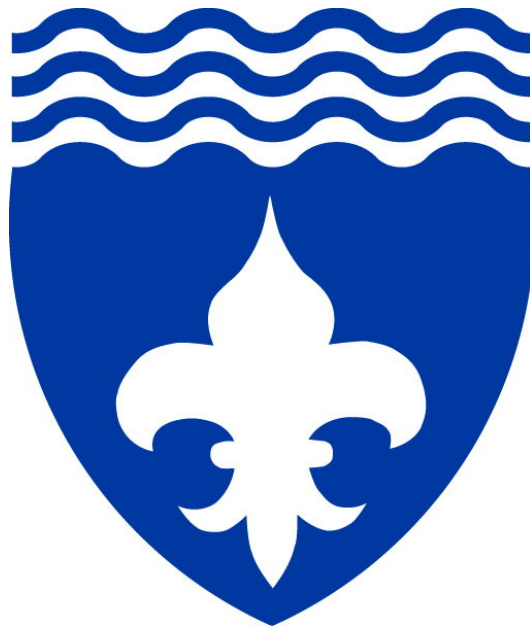


Dauphin County



Mental Health/Mental Retardation Program

Annual Report

July 1, 2007 – June 30, 2008

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**Dauphin County MH/MR Program
2007-08 Annual Report Executive Summary**

The Dauphin County MH/MR Program is the administrative unit for the management, funding, and oversight of mental health, mental retardation, and early intervention services in Dauphin County. The program is funded through DPW's Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, and Office of Child Development and Early Learning, and county funds. The program operates four units, Mental Retardation Services, Early Intervention Services, Mental Health Services, and Crisis Intervention Services. During FY 07/08 we served 2,799 consumers in our MR Program, an increase of 4% from FY 06/07; we served 4,639 consumers in our MH Program, an increase of 10% from FY 06/07; we served 649 children in our EI Program, an increase of 10% from FY 06/07, and we had 4,057 consumer contacts in our Crisis Program, which was about the same as FY 06/07. Total program expenditures were \$65,170,024, of which 96.4% was expended for consumer services, and 3.6% was used to administer the program.

The following report summarizes the accomplishments of the MH/MR Program in FY 07/08 which are numerous, and which demonstrate our staff and our provider's commitment to the mission, vision, and values of our program. We also describe significant challenges in the report, and concerns about our community-based MH/MR system, but these concerns continue to be balanced against improvements made in our system. And most importantly, consumers and families served by our system continue to make gains and experience progress in leading meaningful lives in our community.

Concerns include funding challenges in the MH, MR and EI systems as well as the increasing pace of change and the ability of consumers, families to comprehend the changes and maintain an active role in participating in decisions about their services. The MH Program continues to struggle with meeting the demand for outpatient services, and also instituted waiting lists for many services in FY 07/08. The MR system is adapting to the major changes as ODP is preparing to eliminate the MR Waiver allocation to Counties at the conclusion of FY 08/09. Much of the efforts of MR administrative staff in FY 07/08 were focused on attempting to minimize negative impacts of the changes to families and consumers of waiver funded services. We also anticipate that OCD-EL will migrate to a state administered EI Waiver program similar to that operated by ODP in the near future.

We are also challenged to assist providers in maintaining financial viability, and in maintaining programmatic integrity to assure that high quality services continue to be provided to consumers and families in Dauphin County in a rapidly changing environment and in difficult economic times. However, we continually look for opportunities for growth, for service delivery improvements, for increased collaboration and for new opportunities to serve residents of Dauphin County living with mental disabilities. We look forward to meeting these challenges, and we appreciate the support of the MH/MR Advisory Board and the Dauphin County Board of Commissioners in meeting these challenges.

Respectfully submitted,



Daniel E. Eisenhauer
Administrator



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Mission

The Dauphin County MH/MR Program provides funding and administrative oversight for various services in our community for persons with mental disabilities and for children with special needs or developmental disabilities. Our mission is to assure that these services are of the highest quality possible, are cost effective, and are readily available to all who need them. We promote the principles and fundamentals of self-determination in our mental retardation program, of recovery and resiliency in our mental health program, and family-centered services in our early intervention program.

Vision

Every person with a mental disability and every child with special needs and/or developmental disabilities will have a network of family, friends, advocates, and supportive services to provide assistance in living a full and productive life in our community.

Values

The Dauphin County MH/MR Program will develop a continuum of services that assures that:

1. All persons, including consumers, family members, and treatment providers, are treated with honesty, dignity, and respect.
2. Service providers work in partnership with our consumers and other providers to assure consistency and coordination of services.
3. Service providers share in the responsibility for positive results from services and supports, and they undertake active measures to facilitate consumer success.
4. Services are developed to meet consumers' identified needs and are readily accessible and available.
5. Services are delivered in a manner that improves consumers' life satisfaction and promotes the consumers' independence.
6. Consumers maintain control of their lives and exercise choice in the services and supports that they receive.
7. Consumers are encouraged to use natural supports in their communities and to exercise their rights to participate fully in their communities.
8. The health and safety of consumers is promoted and protected, and individuals' rights are abridged only to protect the health and safety of the consumer or the community.
9. Funds are utilized efficiently and equitably.
10. Consumers' individual, family, and cultural experiences, values, and preferences are respected and are integral to service planning.

