MEETING DATE: March 31, 2016

MEETING PLACE: CMU, 1100 South Cameron Street, Harrisburg

ATTENDANCE:
- **Board Members:** Sherri Smith, Judy Vercher, Liz Pliska, Barbara Biancone, Margaret Houser, Matt Stinner, Curt Bauer, Glen Bartlett, Bonnie Rice

- **Staff:** Dan Eisenhauer, Paul Geffert, Shirley Keith Knox, Dave DeSanto, Renee Robison

- **Guests:** Barry Newell, KSS; Marge Chapman, Greg McCutcheon, CMU; Lois Gohn, CSG; Leah Hannah, PCS

MEETING GOALS AND OBJECTIVES:
- Education Topic
- Administrator’s Report
- Committee Reports
- Fiscal Report
- Community Input

DECISIONS:
- Approval of the January 28, 2016, Advisory Board minutes
- Motion made and seconded to nominate Judy Vercher to be President, Sherri Smith to be the Secretary, and Liz Pliszka to be the Vice President.

ACTION TO BE TAKEN:
- None at this time

NEXT MEETING DATE:
May 26, 2016, at CMU, 1100 South Cameron Street, Harrisburg. The agenda will include a presentation, as well as the Administrator’s Report and Committee Reports.

Welcome and Introductions
Sherri Smith called the meeting to order. Sherri welcomed everyone in attendance, and introductions followed.

Approval of the January 28, 2016, Board Meeting Minutes
The motion was made and seconded to approve the minutes from the January 28, 2016, meeting.

Administrator’s Report
The following report summarizes major MH/ID program concerns, updates and initiatives over the past two months. MH/ID staff are working contracting for FY 16-17 and we continue our work MH/ID/EI collaboration improvement efforts, and HIPAA training for Program staff is scheduled for April.

State/Department of Human Services Updates
- Dauphin County MH/ID received our FY 15-16 allocation amounts for MH-ID and EI. All were as expected based on the approved state budget.
- DHS has released their RFP for Community HealthChoices (managed care for long-term services and supports and for dual-eligible Medicare and Medicaid recipients).
- OMHSAS is identifying Outpatient Clinic partners from among 17 that applied to become Certified Community Behavioral Health Clinics as a part of their SAMHSA funded planning grant for CCBHC. CCBHC’s will provide or contract for a comprehensive array of MH and D & A services. Many logistical details need to be resolved. This is the “one-stop” shop concept.
- OMHSAS has hired a new Children’s Bureau Director, Shannon Fagan, and has hired Sherry Peters as the Director of the Policy Bureau.
- ODP is working on models for day services, employment and other potential waiver changes for their waiver renewal and ODP is also working to assure these changes accommodate CMS final rule changes for waiver-funded eligible services.

Crisis Intervention
- Crisis continues to have staff vacancies, for which we are interviewing. We have vacancies for a full-time first shift position, two full-time second/third positions, a part–time position and a clerical position. Interviews and/or job postings are in process for these positions.
- The Compliance committee was not able to meet last quarter, but will complete two quarters of claims and data review at our next meeting.

MH Program
- MH staff are working on a thorough data analysis of individuals with an MH diagnosis that are involved in the criminal justice system. After we complete our data analysis, we will make recommendations and identify action steps for process improvements.
- Flexible MH therapy continues development and implementation. This service model will allow a combination of office-based and mobile therapy to improve service delivery options to families and children and adolescents.
- Guiding Good choices training was recently conducted for MH staff and our school partner staff.

EI Program
• OCDEL Integration: The new deputy secretary of OCDEL is focused on a number of new initiatives, including one of integration of all programs for young children that embeds early intervention in the early care network. EI and ALL EC programs are at the table as the state establishes its policy related to Inclusion and the Suspension and Expulsion of Children with Challenging Behaviors in EC settings.

• SICC: Pursuant to a US Health and Human Services and Education Department policy, the State Interagency Coordination Council (SICC) approved a motion to develop a resolution that prohibits all suspension and expulsion of young children, including young children with disabilities in EC settings. Expulsion and Suspension of young children in EC settings often has lifelong negative effects on the child and family.

