

The Dauphin County Department of



Mental Health/Autism/Developmental Programs

Annual Report

July 1, 2018 – June 30, 2019

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**Dauphin County Mental Health/ Autism/Developmental Programs  
2018-19 Annual Report Executive Summary**

***Dauphin County MH/A/DP is committed to developing and maintaining a community-based service and support system, in which individuals in services and families are integrated into community life, and where individuals, families and providers have the opportunity to succeed in our community.***

The Dauphin County MH/A/DP administers and provides funding for publicly funded mental health, intellectual disabilities, and early intervention services in Dauphin County. Our program is funded through the Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, and Office of Child Development and Early Learning, county and grant funds. In FY 18-19, we served more people than in FY 17-18, but saw a significant reduction in persons served in the mental health program, with increases in all other programs. Both the EI and the Crisis programs had significant growth. The implementation of Medicaid expansion under the Affordable Care Act continues to have a significant impact on the county program, as nearly 25,000 Dauphin County

residents now have medical assistance insurance coverage due to Medicaid expansion. Funding from the state directly to our program remained at about the same level of funding we received in FY 12-13, when our funding was reduced by 10%. This is becoming increasingly problematic as data throughout the MH section of this report details reduced provider capacity and a decrease in the quality of services and poor outcomes for some MH services.

Priorities for the year included an emphasis on persons with serious mental illness in the criminal justice system, employment, housing, and collaboration in all systems. We continue to focus on services most vital to the individuals we serve to assure access to treatment, supportive services, and opportunities for independence and successful community living.

A/DP staff worked this past year on improving internal operations to maximize the use of our ID base funding, as well as continuing efforts in partnership with ODP and other Counties to increase clinical capacity in residential services through the Life Experience Appraisal Protocol (LEAP), and continuing efforts to promote employment and independent living. EI staff continued to build provider capacity to address growing caseloads in the EI system.

MH staff focused on improving HealthChoices provider capacity and working with PerformCare to increase quality and monitoring the implementation of value-based purchasing. ID staff focused the expansion of the Community Living Waiver, as well serving more persons with a diagnosis of autism in ODP's waivers administered by the County program. Our EI program also participated in a grant funded initiative aimed at improving school readiness.

MH/A/DP staff values our partnership with consumers, families, providers, and community agencies, and we remain committed to assuring that quality services are available to individuals and families who need them. We appreciate the support of the MH/A/DP Advisory Board, and the Dauphin County Board of Commissioners in meeting the challenges to serve residents of Dauphin County living with mental illness, intellectual disabilities, and developmental delays.

Respectfully submitted,

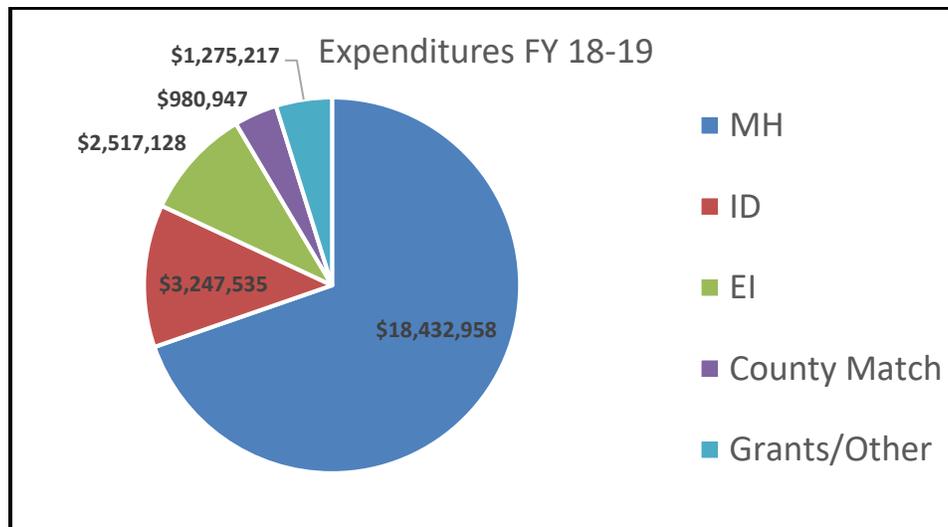


Daniel E. Eisenhauer  
Administrator

## Funding Summary

The MH/A/DP receives funding from OMHSAS, ODP, OCDEL, grants, county funds, and HealthChoices revenue, included as grant/other below. Our state allocated funding for MH and ID has remained virtually the same since FY 12-13. The chart below details how expenditures occurred in each program, which does vary slightly from how funding is allocated. We can move some funding between our programs to meet expenses under the Human Services Block Grant. As described later in this report, the Early Intervention Program continues to serve more children each year, and OCDEL increases our funding commensurate with increased child served count. A program-by-program comparison of expenditures is below.

| PROGRAM      | EXPENDITURES<br>FY 16-17 | EXPENDITURES<br>FY 17-18 | EXPENDITURES<br>FY 18-19 | % CHANGE     |
|--------------|--------------------------|--------------------------|--------------------------|--------------|
| MH           | \$18,091,599.0           | \$17,632,106.0           | \$18,432,958             | 4.54%        |
| ID           | \$3,376,918.0            | \$3,389,220.0            | \$3,247,535              | -4.18%       |
| EI           | \$2,062,743.0            | \$2,319,549.0            | \$2,517,128              | 8.52%        |
| County Match | \$871,106.0              | \$934,629.0              | \$980,947                | 4.96%        |
| Grants/Other | \$956,479.0              | \$1,202,695.0            | \$1,275,217              | 6.03%        |
| <b>TOTAL</b> | <b>\$25,358,845.0</b>    | <b>\$25,478,199.0</b>    | <b>\$26,453,785</b>      | <b>3.83%</b> |



The MH/A/DP served fewer people in FY 17-18 compared to prior years, with a decrease in the MH Program, mostly due to efforts by the CMU to more accurately review and update administrative caseloads. Some of the decreases in MH can also be attributed to the expansion of medical assistance, and improved access to services through the HealthChoices program. Crisis cases were slightly less than FY 16-17. EI and ID caseloads continues to increase.

| PROGRAM AREA              | PERSONS SERVED<br>FY 15-16 | PERSONS SERVED<br>FY 16-17 | PERSONS SERVED<br>FY 17-18 | PERSONS SERVED<br>FY 18-19 |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Mental Health             | 4,208                      | 3,958                      | 3,041                      | 2,779                      |
| Intellectual Disabilities | 1,132                      | 995                        | 1,236                      | 1,334                      |
| Early Intervention        | 826                        | 897                        | 942                        | 1,086                      |
| Crisis Intervention       | 3,230                      | 3,346                      | 3,292                      | 4,136                      |
| <b>Total</b>              | <b>9,396</b>               | <b>9,196</b>               | <b>8,511</b>               | <b>9,335</b>               |

## ***Autism/Developmental Programs***

Most individuals in Dauphin County are supported by their families and other natural supporters. Our system continues to explore how to best meet the needs of families. Dauphin County remains engaged in The Community of Practice – Supporting Families throughout the Lifespan. This is a regional collaborative with Cumberland-Perry, Lebanon, and Lancaster Counties. The focus of our work is supporting individuals and those that care about them to consider and discover all the ways that they can have a good life – accessing all resources such as the community, personal connections, technology and formal system services.

