext. 114).

Lawrence County Consumer Satisfaction Team (CST): 724-657-0226. Lawrence CST conducts interviews and surveys to measure people's satisfaction with services, access to resources, and quality of life.

Value Behavioral Health of PA: 1-877-688-5975
Value Behavioral Health is a managed care organization that pays for behavioral health services for those individuals receiving medical assistance in Lawrence County.

> If you have questions or concerns, your first step can be calling Lawrence County MH/MR.