Adopted by the MH/MR Advisory Board on 5/31/2000

Mental Health Program Accomplishments 2007-2008

Adult MH Program

➤ *Persons Served Overview*

- Served 4,639 unduplicated consumers, a 10% increase compared to FY 06/07.
- Significant increases by cost center were persons served with Administrative Case Management, Outpatient MH Treatment, and Employment.

➤ *Mental Health Plan 2009-2012*

- Organized effort based upon OMHSAS requirements, Plan submitted in May 2008.
- Community Support Program (CSP) Committee provided leadership and collaboration with County staff in Plan development.
- Trained and supported nine (9) consumers to conduct focus groups and individual interviews for Plan input.
- Surveyed providers on Evidence-based Interventions and Promising Practices in a Recovery-oriented system.
- Collected and summarized data on Certified Peer Specialist services in Dauphin County and described array of mental health services and capacity using Recovery Model Crosswalk to describe essential services in a recovery-oriented system.
- Established a Collaborative Team for stakeholders in MH system planning.
- A Housing Preference survey was conducted in early 2008 to better inform County and agency staff on consumer interests in types of independent housing and recovery-oriented services. Temple University completed data entry for analysis.
- Completed specialized plans including Forensic Plan, Housing Plan and PATH (Projects for Assistance in Transition from Homelessness) Intended Use Plan.

➤ *Housing and Residential Overview*

- A Long-Term Structured Residence (LTSR) developed as a part of the Community Transition (HSH Closure) operated by Keystone Service Systems moved to a permanent site in Susquehanna Township. Sixteen (16) persons reside there.
- Supported and committed reinvestment funding to a Fairweather Lodge in development by Paxton Street Ministries to be located in Penbrook.
- The Volunteers of America 811 housing project is still in development with HUD and various other sources, including Dauphin County reinvestment funds to construct a 14 unit-housing program to serve persons with mental disabilities.
- Construction began on a Community Residential Rehabilitation (CRR) program operated by Gaudenzia and developed as a part of the Community Transition (HSH Closure) for 16 individuals.

➤ *Quality Assurance*

- Continued management of three unusual incident reporting databases: County, Community Transitions (HSH Closure) and HCSIS.
- Adult MH Committee of the MH/MR Advisory Board surveyed adult MH program directors/supervisors on recovery oriented practices using a self-assessment inventory developed at Yale University. The information will be used as a baseline to measure

improvement in system transformation in subsequent years and provide contracted agencies with areas for improvement in their own organizations.

- MH staff served as County Representative for CBHNP's Level 2 Grievances.
- MH staff and the MH/MR MIS consultant have participated in a pilot project to transform the way in which service data is reported to OMHSAS. All county-funded services will be re-coded and testing the new system will be done in 2008-2009.
- A Quality of Care Task Force was established to monitor personal care home (PCH) services when provider has a provisional license and preparation for possible relocation of residents.

➤ ***Collaboration with Providers***

- County and CMU staff convene bi-monthly meetings to discuss system issues and planning and to improve communication and problem solving.
- MH staff attended numerous Community Support Plan (CSP) meetings for adults in the mental health system and Interagency Service Planning Team (ISPT) meetings for children and families served in children's mental health.
- Residential Team continues to identify issues and improvements that increase consumer-driven service planning. The group's primary focus is efficient management of adult residential services. Database is being developed to manage vacancies and waiting lists.
- The Outpatient Clinic services provided by Keystone Service System since late 1980's were closed in June 2008. 545 individuals (children and adults), including 68 county-funded persons were transitioned to other service providers in a team effort with CBHNP and case management entities. Among the 545 consumers active with Keystone, 370 were open with the Base service Unit and registered to receive publicly funded MH services.
- Hershey Medical Center and Pinnacle Hospital Systems formed a new joint venture, Pennsylvania Psychiatric Institute, which opened April 1, 2008, and consolidated the operation of 74 psychiatric beds in our community for children, teens, adults, and older adults.
- Three (3) agencies were approved to provide MA/CBHNP funded Certified Peer Specialist services in Dauphin County: Keystone Service Systems, Philhaven, and CMU. Other agencies interested in peer specialist services include: Northwestern Human Services, Paxton Street Ministries and Community Services Group, Inc.
- Memorandum of Understanding with Area Agency on Aging continues to assure and promote communication, cross training, and a case review process.
- Reorganized adult case management services in Upper Dauphin County to include additional resource coordinators.
- Quarterly meetings with Capital Area Transportation (CAT) and Center for Community Building (CCB) have improved services and fiscal management of County funded mental health transportation services.

➤ ***Wellness Initiative***

- Wellness Initiative hosted health education and wellness event for adults with serious mental illness and co-occurring disorders in cooperation with AmeriHealth Mercy. Mini-workshops on medication safety, diabetes, and healthy nutrition were attended

by approximately 100 participants. Other activities included: blood pressure screening, Body Mass Index (BMI), resource materials and chair massages.

➤ ***Cultural Competence***

- Developed a purpose statement for the Cultural Competence Task Force and convened monthly meetings.
- Planned a Cultural Competence Year for 2008-2009 to educate mental health community and promote a culturally competent service system.
- Surveyed adult MH program directors/supervisors for their opinions and perceptions on their cultural competence using a self-assessment instrument developed by Drexel and Temple Universities. The results will be used in planning during 2008-2009.

➤ ***Recovery and Resiliency Education Project***

- Monthly activities occurred between July and March highlighting the 8 of the 10 fundamentals of recovery and resiliency. The remaining fundamentals of Responsibility and HOPE will be addressed in 2009.