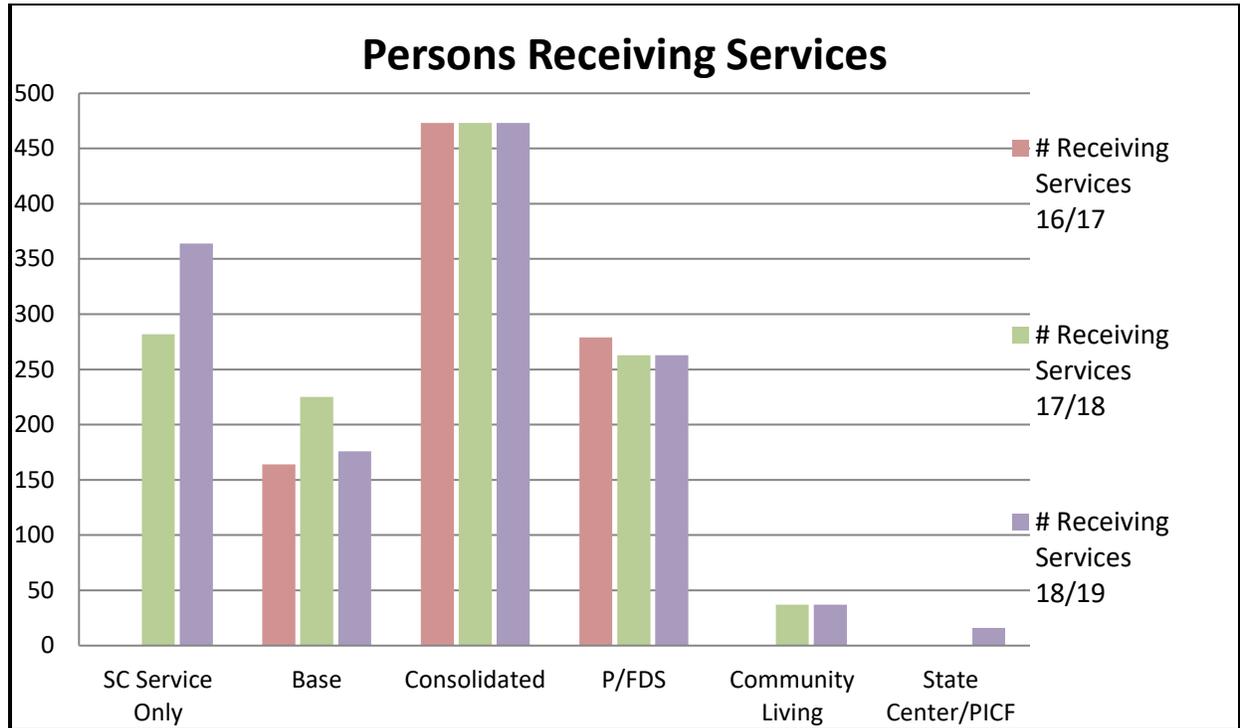
Dauphin County conducted an Incident Management Presentation for over twenty-six providers on Unusual Incidents – Hospitals and Deaths. Dauphin County is also extremely active in assisting providers with technical assistance as it pertains to Incident Management (IM), and implementing a high-risk screening tool (HRST) that helps address physical health conditions for individuals in our system of care.

Over the past year, Dauphin County has worked with providers to expand Supported Living services in Dauphin County. We have held meetings with a large group of providers to discuss what this service entails, providing an avenue for Q&A and idea sharing from experienced providers. There are now two providers who offer this service in Dauphin. We are working with agencies to expand into Upper Dauphin, and/or become qualified to provide this service to increase choice and availability. Dauphin County currently supports 11 people in supported living since it began 1/1/2018. Of those 11 people, 7 of them previously received supports in a home which was leased or owned by a provider, paying the provider room and board to live there. Now they are official leaseholders. As an effort to continue this trajectory, expanding supported living has also been added to Dauphin County's QM plan.

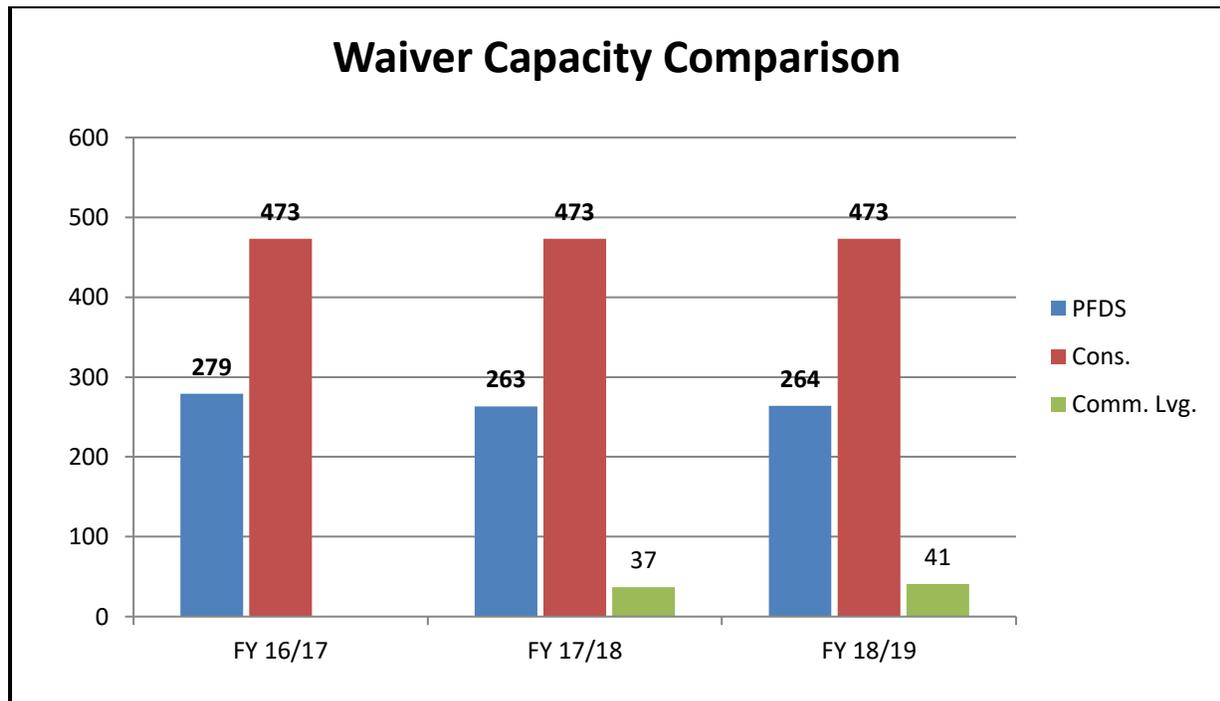
The Office of Developmental Programs requests that AE's participate in the training of potential new providers. This is a one day, 6-hour training that all new providers are required to attend. Dauphin County volunteers to be a lead for New Provider Orientation Training. There is a range of 15-20 people for each training. The training is a comprehensive overview of the expectations that ODP requires from providers. Some of the topics are Everyday Lives, staff training requirements, incident reporting, ISP development, service definition and Promise Billing. In being a part of this initial process, it allows Dauphin County to make sure that we are informing all new providers what it means to be a provider of high-quality service to all our consumers.

The Dauphin County Intellectual Disabilities Program continued to have many successes, which are highlighted in the following report. We pride ourselves on the partnerships we have with our peers/counterparts internally, the staff and Supports Coordinators at CMU, our providers, and the many folks that we serve and their families.

**Serving Individuals with intellectual disabilities**

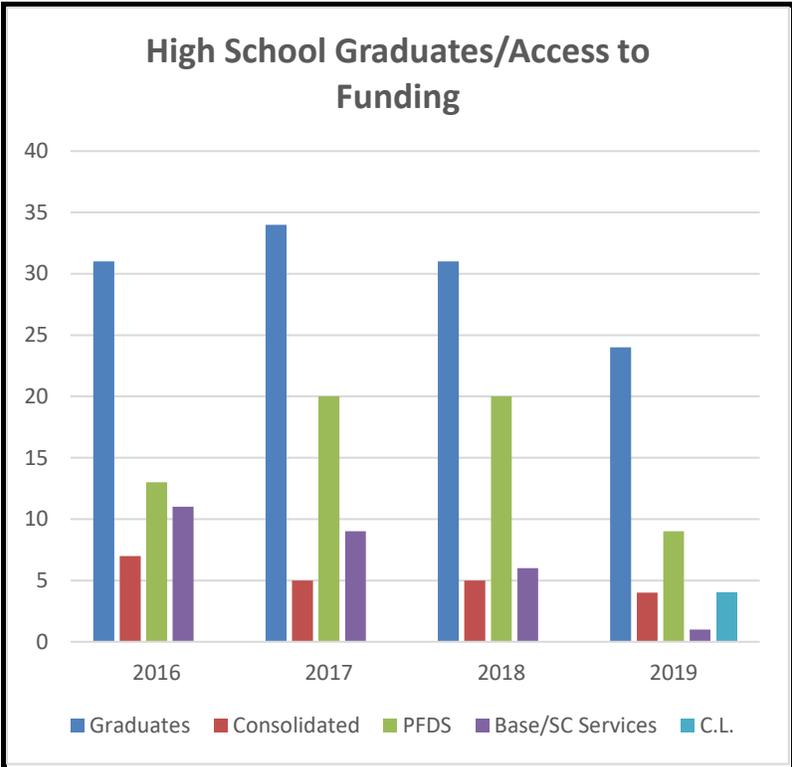


This fiscal year Dauphin County had a total of one thousand, three hundred and thirty-four (1334) individuals registered.