ID Program

• Employment:
  o Project SEARCH – 85% of this year’s graduates now have a job making minimum wage or more (most making more) and PT to full-time. New interns have been interviewed, orientation held and next class starts April 4th. New county departments on board for this cycle.
  o Dauphin County interviewed by ODP due to higher % of individuals receiving employment ID services and rate of folks working than some counties. Shared strategies for collaboration with schools and providers to build their expertise, work with area sheltered workshops and our Employment 1st practices that are embedded in how we do business.
  o WIOA/FINAL RULE impacts school’s ability to use facility based/entities that pay less than minimum wage for transition opportunities. Met with all Special Education Directors to discuss WIOA and CMS Final Rule to prepare for this change.
  o Meeting on April 7th with families and teachers. ODP, OVR and local ID programs available to share information for this year’s graduates. Using the Life Course Model as a tool to share information – not everything needs to be system-based!

• Respite Care: Finalized listing of respite care opportunities in Dauphin County. Listing will be developed into a booklet for families, and shared on the CMU website, as well as the local Respite Care Website for families to access information. Developed an easy to use tool that supports families in connecting with the respite care service/provider that best meets their needs.

• Provider Applicant Orientation: ID staff attended the Train the Trainer program to offer this now required training to new providers desiring to do business in Dauphin County using HCBS waiver funding. Providers must now take this 1-day course and pass a series of questions that inform the system of their understanding of the HCBS system.

• Waiver enrollment: A significance barrier to service was resolved by developing a “workaround” so that the lack of the PA 162 form would no longer delay waiver service start dates.

Presentation – Crisis Intervention Services – Dave DeSanto

Introduction:
• Crisis Intervention is the 24-hour emergency service of the Dauphin County MH/ID Program. – direct services by telephone, mobile, or walk-ins
• Licensed by OMHSAS
• Credentialed by PerformCare

Contact Information
Definition of a Crisis

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Symptoms</th>
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</thead>
<tbody>
<tr>
<td>Hopelessness and Helplessness</td>
<td>Overwhelming anxiety/anger</td>
</tr>
<tr>
<td>Overwhelmed</td>
<td>Possible drug and alcohol abuse</td>
</tr>
<tr>
<td>Unable to cope</td>
<td>Disturbances in family or personal relationships</td>
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<tr>
<td>Verge of losing control</td>
<td>Thought affective disorders</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Depression/suicidal thoughts</td>
</tr>
<tr>
<td>Anger</td>
<td></td>
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</tbody>
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Difference between Crisis Intervention and CMU

**Crisis Intervention**
- Focused on responding to emergency
- Link access and monitor community services
- MH situations
- Providing short-term follow-up
- Arrange inpatient care

**Case Management**

Major referral sources

- Self-referrals
- Family
- Hospital emergency departments
- Friends
- Police
- Schools
- Agencies
- Nursing homes
- Employers
- Other professionals in community

Eligibility for Service

- Anyone located in Dauphin County
- No fee for crisis services, but will bill MA

Specialty Services

- Services for homeless persons
- Bilingual/bi-cultural services
- CISM/DCORT
- Limited basic material needs

Dan Eisenhauer noted that sometimes people’s expectations of Crisis don’t match what Crisis actually does and they are working on bridging that expectation gap. The emergency room doctor is who conducts the exam and makes the decision. The best number to call or have parents call for children is 232-7511.

Dave explained that the normal length of time with someone in Crisis is at least a few hours. If the hospital crisis services ends, then we have the Bridge program where PPI, CMU and Crisis continue with the services. CMU has been conducting intakes at PPI.

Intake Procedure

- Accessed by calling 232-7511
- Phones answered by crisis worker
- Answering service may answer during 11:00 p.m.-7:00 a.m. or on weekends, but staff can be accessed immediately

**Information needed for referral to CI Program**

<table>
<thead>
<tr>
<th>Name/age person in crisis</th>
<th>Past psychiatric history</th>
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</thead>
<tbody>
<tr>
<td>Description of current behavior/presenting problem</td>
<td>Current treatment and medication</td>
</tr>
<tr>
<td>Note suicidal/homicidal/psychotic thoughts/behavior</td>
<td>Current stressors</td>
</tr>
<tr>
<td>Usual behavior</td>
<td>Support system</td>
</tr>
<tr>
<td>Known medical problems</td>
<td>Degree of cooperation</td>
</tr>
<tr>
<td></td>
<td>Functional level</td>
</tr>
</tbody>
</table>