➤ ***Financial Accountability***

- Re-captured court hearing costs from other counties for commitment hearings in Dauphin County.
- Re-education with case management entities and vocational services regarding referrals to Office of Vocational Rehabilitation (OVR) policy and procedure dated 1998.
- An annual liability determination is reinforced with service providers and individuals in services to provide updated information and maintain best use of resources and to determine service needs. Authorization requests are reviewed in a timely manner.
- Persons with Medicare lack parity in mental health system due to lower reimbursement rates, limited service coverage and practice standards, few enrolled psychiatrists and outdated service models which favor inpatient care.

➤ ***Jail Diversion Program***

- Jail Diversion activities were implemented in 2007-2008 according to the SAMHSA (Substance Abuse and Mental Health Services Administration) approved Strategic Plan.
- Diversion is defined as avoiding or reducing jail time by using community-based treatment as an alternative, and the Dauphin County project focuses on post-booking strategies and pre-sentencing diversion for non-violent offenders.
- Crisis, or the involved case management agency, conducts an assessment to confirm an MH diagnosis and the individual's willingness to participate in treatment. A second-level assessment determines eligibility under the grant, participation in evaluation activities of the grant and ability to change out a treatment plan.
- Training was delivered on the grant and crisis intervention services to various police departments.
- The Jail Diversion grant funded a one-day training for all system partners on developing a Trauma-Informed System of Care, including the development of a framework for implementation.

- Data from first year:
 - Number of Referrals – 288**
 - Number of Assessments – 208 (72%)**
 - Number of Court Decisions – 117 (56%)**
 - Number of Individuals Enrolled – 86 (73%)**
 - Percentage of Individuals Enrolled – 30%**

- Number of Jail Days Saved – 9609 days Average – 112 days**

➤ **Staff transitions**

- Hired Quality Assurance Specialist, Joseph Whalen, Ph.D. in April 2008.
- Hired Adult MH Specialist, Frank Magel, in April 2008.

➤ **Community Transitions Update**

The three-year anniversary of the HSH closure will be January 2009. The summary below is of consumer status showing progress during the past three years. Information was compiled in October 2008.

- During 2007-2008, Dauphin County’s bed capacity was reduced from 38 to 35 persons.
- Use of other State Hospitals was reduced from 5 persons at Allentown and Wernersville State Hospitals to only two (2) individuals at Wernersville.

113 = Total number of consumers identified as members of the HSH closure population

- 97 = Consumers receiving services in Dauphin County communities or other Counties/States (06/07 =77)
- 09 = Consumers deceased
- 02 = Consumers at other State hospitals (06/07=5)
- 02 = Consumers incarcerated (06/07=1)
- 03 = Consumers currently receiving skilled nursing care in nursing facilities

13 = Consumers who were transferred or admitted to DSH and currently remain at DSH (06/07=23)

- Philhaven’s Extended Acute Care program serves as a community alternative to state hospitalization. There were 31 admissions in 2007-2008; there were six (6) admissions to Danville State Hospital from the community.
- Fifteen (15) persons returned to community from State Hospital settings.

Children's MH Program

➤ **Serving Children in Schools**

- Over forty (40) Student Assistance Program (SAP) teams in middle, junior and senior high schools throughout the County received mental health consultation for students at risk of mental health issues. The services that mental health consultants provided to SAP included: case consultation, informal assessments, resource materials, and co-facilitation of groups. Concerns about the implementation of SAP in the Harrisburg School District are the focus of continued discussions and collaboration.

- School-based mental health outpatient clinics served children in many schools. Two providers served four school districts across 15 outpatient satellite sites. Over a six-month period, 213 CBHNP members received services. Mental health services offered include: individual, family and group therapy. Additional school-based satellite clinic sites are planned for the 2008-09 fiscal year.

➤ ***Improved Access to Services***

- Two new Summer Therapeutic Activities Programs (STAP), Edgewater Children's Services and Vista, were added in Dauphin County and funded by CBHNP. Vista's STAP program specialized in providing services to adolescents (14-21 years old) diagnosed on the autism spectrum. Edgewater's STAP program specialized in providing services to children (4-12 years old) diagnosed on the autism spectrum.
- Pennsylvania Counseling Services (PCS) partnered with a community summer camp program, New Beginnings, to establish satellite mental health outpatient clinics in four of the camp's sites. Individual and family therapy was offered to children and adolescents attending the camps.
- CBHNP eliminated their waiting list for Behavioral Health Rehabilitation Services. BHRS providers are adapting to the change through increased collaboration among the provider network. They have developed a weekly capacity report and e-mail distribution lists to improve communication between providers and assist families in accessing BHRS services in a timely manner.
- The availability of particular services doesn't always meet demand or requests for services. Earlier in the fiscal year, Family-Based Mental Health Service providers had multiple openings at any given time. Families had access to family-based services immediately. Over the course of the fiscal year, approvals for family-based increased as well as some providers adjusted their capacity to meet the need.
- Respite services have been offered by the County for over 15 years. The County contracts with two licensed CRR-Host Home providers to provide emergency and planned overnight respites. A work plan was developed to maximize the benefit of this resource which has been unused. Additional respite resources have been available from a Respite Brokerage service funded through reinvestment funds.
- Children's MH providers meet every few months for information sharing and collaboration. Standards of practice are reinforced and opportunities to improve service delivery emerge.