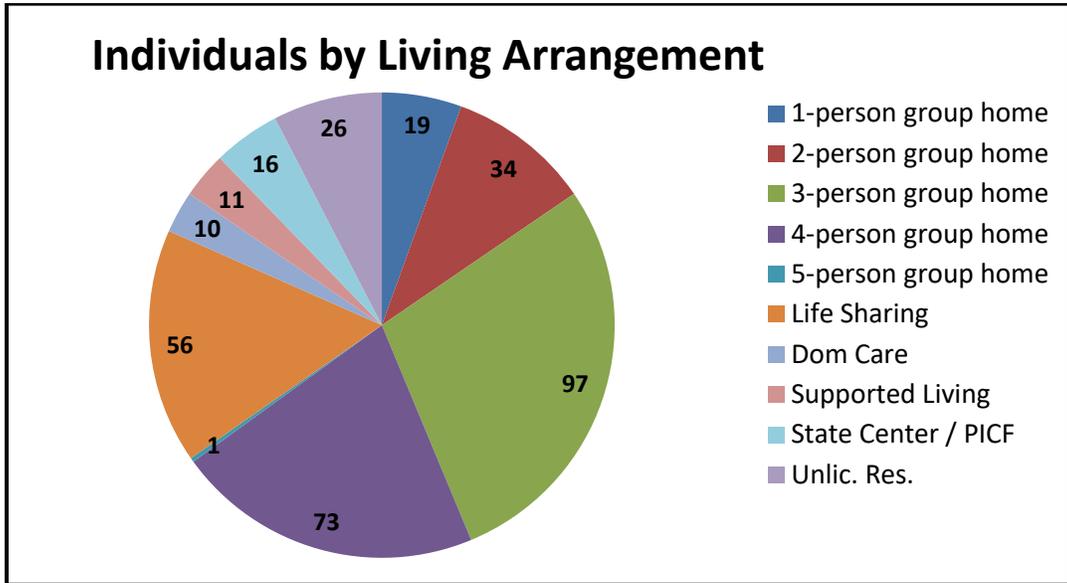
As part of the FY 2018-2019 Governor’s Budget, the Office of Developmental Programs (ODP) was provided with additional capacity to serve 2018 and 2019 high school graduates. Dauphin County received an increase to your Community Living Waiver (CLW) capacity to serve four (4) individuals, as a result of this Initiative. This release of capacity is to accommodate the 2019 graduates.

Dauphin County had twenty-four (24) graduates in 2019. There were eighteen (18) eligible and / or willing to receive services, students. Four (4) individuals enrolled into the Consolidated Waiver, four (4) enrolled into the Community Living Waiver, nine (9) enrolled into the PFD Waiver and one (1) enrolled into the Base. We consistently operate at maximum capacity. Funding is offered as soon as it is available. The top reasons that individuals exit the waiver are moving out of the state, death, being admitted to a nursing facility or entering prison.



**Supporting Individuals to Live in their Community**

Three hundred and forty-two (342) individuals are receiving residential services in Dauphin County. Over the past few years, fewer individuals are requesting residential services in a licensed 6400 program and we often have residential vacancies. In fact, there is a trend for individuals currently living in licensed group homes to move to settings which allow them more independence, at the same time, accessing the support they need. LifeSharing continues to be a highlighted option for residential service in the state. Dauphin County saw an increase in Life Sharing services over this FY by six new individuals receiving this service! Numerous individuals who were receiving unlicensed services signed leases for their own apartments and began receiving the new service supportive living. Individuals receiving this agency managed service will be supported to live in a private home owned, leased or rented by the individual. This service will support individuals to acquire, maintain or improve skills necessary to live more independently and be more productive and participatory in community life. Dauphin County welcomed two new providers of residential services this year.



Dauphin County continues to promote Employment First. We recognize that work is an important part of being part of your community and gives opportunities to live how you want to live. Dauphin County MH/A/DP is proud to be collaborating with Cumberland Perry County, CMU, OVR, ODP, School Districts, families, individuals and local businesses in a committee to promote multiple opportunities to explore employment. In March 2019 the Capital Area Employment 1<sup>st</sup> Steering Committee had another successful transition fair focusing on thinking about life after high school. The target audiences for this event are students, families and teachers. The event is held at the HACC Midtown Campus. Some topics include Social Media, Self-Advocacy, Is College Right for me? I got an Interview, now what?, and other resources. The students that attend are two years away from graduating. This is done so that consumers and families can begin the process of transition well before the day of graduation. In 2019, we had over 90 students participate and over 25 vendors. In June of 2019, Dauphin County had forty-four (44) individuals seeking employment – while one hundred and forty-seven (147) individuals are receiving supported employment services in Dauphin County.

During this FY, Dauphin County continued with a learning collaborative with Allegheny County called LEAP, *Life Experience Appraisal Protocol*. The work that was to be accomplished was to design business questions and data collection systems, provide instruction and oversee implementation in a collaboration, and develop recommendations for provider participants and recommendations to ODP. Dauphin and Allegheny Counties were very successful and moved forward training four (4) additional counties in the LEAP process. Over the course of the FY, Dauphin County completed a total of thirty-four LEAPs for the Office of Developmental Programs.

The last section is a summary of our consumer survey for IM4Q data comparing Dauphin County to the statewide averages is below. This data serves as a guide to how persons using ID services in Dauphin County compare to persons in the ID system across the state.

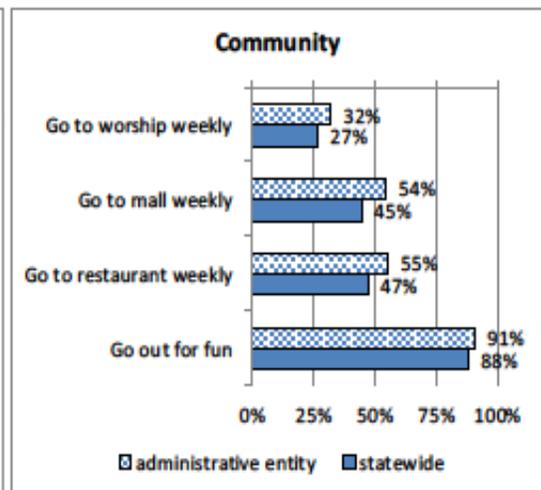
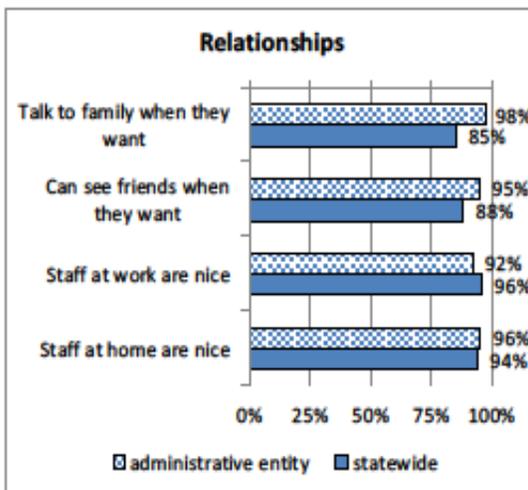
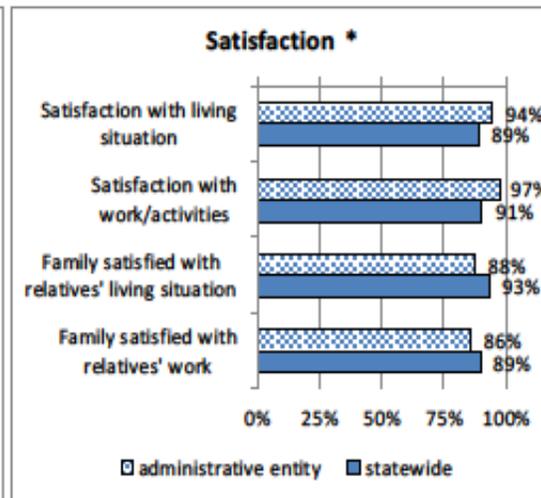
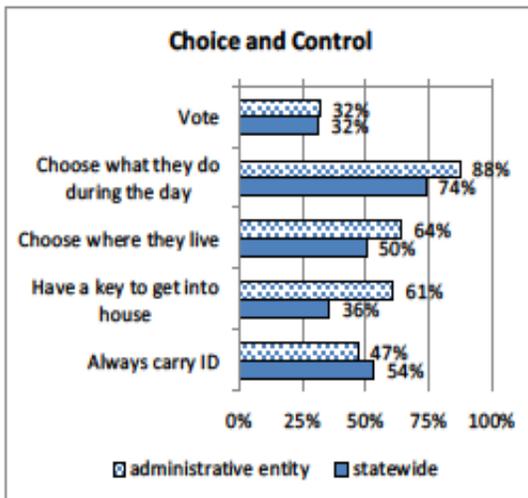
## Independent Monitoring for Quality Dauphin AE Summary 2018



Independent Monitoring for Quality (IM4Q) visits with adults and children age three and over who are supported by the Pennsylvania Office of Developmental Programs (ODP).