Crisis Services May Include:
- Telephone or in-office counseling
- Mobile/outreach assessment and intervention
- Information and referral to outpatient services
- Acute care hospitalization
- Short-term follow-up

Dave stated that an involuntary commitment is when the person is a clear and present danger to themselves or others. Crisis Intervention does provide training to police departments who request it. Crisis has challenges when dealing with nursing homes, but they do outreaches. A person with dementia doesn’t meet the criteria for a commitment under the Mental Health Act.

For additional information, please call Crisis Intervention at (717) 232-7511 or 1-888-596-4447.

**Committee Reports**

*Adult Mental Health Committee* – Mike Beck -- The minutes from February 22, 2016, meeting was distributed.

*Jail Diversion and Re-Entry*

Jail diversion is avoiding or radically reducing jail time by using community-based treatment as an alternative, and leads individuals with mental illness or substance use problems away from criminal incarceration or cutting it short. The Re-entry Program works with mentally ill individuals who are court ordered or sentenced to county jail time and connects them to community mental health services prior to or shortly after release from prison.

The 2016 Dauphin/Cumberland/Perry County CSP Recovery Conference will be held on May 23, 2016, at the Radisson.

*Children’s Mental Health Committee* – Sherri Smith – The minutes from the February 18, 2016, meeting were distributed.
Data Review – RTF Teletherapy
Teletherapy sessions include the child, parent/caregiver, and therapist. All youth who used teletherapy would recommend it to others. It is important to note that teletherapy provides additional secure connection and complies with privacy laws. RTF teletherapy was funded through Performcare and reinvestment dollars.

PAYS Suicide and Depression Data
No results from the PAYS suicide and depression survey are available yet. Lynn and Rose are scheduling meetings with school districts about school-based mental health services. This committee also discussed how to improve cultural competence.

Intellectual Disabilities Committee – Shirley Keith Knox – The minutes from the February 2 and March 1, 2016, committee meetings were distributed. The HCBS Transition Plan was discussed and comments were compiled to submit to ODP.

Dauphin County MH/ID and CMU held and Early Intervention and Intellectual Disabilities Retreat to discuss key actions for strengthening the Dauphin County ID and EI system so that children and adults with intellectual disabilities and their families live a good life. Participants of the retreat came up with ideas to consider over the next year and compiled them into a working document.

Nominating Committee – Judy Vercher – It was noted that there are still 4 openings on the Board – 2 of which are doctors. It was noted that Sherri Smith’s 3rd term expires December 31, 2016. The motion was made and seconded to nominate Judy Vercher as the President; Sherri Smith to be the Secretary; and Liz Pliszka as the Vice President, to ensure a smooth transition.

Executive Committee – Sherri Smith -- This committee has not met, but the above changes to the Board were noted. Matt Stinner stated that he has been a member of the Board for 2 years and has learned a lot and to “keep doing what you are doing because we need it”. Dan Eisenhauer noted that he will follow-up with orientation for new Board members or any other members that would like it. The invitations will be sent to the whole Board. Two more people need to be on the Executive Committee.

Fiscal Report
Paul Geffert distributed the Budget vs. Expenses report by cost center. Paul explained that there was an unexpected surplus for MH Outpatient because of HealthChoices Medicaid Expansion for people receiving MA. The income limits had changed for eligibility. There has not been an increase to providers in 8 years. Dauphin County can meet provisional expenses this year.

Community Input and Other Comments
It was noted that there should be support for the movie, “Touched With Fire”. There could possibly be a screening for this. It was also noted that Patrick Kennedy was going to be at the Zembo Mosque April 13. A television show on WITF called “I Go Home” is about the history of treatment of people with Intellectual Disabilities and will be airing April 11.
Liz Pliszka stated that there is a change with the Dauphin County Assistance Office. Another office will be opening in Cambria County in Johnstown. The caseworker position is considered entry level and there is high turnover. They hope to improve customer service opening this new office.

Adjournment
There were no additional comments or announcements, and the meeting was adjourned.