➤ ***Collaboration With Children and Youth and Juvenile Probation***

- The Integrated Children's Service Initiative (ICSI) has significantly increased the use of behavioral health services among children and teens in the juvenile probation and children & youth systems. This has been especially true in the increased use of residential treatment. The change in funding responsibility also raised new needs and issues, including:
 - staff training
 - working with the BH-MCO's funding and authorization process
 - coordination with community mental health agencies for the provision of evaluations in the community and at the Schaffner Youth Center (detention and shelter program) and

- use of grievance & complaint processes by families and CYS (custodial agency).
 - Multi-system committees continue to meet weekly to monitor psychiatric and psychological evaluation referrals as well as the lengths of stay for youth that are sheltered or detained.
 - Completed the Mental Health/Juvenile Justice Assessment Survey for the Integrated Children's Services Plan using an interagency, multi-system process. Survey was not included in ICSP submitted in September 2007. Staff participates in Juvenile Justice Aftercare Workgroup although no mental health goals are identified in work plan.
 - Dauphin County was awarded a two-year grant from the Pennsylvania Commission on Crime and Delinquency (PCCD). Grant funds provide start-up funding to implement Functional Family Therapy (FFT) in Dauphin County. FFT is a blue print evidence-based program that provides intensive in-home family therapy to youth with primary mental health issues that are also involved with the Juvenile Justice System. VisionQuest was selected as the FFT provider for Dauphin County.
 - Intensive Family Services (IFS) is a program transitioned to behavioral health funding in 2007/2008 at the request of the Dauphin County Social Services for Children and Youth to prevent out-of-home placement through intensive supports.
- ***Transition Age Services***
- The JEREMY (Joint Efforts Reach and Energize More Youth) Project serves up to 50 young persons (age 14-22+) each year as they transition to adult lifestyles. The services include: person-centered planning with an unconditional team, therapeutic groups which focus on healthy relationships and problem-solving, art classes, a monthly support group for family members, monthly participant meetings for education/recreation, vocational support, career planning and life skills acquisition. Funding for the JEREMY Project transitioned to CBHNP utilizing HealthChoices reinvestment funds.
- ***Provider Network Concerns***
- Priority areas for the Children's MH System include family engagement, improving discharge planning and increase the capacity and use of community-based evidence-based programs.
 - Providers continue to struggle with staffing in services with high demand, such as BHRS. Service delivery models will continue to rely upon a degree of intensive interventions in home and community settings, increased administrative costs and staff transportation issues not reflected in current rates.
 - Child psychiatric services are needed in the Upper Dauphin County area, known as Northern Dauphin County. Transportation costs and public transportation availability make services in the balance of the County inaccessible to families.

Mental Retardation Program Accomplishments 2007-2008

- ***Services and Supports to Individuals with Intellectual Disabilities and Their Families:***
 - Dauphin County received additional funding to expand services to 96 additional individuals. This was a major expansion of our MR system and involved a commitment from all stakeholders, including Support Coordinators, CMU supervisory staff, providers, MR Department staff, individuals and families. Dauphin County met all requirements and all 96 folks started their new services during this fiscal year.
 - The Dauphin County MR system funded services for 3,430 children and adults during this fiscal year.
 - Served 434 people using Consolidated Waiver funding for a total of \$34, 455,914.
 - Served 207 people in the Person Family Directed Waiver for a total of \$2,218,449.
 - Served 1258 people using base-funded services for a total of \$ 4,141,026.
 - 1,145 children and adults received Supports Coordination Services only.

- ***County's Changing Role in Service Delivery***
 - Supported individuals in designing their own supports by accessing the services of two local ISOs.
 - Informed individuals of upcoming changes as the Office of Developmental Programs establishes a contract with a statewide Vendor/Fiscal Financial Management Service through Acumen for Participant Directed Services.
 - Preparation underway for major changes in statewide Service Definitions.

- ***Focus on Employment***
 - Supported 2008 school year graduates with job finding and job support services as they work toward their employment goals.
 - Sponsored an Employment Forum in November to share information about employment and to emphasize competitive employment. Local providers attended and shared information.
 - A follow up meeting was scheduled to share information about benefits counseling.
 - Joined with the Capital Area Intermediate Unit and other community agencies as part of the Employment Council. This Council meets every other month. This group focus its work on understanding employment related barriers and solutions. The Employment Council is one part of the Capital Area's Transition Council.
 - An issue of the MR Newsletter shared stories of folks working in community jobs and provided information about work incentives.
 - Mentors for Self Determination provided training to Dauphin County families about the "transition from school to work" process.

- ***Focus on Community Living***
 - Worked with residential providers to meet the needs of folks in need of residential supports. We opened one additional group home to serve the needs of 2 young men who were in emergency status.
 - We continue to work with providers and CMU staff to have teams consider the option of life sharing. A number of folks moved from residential group settings to life

sharing opportunities. This movement allowed us to fill those vacancies with folks needing emergency care.

- An issue of the MR Newsletter shared stories of folks receiving life sharing residential supports. Contact information for each agency providing this service was provided, as well as opportunities for folks to consider becoming a life sharing provider.
- A Life Sharing Forum was held to spread information about Life Sharing. All providers were represented, as well as families involved in life sharing.

➤ ***Collaboration with Other County/Community Groups to Better Support Individuals***

- A series of “Lunch n Learn” programs were scheduled to address key issues related to aging/mental retardation.
- The Dauphin County Aging and MR programs received a grant from the Department of Aging to support our “Lunch and Learn” programs.
- Department staff participated in a variety of activities to understand the impact of poverty on families and individuals living in Dauphin County.