IM4Q sends interviewers to talk to people who live in licensed community homes at least once every 3 years. Interviews are also conducted with people who live with their family, life-sharing families, independently, in intermediate care facilities (ICFs/MR), nursing facilities and personal care homes.

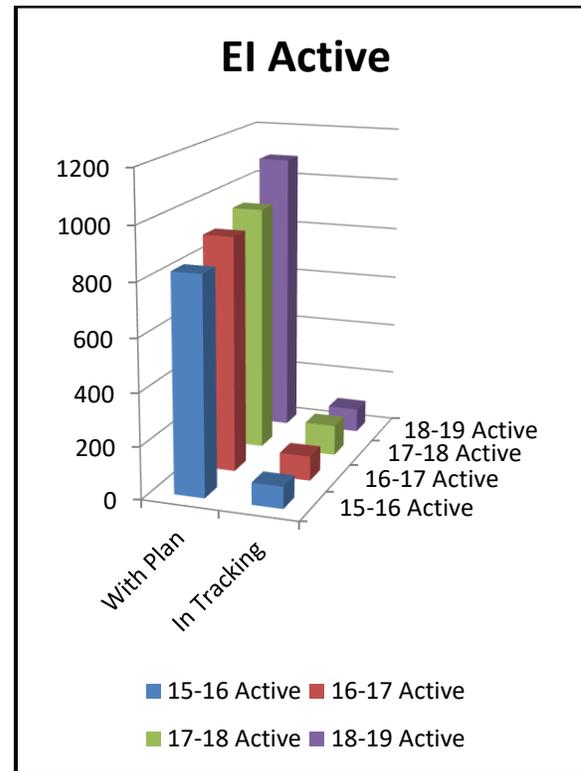
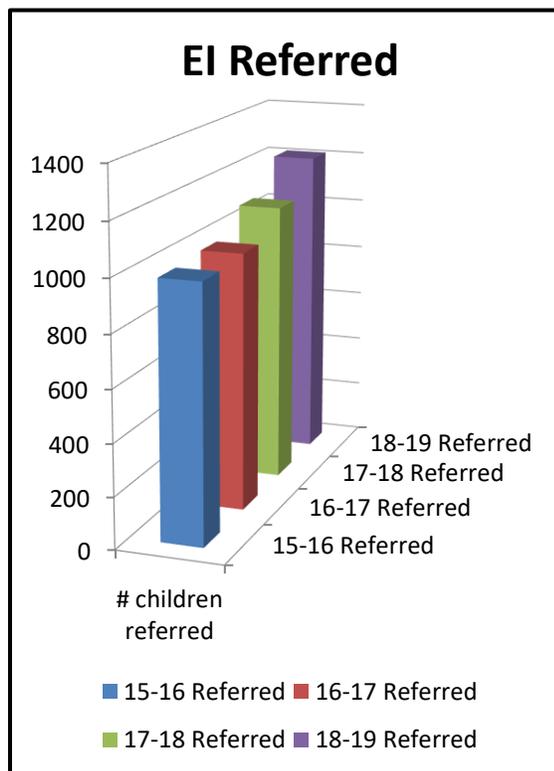
Reports created from Independent Monitoring for Quality interviews are shared with provider agencies, administrative entities/counties, and the Planning Advisory Committee for the Office of Developmental Programs for purposes of improving peoples' quality of life. This information presents some of the findings from the 2017-18 report that compare administrative entity and statewide results. For a full report please contact your administrative entity/county or go to the Department of Human Services (DHS) website at [www.state.pa.us](http://www.state.pa.us).



\*Satisfaction research demonstrates that people report high levels of satisfaction with whatever they have.

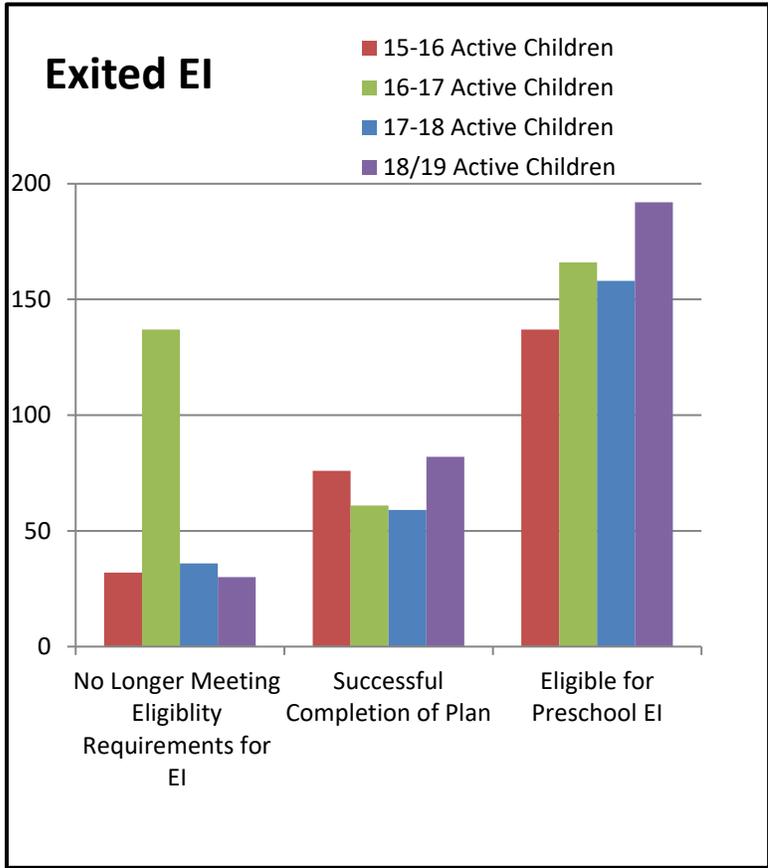
## Early Intervention Program

Dauphin County continues to see an increase in the number of children referred and served in the EI Program, continuing a multi-year upward trend. 1213 children were referred and/or re-referred to EI. Re-referrals continue to be an area of focus, as some at-risk families initially refuse EI services and/or have difficulty maintaining consistent contact. Approximately 23% of children referred to EI (% includes children referred multiple times) were closed prior to their Initial Evaluation. Often, children were re-referred and completed the eligibility process later. CMU Service Coordinators continue to encourage families to complete the initial evaluation when screening and/or a professional recommendation indicates a concern, so that caregivers understand what is happening with the child's development and can address delays when necessary.



The number of active children in the program in FY 18-19 was 1,086, which was higher than in previous fiscal years. There were also at least 92 children in developmental screening/ tracking, and the total children in tracking is higher, but due to a data system error we cannot confirm the actual number. Children can move between active with plan and tracking within the same fiscal year, so active numbers across both are not unduplicated. The program sends EI referral information to pediatric and family physicians in Dauphin County, and physician offices/NICUs continue to be the greatest source of referrals each year, followed by referrals that come directly from families. Relationships with other referral sources are also strong, with consistent referrals coming from Children and Youth, childcare programs, other social service agencies and home visiting programs such as Early Head Start. Referrals are received through PA's COMPASS system, which families can access online to apply for various state benefits. The EI program continues to work closely with local stakeholders to address the developmental needs of all children, including those in families with low incomes and/or who are experiencing homelessness or other environmental/emotional risk factors. Approximately 77% of all children, or a total of 837 children, were eligible for MA based on income or disability in 18/19, and 31%, or 332 active children, were eligible for both MA and were also enrolled in Waiver funding.

- Total exits in FY 18-19 were 412 children
- Exited EI due to no longer meeting eligibility requirements for Infant/Toddler or Preschool services—30 or 7.3% of exits
- Exited EI due to the successful completion of the child’s IFSP outcomes—82 or 20.0% of exits
- Exited Infant/Toddler EI and found eligible for Preschool EI- 192 or 47.0% of exits
- Exited EI due to unsuccessful attempts to contact a child/family receiving services, or family withdrew- 58 or 14% of files closed in 18-19.



**Child Find Efforts continue to spread the word about Early Intervention**

Some children in Dauphin County are at particularly high risk for school failure. Early Intervention program professionals offer information throughout the community about the early childhood education resources available to the families of children at risk for, or experiencing, a developmental delay.

Program staff participated in local events to raise community awareness of Early Intervention resources and services. Targeted audiences include: Childcare providers at the annual conference sponsored by the Capital Area chapter of the PA Association for the Education of Young Children, as well as training webinars and/or quarterly meetings with multiple childcare Directors and staff. Families: at New Mom’s Network meetings, the Northern Dauphin Family Preschool Safari, and the Lykens area 123 Play With Me parent/child classes through the Dauphin County Library System, Healthy Start Community Action Network meetings and Baby Buggy event, The Foundation For Enhancing Communities Preschool Night at the Harrisburg Senator’s game, and various kindergarten enrollment and community resource fairs across the county. Professionals: at Dauphin County Children and Youth Services, Dauphin County Drug and Alcohol Services, Hamilton Health Center.