➤ ***Commitment to Self Advocacy***

- Continue to support the work of our local SFO: funding of meeting refreshments and providing meeting space at the CMU.
- Collaborated with SFO, CSP, the MR Committee, and Commissioner Hartwick to sponsor this year’s Voter Forum. Once again, SFO played a major role in the design of this program and presenting information to participants.
- A number of individuals registered to vote at this year’s event.

➤ ***Financial Accountability***

- Continue to support the work of providers as they prepare for payment through the PA Treasury, effective July 2009.
- County staff and CMU staff established a process in which decisions about interval needs can be made as soon as possible.

➤ ***Commitment to Health and Safety***

- Scheduled a number of forums and trainings to discuss Incident Management.
- Ongoing meetings are held with providers to follow up on any health and safety concerns. Monthly monitoring reports from Supports Coordinators are reviewed.
- Staff from the county and CMU, meet regularly with residential providers to identify and correct concern areas.
- Utilize monthly Incident Management data at monthly meetings including Risk Management Meetings.
- Human Rights Committee continues to meet monthly.
- An Emergency Preparedness Training was held for providers in November. Annual evacuation plans were collected from all providers.
- Established a contract with Advocacy Alliance to conduct 24-hour review of all incidents and to serve as certified investigators for the county program.

- ***Assuring Compliance with State and Federal Requirements***
 - Dauphin County MR staff completed a Self Review using ODP's Oversight Monitoring Scoring Tool. Identified areas were targeted for improvement and a plan of correction was submitted to the regional office of ODP.
 - In April, Dauphin County was monitored by regional staff from ODP using the Administrative Entity Oversight Monitoring Process. (Note: final report received in October 2008).

- ***A Commitment to Quality***
 - The Quality Council, as required by the Office of Developmental Programs was established and reports to the MR Committee of the MH/MR Advisory Board.
 - Parents and family members are important members of the Dauphin County Quality Council.
 - A number of policies and practices were updated to assure that the county program is following ODP requirements. Policies updated included: Incident Management, IM4Q, Rights, Record Retention, Eligibility, Choice, IESF (Individual Emergency Services Form), Personal Funds, and Provider Qualification.
 - Department staff stayed abreast of ODP's new provider qualification requirements, standing ready to begin the process on July 1, 2008.
 - Department and CMU staff visited all folks from Dauphin County living at Selinsgrove Center.
 - A Forum was held in the spring which focused on Assistive Technology by the Pa Assistive Technology Foundation addressing what is available, how to get it, and how to fund it.

- ***Commitment to Training and Communication Among and With Providers***
 - Continue to support ASPIRE Training.
 - A total of 72 new residential staff was trained this year.
 - Provider Forums were scheduled and held every two months to pass on new information, share successes, concerns, and identify solutions.

Early Intervention Accomplishments 2007-2008

- ***Building Relationships and Sharing Information with the Child Care Community***
 - EI Coordinator and EI Supervisor members of the Community Engagement Team for Dauphin County.
 - EI Coordinator serves on the Leadership Team for the South Central Region of the PA Key, and served on the professional development committee of the South Central PA Key to identify areas of professional development needed by our community's childcare providers.
 - Provided workshops/training on including young children with special needs in community childcare settings, including a session at the Capital Area Association for the Education of Young Children's annual conference at Messiah College.
 - Serve on the Capital Area Head Start Advisory Committee.
 - EI Coordinator met with Pre K Counts providers in Dauphin County to share information about early intervention.

- ***Partnering with Families, Providers and Community Stakeholders to Enhance EI Services***
 - The EI Coordinator continues as an active member of the Interagency Coordinating Council (ICC) for Early Intervention Services, recently renamed, "Early Intervention Connections." The council brings together families, EI professionals, and other stakeholders with the purpose of strengthening our community's services to young children with special needs and their families. The ICC serves to identify gaps in services and enhance quality of supports to families involved in early intervention.
 - Standardized and compiled in written form, the information is shared with families about the interests and qualifications of each early intervention provider. This tool helps families make informed choices regarding who will provide their children's services.
 - The EI Coordinator conducted regular meetings with Providers to share information uniformly, deliver training, and provide support around the ever-changing processes within the EI system.

- ***Using all Resources to Identify Eligible Children and Support Families***
 - EI staff regularly meets with staff from WIC, the Lead Clinic, and other referral sources to promote awareness of EI, and improve the identification of at-risk children.
 - Participated in Community activities to share EI information, such as the Halifax Community Day, Harrisburg School District's University Day, etc.
 - Faith Leaders Luncheon was held in March to begin planning for a faith conference in October, 2008, to promote inclusion of children with disabilities.
 - Developed posters to display in doctor's exam rooms, libraries and childcare facilities to inform the public about EI services.
 - Began exploration of the use of media to increase awareness of EI to a larger public audience. Met with public relations professionals to determine feasibility.

- ***Using Data to Guide Service Provision***
 - The EI Supervisor at the CMU continues to track service provision, particularly for those children in outlying areas of the county. This data is graphically displayed by the EI Coordinator and County GIS (Geographic Imaging System) on a map of the County that easily indicates where services are being provided and/or under-utilized.

- Areas with low service rates are targeted for intensive outreach. The EI Coordinator continues to work to assure that we have adequate capacity to meet all the needs of the children and families that we serve in Dauphin County.
 - All contracts were negotiated using the new EI Fee Schedule.
 - The EI Supervisor and the EI Coordinator participated in requirements groups to help with the design of a new State EI data system entitled “PELICAN.” Over the next few years, all early childhood service providers will be able to enter information, and link individual children across programs.
- ***Partnering with Dauphin County Children and Youth***
- EI staff participated in a number of Family Group Conferences and we are represented on the System of Care Implementation Team.
 - EI Coordinator and C&Y administrative staff finalized a plan to identify children at risk who are currently involved with the C & Y program, and assist in training C&Y staff to use the Ages and Stages Questionnaire.
- ***Early Childhood Accountability Program***
- Expanded implementation of the Federal Early Childhood Accountability Program. “ECAP” will be used by all early childhood service providers in the State, including the EI program, Head Start, and local preschools. The purpose is to track children’s progress in relation to their peers on 3 identified outcomes: their abilities to have positive social relationships, to acquire and use knowledge/skills, and to take appropriate actions to meet their needs. Assessments of progress are now completed at program entry and exit.
 - Dauphin County completed its monitoring of all EI providers. Plans of correction were received from each provider that received non-compliance notification.
 - Dauphin County EI program was reviewed by the Office of Child Development and Early Learning. A county plan of correction was submitted for all areas found to be non-compliant.
- ***Young Children with ASD (Autism Spectrum Disorder)***
- Children with ASD are the fastest growing area of developmental disability, affecting 1 in 150 children.
 - We support the work of ASD HOPE, providing information and support to families upon their child’s diagnosis. They provide New Parent Chats and provide information relevant to “navigating the system.”
 - Along with Cumberland Perry EI, we provided funding for Keystone staff to develop a Competent Learner Model (CLM) for serving toddlers with ASD. The CLM is being used for a number of children when they transition to preschool EI services.
- ***RFP for Evaluations***
- Dauphin County issued a Request for Proposals for an independent evaluation system. This contract was awarded to Families First, a collaborative of UCP Central PA, Pinnacle Health’s Infant Development Program and Keystone Children and Family Services. We received a commitment from the Office of Children and Early Learning that we would not need to issue an RFP yearly for our system to continue.

Dauphin County Early Intervention Annual Report Statistics - FY 07-08

Early Intervention (EI) Services are provided through the County provider network to children from birth up to their third birthday. EI Services are arranged and coordinated through Service Coordination (SC) services.

<u>Children Served</u> (Unduplicated)	<u>FY 03-04</u> #	<u>FY 04-05</u> #	<u>FY 05-06</u> #	<u>FY 06-07</u> #	<u>FY 07-08</u> #
EI Services Served:	560	572	587	593	649
Service Coord. Served:	749	762	817	827	888
All Services (Undup)	752	766	818	828	888

<u>Race / Ethnicity</u>	<u>FY 03-04</u>		<u>FY 04-05</u>		<u>FY 05-06</u>		<u>FY 06-07</u>		<u>FY 07-08</u>	
	#	%	#	%	#	%	#	%	#	%
Hispanic	88	12.6	111	15.7	99	13.1	108	14.2	109	13.3
Black	171	24.4	171	24.1	175	23.1	178	23.4	199	24.3
Asian/Pacific Island	20	2.0	21	3.0	36	4.7	33	4.3	34	4.1
American Indian	1	.1	1	.1	1	.1	0	.0	0	.0
Other/Bi-Racial	37	5.3	21	3.0	33	4.4	32	4.2	34	4.1
White	384	54.6	384	54.1	414	54.6	409	53.9	444	54.2
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Total (Known)	701	100%	709	100%	758	100%	760	100%	820	100%

<u>Gender</u>	<u>FY 03-04</u>		<u>FY 04-05</u>		<u>FY 05-06</u>		<u>FY 06-07</u>		<u>FY 07-08</u>	
	#	%	#	%	#	%	#	%	#	%
Male	448	59.6	489	63.8	516	63.1	525	63.4	556	62.6
Female	304	40.4	277	36.2	302	36.9	303	36.6	332	37.4

<u>EI Services Received</u> (excludes Serv. Coord)	<u>FY 03-04</u>		<u>FY 04-05</u>		<u>FY 05-06</u>		<u>FY 06-07</u>		<u>FY 07-08</u>	
	#	%	#	%	#	%	#	%	#	%
Speech Therapy	354	63.2	352	61.5	357	60.8	347	58.5	326	50.2
Physical Therapy	197	35.2	202	35.3	216	36.8	217	36.6	185	28.5
Occupational Therapy	198	35.4	207	36.2	238	40.5	205	34.6	182	28.0
Special Instruction	372	66.4	385	67.3	389	66.3	383	64.6	421	64.9
Other Services (Non-SC)	233	41.6	226	39.5	238	40.5	234	39.5	208	32.0
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Undup Total	560		572		587		593		649	

Note: EI Children can receive more than one type of service. Not all children who have service coordination in a given period will be receiving direct EI services. Service Coordination takes a child from referral, through intake, evaluation for eligibility, development, implementation and monitoring of a plan (IFSP), and transition to early childhood education at age 3.