EI served children in all areas of the County. The data is approximate as some children moved within the county and are counted in multiple communities. Northern Dauphin communities (Halifax and north) had 62 children enrolled in EI in 18/19. Harrisburg city and surrounding communities with Harrisburg mailing addresses had 785 children enrolled in EI. Middletown/Highspire/Steelton communities had 149 children enrolled in EI. Hershey/Hummelstown/Grantville communities had 140 children enrolled in EI.

### **Maintaining a Quality Program**

All EI providers doing business with Dauphin County were monitored for compliance with OCDEL and County contract requirements. The Determination process was completed in January 2019 by the Office of Child Development and Early Learning (OCDEL). It included a review of our 18/19 data points, provider monitoring outcomes and family survey results. This process “Determined” our program’s compliance with state regulations and key quality indicators. OCDEL staff who scored the Determination Report awarded Dauphin County scores of “Meets Requirements” for the areas of Strengthening Partnerships and Systemic Implementation of Evidence Based Practices/ Data Quality. The program was scored with “Needs Assistance” in the area of Shared Leadership due to having less than 100% compliance on meeting annual training requirements (2 of 125 EI professionals did not meet all requirements); meeting less than 95% compliance on providing services within 14 days of being listed on a child’s plan (91% of services were delivered on time) and less than 95% compliance with meeting annual eligibility timelines (84% timely which included family reasons for the delay). Communication/training then followed with EI professionals on process enhancements to address the areas of concern.

The program expanded the number of professionals available to work with children referred to EI and/or enrolled in services. CMU added 1 supervisor position and 2 Service Coordinator (SC) positions to meet the demand for Service Coordination. Unfortunately, however, several CMU staff resigned or went out on medical leave over the course of the fiscal year, so individual caseloads remained high as seasoned staff carried much of the workload. Other provider agencies added Occupational Therapists, Physical Therapists, Speech Therapists and Special Instructors/Behavior Specialists to improve our capacity to meet 14-day service delivery expectations. EI provider agencies had difficulty with staff turnover due, in part, to state-set rates that had not increased in over 10 years. A 3% rate increase was implemented by OCDEL for the 19/20 fiscal year.

The program continued to expand the number of professionals in Early Intervention who could introduce families to high tech speech generating devices, in addition to the frequently used low or no tech Assistive and Augmentative Communication (AAC) options. We continue to raise the general knowledge of AAC options across all EI professionals and have successfully transitioned children to the Capital Area Intermediate Unit with high- and low-tech devices. The communication between programs regarding use has improved as well.

EI professionals from the County program participated in the annual State Early Learning Leadership Conferences, Committee for Stakeholder Engagement (CSE) and State Interagency Coordinating Council (SICC) meetings.

Family Survey results reported in December 2019 from families enrolled during the 18/19 fiscal year indicated that the majority of families who responded (return rate of 9%) agreed with statements that signified their early intervention professionals were effective at sharing information and ideas about how to support children’s learning in home and community settings. Most families reported understanding the formal and informal complaint processes available to them if they disagreed with their EI team’s service recommendations. Two areas that reflect lower approval ratings (less than 90%) were our ability to support families transitioning from Infant/Toddler to Preschool EI services and our effectiveness at connecting families to non-EI services, resources or community events. The Family Survey questions and the process for distribution will change in 2020. Families and professionals were asked throughout 2019 for their input regarding the number and content of the survey questions, resulting in a shorter survey that is easy to understand, which should improve the overall response rate.

The EI program administered a grant from OCDEL in 18-19 to expand the implementation of Program Wide Positive Behavior Interventions and Supports (PW-PBIS) to a third childcare program in Dauphin County. The goal of the 9-month mentorship was to improve caregiver’s ability to nurture children’s social

emotional development using positive behavior strategies based on training modules from the Pyramid Model. The “Supporting Positive Environments for Children (SPEC)” protocol offered by staff from JG Early Intervention Specialists, facilitates participating programs in understanding the training modules and implementing new policies/procedures, behavior strategies, data collection systems, classroom designs, etc., based on positive behavior principles.

Dauphin County received a Grant for 2019 from the Pritzker Children’s Initiative (PCI) in partnership with the National Association of Counties (NACo) to continue our work to improve school readiness for all children. The PCI and NACo recognize that counties play a major role in shaping early childhood systems and investing in core services for infants and toddlers that help to support a thriving community and positively impact outcomes into adulthood. Early Intervention, overseen by MH/A/DP, is the lead organization for this initiative within the County. In line with research shared by the state Office of Child Development and Early Learning (OCDEL), we know that it is important for all children to have access to nurturing, responsive caregiving, as well as quality early learning experiences. We are aware that some children are denied that access when they are asked to leave childcare programs because of developmental delays and/or challenging behaviors. Our stated long-term goal, developed with the support of community stakeholders, is to improve kindergarten readiness by reducing suspensions and expulsions in childcare settings. Early Intervention can be an important component in preventing suspensions and expulsions in early learning programs so that children continue to learn with their peers and prepare for success in school. We offered a series of webinar trainings (viewed by 178+ childcare staff and/or families) to introduce Positive Behavior Interventions and Supports to families and childcare providers across the County. We have successfully raised awareness about the importance of nurturing relationships that promote social emotional development and reduce challenging behaviors as a foundation for school readiness. In addition, we continue to offer training for childcare providers on screening tools that can help identify children with developmental delays and promote Early Intervention as a resource for these children and families.

***Mental Health Program***

**Dauphin County Addresses Needs of Adults with Serious Mental Illness:**

Danville State Hospital (DSH) has 32 designated beds for Dauphin County residents. During FY 18-19, there were forty-six individuals served at DSH. Thirteen referrals were made to Danville; one was withdrawn. Fourteen (14) persons were discharged during the year and twelve (12) persons were admitted. The average length of stay for persons discharged from Danville was 1050 days or 2.87 years. The longest stay was 12.52 years and the shortest was 5 months. There were 22 persons in care continuously for FY18-19. Twenty-five percent of persons remaining at Danville in FY 18-19 have been there five (5) years or more.

**Table 1 - Danville State Hospital Data FY 18-19**

| Number of Persons Admitted | Number of Persons Discharged | Continuous Stay during FY | Unduplicated Number of Persons | Admitted and Discharged in the Same Year | Number of Persons on 6/30/19 |
|----------------------------|------------------------------|---------------------------|--------------------------------|--|------------------------------|
| 12                         | 14                           | 22                        | 44                             | 2  | 32                           |

The Extended Acute Care (EAC) is a type of inpatient psychiatric program with a length of stay of up to six months. Thirteen (13) EAC beds are assigned to Dauphin County. During FY 18-19, 52 referrals were made for Extended Acute Care services. 31 of the 52 referrals (60%) were admitted to one of Wellspan-Philhaven’s EAC programs. Twenty-one (21) persons (or 40%) referred to the EAC level of care were diverted from the EAC and were referred to community-based treatment and entered a voluntary MH residential program, returned to their own home or a family home. There were 29 EAC discharges during FY 18-19. All persons discharged were offered treatment and support services in the community.

A Long-Term Structured Residence (LTSR) is a highly structured therapeutic treatment program for adults. Community Residential Rehabilitation (CRR) refers to transitional residential programming in the community in one setting or in scattered apartments. Some CRR programs have 24/7 staff and others (moderate care) are staffed up until evening hours and use an on-call system for emergencies. A Personal Care Home (PCH) or Specialized Care Residence (SCR) provides 24/7 services and daily assistance with activities including basic care and supervision. Capacity in licensed programs is illustrated in Table 2.

**Table 2- Adult Residential Capacity by Type in FY 18-19**

| LTSR | Forensic CRR | CRR Full-Care | CRR Moderate Care | Moderate Care CRR | Personal Care Home |
|------|--------------|---------------|-------------------|-------------------|--------------------|
| 11   | 16           | 47            | 30                | 40                | 78                 |

**Table 3- Persons/Percent of Discharges by Type in Three Fiscal Years**

| Type                               | Number in 2017-18 and 18-19 | Percentages in 2017-18 and 18-19 | Examples  |
|------------------------------------|-----------------------------|----------------------------------|---|
| Recovery                           | 34/21                       | 55.7%/35.5%                      | Independent housing, appropriate use of treatment/support resources                                       |
| Higher Level of Care - Psychiatric | 4/8                         | 6.6%/13.6%                       | Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care |
| Higher Level of Care – Medical     | 6/12                        | 9.8%/20.3%                       | Referred to inpatient medical care and/or skilled nursing care  |
| Incarceration/Arrest               | 3/0                         | 5%/0%                            | Arrested and/or sentenced in pending court matter to incarceration  |
| AWOL                               | 5/3                         | 8.2%/5.1%                        | Left without notice or plan   |
| Rule Violation                     | 1/9                         | 1.6%/15.3%                       | Repeated program rule violation such as drinking on premises, aggression towards staff                    |
| Same Level of Care - Transfer      | 6/5                         | 9.8%/8.5%                        | Choice  |
| Deceased                           | 2/1                         | 3.3%/1%                          |   |
| Total                              | 61/59                       | 100/100 %                        |   |

Adult residential programs served 393 persons. 197 people were in residential services other than the crisis and diversion CRR programs. Of the 197 people served in FY 18-19, 59 or 31 % of the individuals in residential services were discharged during the fiscal year. Table 3 shows the number/percentage of discharges by types of discharge for the past three fiscal years. Type of discharge data demonstrates less than thirty-six percent of the discharges were (35.5%) from residential services during FY 18-19 were positive and recovery-oriented. The number/percentage of persons discharged for a higher level of psychiatric care more than doubled from 6.6 % to 13.6%. Discharges for medical care more than doubled from 9.8 to 20.3%. In FY 18-19, no persons were arrested or sentenced to prison while living in a mental health residential program. The number of persons discharged due to a rule violation increased from 1 person to 9 persons. This is not a desired outcome for persons exiting residential services. In a voluntary recovery-oriented system, all discharges can be planned terminations from residential services, and discharges due to a rule violation should be eliminated. Further examination of the change in the number of persons discharged due to rule violations is a task for 2020.

In FY 18-19, County MH staff conducted monitoring of licensed programs predominately based upon licensing standards in CRRs and Personal Care Homes. Two programs were excluded from monitoring due to other corrective actions being taken by the County due to staffing and milieu concerns with the providers. It is hopeful that with appropriate interventions, the two programs can participate in County monitoring in FY 20-21. Improvements implemented are underway in FY 18-19 and 19-20 include:

- Room & Board contracts were revised.
- MH case managers are invited to and participate in team meetings on participant’s progress.
- Auditing tools were further developed internally by providers.
- Developed staff-to-staff accountability with documentation.
- Weekly summaries outlining consumer progress were added to documentation.
- Staff were retrained on documentation and medication monitoring process.
- Providers developed a process to address maintenance requests and timely repairs.
- Staff were re-trained on completing releases of information.

Providers will continue to re-evaluate their Admission/Discharge process to improve occupancy. Maintaining a 90% occupancy rate annually will continue to be a programmatic standard for transitional non-diversion CRR programs. CRR occupancy data for FY 18-19 is displayed in Table 4.

**Table 4: CRR Occupancy Rate for FY 18-19**

| <b>CRR Program by Provider and Type</b>         | <b>Licensed Capacity</b> | <b>Occupancy Rate FY 17-18</b> | <b>Occupancy Rate FY 18-19</b> |
|---|--------------------------|--------------------------------|--------------------------------|
| Elwyn: Maximum Care                             | 16                       | 83.7%                          | 82.6%                          |
| Gaudenzia: Maximum Care                         | 16                       | 62.5%                          | 39.4%                          |
| Keystone: Transition Adult Program Maximum Care | 3                        | 77.1%                          | 87.9%                          |
| Keystone: Maximum Care                          | 10                       | 96.7%                          | 83.1%                          |
| Keystone: Moderate Care 1&2                     | 20 & 20                  | 86.5% and 84.4%                | 87.2% and 89.1%                |
| Merakey: Maximum Care                           | 15                       | 87.2%                          | 83.9%                          |
| Merakey: DBT Maximum Care                       | 3                        | 89.9%                          | 93.1%                          |

Occupancy at the Gibson House CRR operated by Gaudenzia was very low because the County suspended admissions and worked to redesign the program, which had poor consumer outcomes. Longer lengths of stay are anticipated with personnel and programmatic modifications being implemented during FY 19-20. Some improvements in occupancy rates are noted particularly in smaller programs such as DBT and Transitional Adult. The Keystone Max care CRR (10 beds) occupancy rate decreased by 13.6%. Adult MH staff will evaluate the admission processes in several CRRs and work with providers on addressing the problems. Waiting list for all CRR programs are constant so a lack of referrals is not the problem.

County staff participated and occasionally facilitated interagency or Community Support Plan meetings for persons in the following settings: Extended Acute Care, Acute Inpatient programs, and at Danville State Hospital. County staff have increased involvement with persons registered in the system if there are compound factors such as an intellectual disability, the persons is transition-age (18-24 years of age), and/or recommended for non-MH Levels of care such as skilled nursing care.

Dauphin County applied to the The State Office of Mental Health and Substance Abuse Services for Forensic MH funds and proposed a dual-diagnoses (MH + D & A) Intensive Outpatient Program (IOP) with a recovery center and a short-term forensic-specific CRR. The programs were funded by OMHSAS. LiveUp Recovery opened in the first quarter of FY 19-20 operated by Pennsylvania Counseling Services. The short-term CRR will be for adults with a serious mental illness and criminal justice involvement. The proposed program will have 14 beds and provide a transition from work release or prison/jail for up to 90 days.

Continuous efforts have been made by the provider to locate a suitable site for the program and efforts will continue into FY 19-20.

The MH program continues efforts to collaborate with criminal justice partners to divert persons with serious mental illness from jail or plan for an earlier release than would have occurred with traditional criminal justice processes where possible. In FY 18-19 639 persons were screened for eligibility for early release and 117 persons were approved. 499 persons were ineligible, 147 of whom were pending transfer to another facility, 134 persons were released prior to an MH intervention, and 123 were ineligible due to the nature of their criminal charges. The average prison length of stay for persons eligible for early release was 126 days.

In April 2019, Team MISA started to bring together various systems' representatives to discuss persons in Dauphin County Prison who should be successfully released with a multi-system plan. Each week approximately 12-15 cases are reviewed with input from MH following an intake interview or based upon on-going case management services. The collaborative plans are then presented to the Court at subsequent hearings for bail, plea discussions and/or sentencing. The MISA process also makes recommendations for inpatient treatment and competency evaluations.

Dauphin County continues to successfully operate five types of housing projects for adults with serious mental illness. The Bridge Rental Assistance Program provides a "bridge" rental subsidy to persons with a serious mental illness on the Housing Authority of Dauphin County's (HACD) HUD Section 8 waiting list. In FY 18-19, eighteen persons were in the Bridge Rental Housing program and two persons were in process. HACD will be moving approximately 8 persons on to permanent Section 8 or Project Access vouchers before the end of the calendar year and we will assess the availability of funds to serve more persons.

MH/A/DP collaborates with The Capital Area Coalition on Homelessness (CACH) along with several other agencies working with non-elderly individuals with disabilities on an 811 Project-based Rental Assistance Program. Data since its inception and through FY 18-19 indicates that 47 vouchers are available in Dauphin County, and while 97 MH consumers have applied for 811 PRA vouchers, and 23 MH consumers were awarded vouchers and housed in Dauphin County.

The third project is a capital development in Susquehanna Township using reinvestment funds to support a Pennsylvania Housing Finance Agency (PHFA) low-income tax credit development for 35 family homes and a community garden. The project is called "Sunflower Fields". Construction was completed in early fall 2017. Five (5) homes designated for adults with serious mental illness and their family are occupied.

The fourth Housing program is new since 2018 and are Mainstream vouchers from HUD. The target population includes persons moving from institutional care, homeless or at risk of homelessness. Applications are managed by CACH and based upon priorities in the coordinated entry system (CES). Permanent vouchers are awarded by the Housing Authority of the County of Dauphin.

The fifth housing program is the Shelter Plus Care (S+C) Housing Voucher program, a conjoint project by the County MH Program and the Housing Authority of the County of Dauphin for persons with a serious mental illness experiencing homelessness. Forty (40) individuals were served and during FY 18-19, there were five (5) new admissions. There were six (6) discharges during the fiscal year.

#### **Dauphin County Undertakes Quality Assurance Activities:**

Mental health providers use at least two unusual incident reporting systems. There were 505 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY 18-19. This is an increase of 13.2% from the previous year. The highest category was Criminal Event Involving the

Police (259 of 505, 51.3%). Serious Illness was the second highest category with 173 (34.3%). These two categories were also the highest in FY 17-18 but were reversed between highest and second highest. The third largest category was Death with 39 reports (7.7%). This was also last year's third highest category. There was one (1) report of abuse by a provider confirmed and the staff member was fired from the agency. One report of misuse of funds was reported regarding an agency outside of Dauphin County.