Fiscal Year Summary

	<u>FY 03 - 04</u>	<u>FY 04 - 05</u>	<u>FY 05 - 06</u>	<u>FY 06 - 07</u>	<u>FY 07 - 08</u>
Referrals	408	422	442	462	527
Per Month	34.0	35.2	36.8	38.5	43.9
Initial Evaluations	297	307	320	348	390
Per Month	24.8	25.6	26.6	29.0	32.5
% Eligible	76.1 %	75.2 %	72.9 %	68.4 %	67.7 %
# Eligible	226	231	233	238	264
Undup Served (excludes Serv Coord)	560	572	587	593	649
Total Units (non-travel)	53,406	51,735	51,705	59,793	58,384
Units/Child/Month (non-travel)	17.9	17.9	17.6	19.5	18.9
Rate/Unit	@ \$ 34.36	@ \$ 33.84	@ \$ 32.73	@ \$ 28.35	@ \$ 29.63
\$/Child/Month	\$ 616	\$ 607	\$ 577	\$ 554	\$ 561
Total \$	\$ 1,835,251	\$ 1,750,540	\$ 1,692,221	\$ 1,695,412	\$ 1,729,807

Notes:

\$ are client-specific Gross MR EI \$ (excludes SC, Admin., Non-Client-Specific). County Net \$ would be less.

Units are Direct Units (Travel \$ are included in Effective Rate, but not Units).

\$ and Units per Child / Month are based on Months in which Child Receives a Service.

Service Coordination (SC) is excluded from above statistics.

Crisis Intervention Program 2007-2008

➤ *Maintaining License and Credentialed Program*

- The Crisis Intervention Program was re-licensed by OMHSAS for the FY 07-08 reporting period. The Program is also the CBHNP designated provider of crisis services for Dauphin County, and CBHNP's two year re-credentialing cycle will be completed in 2008.
- Dr. Lou Picchio continues as the consultant for the program's quality assurance efforts. In addition, Dr. Picchio conducts quarterly staff trainings and also provides guidance on complex cases. Staff also participates in various out-of-office trainings in order to maintain up-to-date skills and information.

➤ *Persons Served*

- The crisis program provided 4,057 consumer contacts by providing some combination of crisis services and/or arranging hospitalization.
- 1,795 people were first-time consumers of crisis services and 2,644 persons served were not active with the CMU at the time of the crisis service.
- The program arranged hospitalization for 1,388 persons during this period, which is a slight increase from 06-07. The program diverted 68% of persons served from hospitalization.
- 574 admissions were for individuals who had no prior treatment history with the CI program and 500 people had no prior treatment history with either CI or CMU (or were not active). Both of these figures are an increase from 06-07.

➤ *Partner Relationships*

- During the first full year of the Jail Diversion Project, the crisis program did the initial intake interview for 172 persons. In addition, the program continues to work closely with all area police departments in order to provide crisis services to persons who come into contact with the police and are thought to be in need of mental health services. During 07-08 the program received 312 referrals from the police for crisis services.
- In order to ensure that the community at large is aware of crisis services, the program continues to provide regular training to diverse community agencies and groups about crisis services, recognizing symptoms of mental illness, and the mental health commitment process.
- A new joint venture between PinnacleHealth and Hershey Medical Center culminated with the opening of the Pennsylvania Psychiatric Institute on 4/1/08. The CI program staff has established collaborative relationships with both the inpatient unit and the Triage and Evaluation Center (TEC) of PPI. Hershey Medical center no longer operates an inpatient psychiatric unit. The CI program now facilitates all 302 commitments for persons who present to the HMC emergency department and also assists upon request with the mental health assessment process for other emergency department mental health consumers. CI has provided these same services to PinnacleHealth hospitals for many years and now is pleased to offer these same services to HMC.

➤ ***Staff Interventions and Activities***

- CI managers attended the Crisis Intervention Association of Pennsylvania Annual Conference and continue to network with other statewide crisis providers. The Dauphin County Crisis Program continues to offer a robust range of services and supports and is more developed than many crisis programs in the state.
- The program continues to offer a specialty service to assist homeless persons, many of whom also face the challenges of mental illness and/or substance abuse. The program's homeless specialist is a participant on various service planning committees for the homeless and also provides direct services.
- During 07-08, Crisis Intervention, in conjunction with the HELP Program, served 580 individuals and families by providing some combination of shelter assistance, referral for mental health and case management service, transportation, basic material needs, and/or in some cases, assistance in obtaining medication.
- The Program also helps to administer a Federal PATH grant, and provides one month rental vouchers for a select number of persons in order to assist them with securing or maintaining stable housing. The program also used PATH funding to arrange two training programs for shelter providers.

➤ ***Disaster Planning and Coordination***

- Selected CI staff continued to coordinate the county's Disaster Crisis Outreach Response Team (DCORT). Working in conjunction with OMHSAS, each county is expected to maintain a DCORT team, participate in regular training exercises, and develop and pursue various disaster preparedness initiatives.
- In addition, as a member of this taskforce, program staff were part of the effort to develop qualifications for DCORT and CISM responders.
- The crisis office participates with the county's CISM team (Critical Incident Stress Management), which provides debriefing services to first responders. In the past year, the team received 13 requests for debriefing assistance.
- The program maintains a strong relationship with the Dauphin County Emergency Management Agency and participates in staffing the rumor control phone lines when the Emergency Operation Center is activated during major incidents.
- The Program continues to contract with a local educator who presents a program to community groups and organizations on preparing for and coping with disasters. This consultant also participated in a panel presentation sponsored by OMHSAS to various ethnic community groups on disaster preparation.