Persons who were part of the Harrisburg State Hospital closure, those residing in CRRs and the LTSR are subject to incident reporting in DHS's Enterprise Incident Management (EIM). In FY 17-18, there were 128 reports entered into the EIM database. In FY 18-19, 105 reports were entered into the system. Illness was the single largest category with 39 (37.1% of the total reports). The number of reports in this category was the same last year. Law enforcement activity and Missing person were the next highest categories. Only one (1) report entered out of 105 related to Dauphin County consumers involved in the closure of Harrisburg State Hospital.

There were 60 children's unusual incident reports in FY 18-19. There was one child with 5 or more incidents reported. PerformCare does not consider a restraint to be an unusual incident unless the restraint results in an injury and are reported only in 24/7 care programs. Restraints are reported as a separate category. Most incidents are reported in Residential Treatment and inpatient settings and BHRS (Behavioral Health Rehabilitation Services). Twenty children and teens in Residential Treatment were involved in 47 of the reported 60 incidents. Efforts to reduce the use of restraints are critical because of the trauma and potential for serious injury all restraints have on children. Restraint techniques are very rarely used with adults. One (1) child death was reported in FY 18-19 involving a teen under CYS care who withdrew from an RTF and completed suicide.

There were 3 (three) complaints reviewed during FY 18-19 of which one (1) was formal and two (2) were informally managed. The types of formal and informal complaints are identified in Table 4. The passage of the Adult Protective Services Act may have reduced the number and types of investigations being done by the County. Dauphin County has also encouraged the use of a provider's internal complaints and grievances policies to handle provider specific issues.

**Table 5- FY 18-19 Complaints by Number of Adult Persons, Source and Type**

| Number of Complaints | Source   | Type   |
|----------------------|----------|--|
| 1                    | External | Gaudenzia CRR Drug Testing Policy and restricting persons to the CRR |
| 2                    | Internal | Service - Incident Review  |

**Dauphin County Engages Persons Using Mental Health Services:**

Persons using services, family members, MH/ID Advisory Board members, MH program staff, and other stakeholders were included in developing the Block Grant narrative and they provide ongoing input into Dauphin County's system for recovery and resiliency-focused services. A survey on the number of employed Certified Peer Specialist (CPS) staff revealed 14 persons are employed in Dauphin County. Six (6) are full-time and eight (8) are part-time employees. CMU closed their CPS program in April 2019. They had employed two full-time CPS staff. While very beneficial to individuals, the free-standing PSS agencies have been impacted by productivity, retention and training issues which hinder growth and the availability of the service. Programs that have embedded certified peer specialists in their service model seem to be more supportive for the employee and productive by working as a team member. Documentation requirements are also less stringent. HealthChoices funded CPS served 95 individuals in the reporting period. Dauphin County has communicated the needs for an additional Peer Support provider to CABHC and PerformCare and hopefully that will result in increased capacity.

Dauphin County's Community Support Program (CSP) Committee is a conduit for receiving input and tapping into ideas, skills and expertise in an evolving recovery-oriented system. Dauphin County continues to support providers trained and credentialed in Mental Health First Aid curriculums for children and adults. Manuals are purchased for providers conducting training in Dauphin County for first responders.

**Resource Sharing** continues to grow among families in the mental health system with the distribution reaching over 789 families. Topics this year included Suicide Prevention, Keeping Your Child Safe Online, Case Management Services and Disruptive Behavior and Anxiety. **Resource Sharing** is found on the Dauphin County website. Agency distribution has expanded to some Dauphin County daycares.

While no *Guiding Good Choices* (GGC) trainings occurred during FY 18-19, Steelton-Highspire School District has expressed interest in offering this curriculum and has identified two parents to be trained in FY 19-20. Central Dauphin (Swatara Middle school) has expressed interest in offering this curriculum to parents using the parent trainers from Central Dauphin East Middle School. Some retraining will be needed due to changes in format and the new videos.

The County Mental Health system has been rethinking our approach to Family Involvement since providers have not embraced the concept of parents and families having a role in improving the quality of their services. The County program is very concerned about families disconnected from their children during out-of-home treatment. As a result, some parents are referred to Dauphin County CYS because they no longer wish to provide for their own children, essentially neglecting their responsibilities as parents. PerformCare has not embraced family involvement, nor wishes to identify with a national initiative known as Building Bridges (BBI). Strategies for consideration in FY 19-20 include: using a modified BBI self-assessment tool with CMU case managers in child and adult system. The self-assessment tool would help the CMU to target training and agency policies and procedures toward greater family involvement.

#### **Dauphin County Addresses the Needs of Children and Teens with a Serious Emotional Disturbance:**

Dauphin County MH is focused on reducing the use of Residential Treatment because it is not evidence-based or community-based care. There were 59 recommendations in FY 18-19 for out-of-home treatment for 54 unduplicated children. Fourteen recommendations did not follow the required Interagency Service Planning Team process which needs to be addressed so that recommendations are considered and alternative plans are put into place to address unmet needs and assure that less restrictive services are considered. The data indicates a decrease in recommending out-of-home treatment, however, the reasons are complex due to an overall decrease in Statewide RTF capacity and a lack of programming for complex youth with ID, autism, and highly aggressive behaviors. The five-county managed care group selected a provider to develop a small community-based Residential Treatment Facility.

Dauphin's RTF census in 2018-19 totaled 33 unduplicated children and teens. JACHO RTF census was 27 persons and the Non-JACHO census was 6 persons. Sixteen (16) recommendations were denied by PerformCare and were offered local community-based types of services. For youths discharged from RTF in FY 18-19, the average length of stay was approximately one year. County MH staff monitor youth with long lengths of stay in RTF 2-4 years and children/youth in less than ideal settings such as shelters with individually configured support from involved systems.

Dauphin County has two types of Community Residential Rehabilitation – Host Homes. Thirteen (13) children and teens were served in the CRR-HH Programs (Host Home and Intensive Treatment Host Home program) during 2018-19 and six were (6) were discharged in the same period. The CRR Intensive

Treatment Program or ITP is a small program. Only one provider offers the service, which includes a much more intensive treatment component for the youth and their family of discharge as well as more frequently home visits. Clinical support continues during the family visits. The addition of another provider is still pending after almost three (3) years. Five (5) youth were served in CRR-ITP during the year. And four (4) successfully completed the program.

Child MH staff continue to work with the ten (10) public school districts located in Dauphin County through county-wide meetings and individual efforts with some districts. Improving communication with BHRS providers and schools has led to greater understanding of process issues, concerns when MH staff work in school buildings and how treatment outcomes are assessed. Several school districts participated in training to learn how families of children with serious emotional disturbances can access Medical Assistance as a secondary insurance for their child. School-based Outpatient clinics are monitored by the County for adequate staffing and communication issues. Many school-based clinics have new or selected agencies providing School-based Outpatient programming. FY 19-20 will involve monitoring the student needs being met by provider agencies and the referral process being used between the provider and school building.

The Student Assistant Program (SAP) Mental Health consultation continues for middle and high schools with functioning SAP Teams. In FY 17-18, there were noted decreases in the number of informal assessments conducted by the SAP consultation provider. 334 informal assessments were completed in 2018-19. This represents an increase from the 251 informal assessments that were completed in the previous year. One noted improvement was Harrisburg School District from 20 assessments to 44 in FY 18-19. The Garrett Lee Smith Suicide Prevention Grant began in July 2017. The primary activity of the grant is to implement a web-based suicide screening tool (BH-works). During the first year, the screening tool was completed for 18 students. For 2018-19 school year, the screening tool was completed for 35 students. Dauphin County MH wants to continue to use this screening tool past the grant expiration and Keystone’s SAP Consultants have been asked to increase their use of the tool by 50% of informal assessments they complete in FY 19-20.

**Dauphin County Uses Evidenced-Based Programs and Promising Practices:**

New service models, especially evidenced-based programming, continues to be important service development. The following tables illustrate how we have worked with PerformCare and the BH-MCO oversight to improve the quality of care for Dauphin County residents.