➤ ***Staff Transitions***

- Overall CI program staffing remained stable during 07-08. Three staff left the agency and three new staff was hired. Despite the sometimes-stressful nature of crisis work, the principal reason for turnover was the work hours, which by necessity are non-traditional.
- The program hosted a graduate student in social work from Shippensburg for two semesters, and also will be providing an internship placement during 08-09.
- The recruitment for a Hispanic Specialist continued and the position which has been vacant for two years remained open.

➤ ***Supporting Needy Consumers***

- For the 16th consecutive year, the program sponsored and coordinated the Holiday Food Basket Project. This project, which is funded completely by donations from the community and staff, is a collaborative venture of CI, Keystone ICM, CTT, and CMU. In Dec 2008, 205 low-income consumer families received large boxes of food for the holiday season which was a 17% increase over 06-07.

➤ ***System Concerns***

- Inordinate amounts of staff time continue to be expended in locating inpatient psychiatric beds and arranging transportation to the accepting facility, many of which are more than 50 miles from Harrisburg.
- Housing resources for homeless consumers continues to be scarce. An even more daunting challenge is obtaining shelter for persons with challenging behaviors who are often unwelcome at shelters and transitional housing programs.
- Disaster response planning requires a concerted ongoing effort. Because of the competing demands of everyday crisis work, insufficient time is available for comprehensive and detailed disaster planning.

**Crisis Intervention Services
Fiscal FY 07/08**

Total Number of Contacts*:	4,057**	Insurance:	
Gender:		Medical Assistance/CBHNP:	1,623
Male	1,954	Medicare:	288
Female	2,102	Private:	974
		None/Unknown:	1,460
Age:		Major Referral Sources:	
≤17:	521	Emergency Room:	1,575
18-64:	3,270	Police:	312
≥65:	220	CMU:	160
		Self:	625
Race:		Family/Friend	519
Caucasian:	2,290	Forensic/JDP	85
African American:	1,270	School:	104
Other:	77	MH Prof/Agencies:	400
Unknown	420	Location:	
		Harrisburg City:	1,360
Ethnicity:		Upper Dauphin:	192
Hispanic:	274	County Township/Boro:	1,276
Non-Hispanic:	3,783	Other County:	366
		Transient:	590
Target Group:		Unknown:	273
Mental Health:	2,204	Number of First Contacts:	1,795
Mental Retardation:	13		
Drug & Alcohol:	36	Number of Homeless:	580
Non MH/MR:	202		
MH/MR:	137	Active/Inactive:	
MH/D&A:	1,447	Active:	1,394
MR/D&A:	1	Inactive:	2,644
Veterans:	104		
		Types of Commitments:	
Presenting Problem:		201:	1,123
Acting Out/Assaultive:	437	302:	329
Depression:	567	304:	4
Upset/Anxiety:	460		
Suicidal:	1154	Final Disposition of Cases:	
Thought & Affect:	612	Hospitalization:	1,388
D&A:	155	Referral to Case Management:	767
Basic Material Needs:	290	Other Placement or Resolution:	1,077
		Forensic/JDP:	198
		Crisis Resolved/Private Treatment:	609
		MH Diversion:	53

Contact = a single contact may include some combination of telephone, walk-in, and mobile services

** Duplicated count

MH/MR Program Fiscal Summary for FY 07/08

Mental Health Cost Center	MH Program Total Expenditures		% of Total	
	FY 06/07	FY 07/08	FY 06/07	FY 07/08
Administrator's Office	910,094	756,162	4.17%	3.64%
Community Services	811,408	834,959	3.72%	4.02%
Resource Coordination	485,625	496,541	2.22%	2.39%
Outpatient	1,392,204	1,531,466	6.38%	7.37%
Inpatient	156,275	35,635	0.72%	0.17%
Day Treatment (Partial)	319,308	236,640	1.46%	1.14%
Emergency Services	443,858	438,997	2.03%	2.11%
Crisis Intervention	1,089,599	1,009,546	4.99%	4.86%
Facility Based Voc. Rehab.	315,995	302,039	1.45%	1.45%
Social Rehab.	2,644,096	2,660,875	12.11%	12.80%
Community Residential	11,006,475	10,245,510	50.41%	49.29%
Family Support Services	84,875	77,090	0.39%	0.37%
Intensive Case Management	690,798	586,786	3.16%	2.82%
Family-Based Services	12,521	16,974	0.06%	0.08%
Administrative Management	1,311,955	1,359,918	6.01%	6.54%
Community Employment	159,219	197,206	0.73%	0.95%
MENTAL HEALTH TOTAL	21,834,305	20,786,344		
Mental Retardation Cost Center	MR Program Total Expenditures		% of Total	
	FY 06/07	FY 07/08	FY 06/07	FY 07/08
Administrator's Office	1,643,690	1,604,329	3.94%	3.61%
Community Habilitation	1,697,030	1,673,550	4.07%	3.77%
Community Residential	29,229,418	31,203,292	70.04%	70.30%
Early Intervention	1,588,685	1,490,237	3.81%	3.36%
Employment Services	232,778	321,770	0.56%	0.72%
Family Driven/Family Support	228,027	196,066	0.55%	0.44%
Home and Community Services	2,810,925	3,205,671	6.74%	7.22%
Pre-Vocational Services	1,498,708	1,476,600	3.59%	3.33%
Respite	761,649	527,752	1.83%	1.19%
Specialized Support	229,775	351,973	0.55%	0.79%
Supports Coordination	1,346,526	1,474,153	3.23%	3.32%
Transportation Services	465,918	858,287	1.12%	1.93%
MENTAL RETARDATION TOTAL	41,733,129	44,383,680		