**Table 7 - Evidenced Based Programming in Dauphin County**

| <b>Evidenced Based Practices</b>                 | <b>Service Available in County</b> | <b>Fidelity Measure Used</b>   | <b>SAMHSA EBP Toolkit</b> | <b>Staff Trained in EBP</b> | <b>Comments</b>                             |
|--|------------------------------------|--------------------------------|---------------------------|-----------------------------|---|
| <b>Assertive Community Treatment</b>             | Yes                                | TMAC                           | Yes                       | Yes                         | Urban Team                                  |
| <b>Supportive Housing</b>                        | Yes                                | NA                             | NA                        | NA                          | Providing Supported Housing since 1980's    |
| <b>Supported Employment</b>                      | Yes                                | SAMHSA Toolkit                 | Yes                       | Yes                         | Also has a FEP component MHCBG Grant funded |
| <b>Integrated Treatment Co-Occurring (MH/SA)</b> | Yes                                | Hazeldon Patient Rating Scales | No                        | Yes                         | Two (2) OPT D & A Providers                 |
| <b>Illness Management Recovery</b>               | Yes                                | SAMHSA Toolkit                 | Yes                       | Yes                         | Five (5) providers                          |
| <b>Medication Management (MedTeam)</b>           | No                                 | NA                             | NA                        | NA                          | Mobile Psychiatric Nursing/HC               |
| <b>Multi-systemic Therapy</b>                    | Yes                                | Therapist Adherence Measure    | No                        | Yes                         | Two (2) certified providers                 |

|                                  |     |                |            |            |                        |
|----------------------------------|-----|----------------|------------|------------|------------------------|
| <b>Functional Family Therapy</b> | Yes |                | <u>Yes</u> | <u>Yes</u> | Initiated in 2017-2018 |
| <b>Family Psycho-education</b>   | Yes | SAMHSA Toolkit | Yes        | Yes        | NAMI Family-to-Family  |

Dauphin County MH funds the YWCA Supported Employment services and Family Psychoeducational services provided by NAMI Dauphin County. Assertive Community Treatment, Integrated MH D&A Outpatient treatment and Illness Management Recovery (IMR) services are also available for persons relying on either County or PerformCare funding. Forensic funds have been designated for a new Intensive Outpatient Program and Recovery Center for persons with co-occurring (MH & D/A) with criminal justice involvement. The program called LiveUp Recovery began in the first quarter of FY19-20.

**Table 8 - Recovery and Resiliency based Promising Practices in Dauphin County**

| <b>Recovery and Resiliency-Oriented and Promising Practices</b> | <b>Service Provided</b> | <b>Number Served*</b> | <b>Comments</b>  |
|---|-------------------------|-----------------------|--|
| Consumer Satisfaction Team                                      | Yes                     | 500                   | CABHC contract with CSS Inc.                                     |
| Family Satisfaction Team  | Yes                     | For both              | CABHC contract with CSS Inc.                                     |
| Fairweather Lodge   | Yes                     | 11                    | Two (2) Community Lodges   |
| MA Funded Certified Peer Specialist                             | Yes                     | 95                    | Three (3) Providers  |
| Other funded CPS  | Yes                     | 24                    | County funded  |
| Dialectical Behavioral Therapy                                  | Yes                     | DBT 3<br>DBT-A 7      | Two (2) certified providers; Two (2) providers trained in DBT -A |
| Wellness Recovery Action Plans (WRAP)                           | Yes                     | 13                    | Five (4) Providers   |
| Shared Decision Making  | Yes                     | 20                    | CAPSTONE (FEP)   |
| Psychiatric Rehabilitation Services                             | Yes                     | 70                    | One (1) licensed provider Site & Mobile                          |
| Supported Education   | Yes                     | 20                    | CAPSTONE (FEP)   |
| Treatment of Depression in Older Adults                         | Yes                     | 366                   | Older Adult OPT Clinic   |
| Competitive Employment  | Yes                     | 93                    |  |
| Consumer-operated Services                                      | Yes                     | 97                    | Drop-in service  |
| Parent Child Interaction Therapy                                | Yes                     | 22                    | Three (3) certified providers                                    |
| Trauma Focused Cognitive Behavioral Therapy                     | Yes                     | 5                     | One ((1) certified provider in MH                                |
| EMDR  | Yes                     | 44                    |  |
| First Episode Psychosis CSC                                     | Yes                     | 20                    | NAVIGATE Model   |
| The Incredible Years  | Yes                     | 4                     | One (1) provider primarily left Dauphin County                   |
| Mental Health First Aid Adults and Children                     | Yes                     | 30                    |  |

**Dauphin County Uses Mental Health Resources in a Fiscally Responsible and Person-Centered Ways:**

Outcome data was received from MH providers in a redesigned recovery format. Baselines were established for all cost areas in FY 14-15 and annual reporting is completed every year. The cost areas have been reformatted to reflect Block Grant reporting categories. Reporting was done on funds directly managed by Dauphin County Mental Health including state allocated, federal non-Medicaid and county matching funds.

Access to other funding such as Medicaid/CBHP and Medicare impacts how our funds are used by residents registered in the system. Changes in the number of persons served and/or dollars expended can be attributed to rate changes, more intensive services (frequency) being provided to a smaller number of persons based upon individualized need, shifting service use or trends since most all services are voluntary, start-up of new services/new service providers and the use of evidenced based interventions.

Mental health service costs can be primarily attributed to personnel costs and changes in staffing (vacancies, extended leaves) may impact the provider's ability to serve individuals and maintain productivity. The number of persons being assisted through Crisis Intervention and emergency services reflects slight changes but nothing significant. In FY 17-18 and 18-19, Psychiatric Rehabilitation involved PerformCare funding for all Medicaid insured persons under an Alternative Payment Plan and a small number of County-funded consumers were absorbed into those costs. Peer Support services are expected to serve teens between the ages of 14 and 18. Dauphin County has elected to embed CPS service

within the PPI clinical component of CAPSTONE, a first episode psychosis program for persons 16-30 years of age during FY 19-20.

**Table 9 – Service Types by Numbers of County Registered Persons**

| <b>Service Type</b>                      | <b>FY 16-17</b> | <b>FY 17-18</b> | <b>FY 18-19</b> |
|--|-----------------|-----------------|-----------------|
| Assertive Community Treatment            | 15              | 13              | <b>13</b>       |
| Administrative Case Management           | 3,174           | 2,088           | <b>1,603</b>    |
| Community Employment                     | 79              | 93              | <b>138</b>      |
| Community Residential Services           | 396             | 399             | <b>393</b>      |
| Community Services                       | 1,196           | 1,183           | <b>1,169</b>    |
| Consumer-Driven Services                 | 197             | 97              | <b>101</b>      |
| Emergency Services                       | 1,815           | 1,692           | <b>1,753</b>    |
| Facility-Based Vocational Rehabilitation | 0               | 0               | <b>0</b>        |
| Family-Based Mental Health Services      | 0               | 0               | <b>1</b>        |
| Family Support                           | 103             | 51              | <b>32</b>       |
| Housing Support                          | 201             | 219             | <b>168</b>      |
| Crisis Intervention                      | 2,359           | 2,489           | <b>2,371</b>    |
| Outpatient                               | 197             | 192             | <b>114</b>      |
| Partial Hospitalization                  | 41              | 33              | <b>28</b>       |
| Peer Support Services                    | 27              | 30              | <b>24</b>       |
| Psychiatric Inpatient Hospitalization    | 1               | 1               | <b>5</b>        |
| Psychiatric Rehabilitation               | 102             | 12              | <b>0*</b>       |
| Social Rehabilitation                    | 123             | 119             | <b>129</b>      |
| Targeted Case Management                 | 748             | 901             | <b>852</b>      |

\*Primary funding started through MA/HealthChoices; 15 County funded consumers were served

**Table 10 – County Mental Health Expenditures by Cost Centers in Dollars**

| <b>MH Cost Center</b>                 | <b>2016-17</b> | <b>2017-18</b> | <b>FY 18-19</b>   |
|---------------------------------------|----------------|----------------|-------------------|
| Administrators Office                 | \$926,834      | \$1,022,492    | <b>1,292,539</b>  |
| Assertive Community Treatment         | 119,769        | 139,135        | <b>83,402</b>     |
| Administrative Management             | 1,520,315      | 1,520,943      | <b>1,514,851</b>  |
| Community Employment                  | 245,641        | 243,678        | <b>243,740</b>    |
| Community Residential                 | 10,969,105     | 10,788,632     | <b>10,912,594</b> |
| Community Services                    | 368,616        | 332,496        | <b>352,397</b>    |
| Consumer-Driven Services              | 153,739        | 161,474        | <b>149,856</b>    |
| Emergency Services                    | 616,037        | 546,602        | <b>692,099</b>    |
| Facility-Based Voc. Rehab.            | 0              | 0              | <b>0</b>          |
| Family-Based Services                 | 0              | 0              | <b>5,925</b>      |
| Family Support Services               | 69,614         | 47,180         | <b>54,590</b>     |
| Housing Support                       | 1,098,078      | 1,157,322      | <b>1,150,350</b>  |
| Crisis Intervention                   | 999,887        | 1,005,557      | <b>1,181,578</b>  |
| Outpatient                            | 285,390        | 299,102        | <b>337,491</b>    |
| Partial Hospitalization               | 235,034        | 192,795        | <b>210,077</b>    |
| Peer Support Services                 | 36,426         | 43,772         | <b>32,162</b>     |
| Psychiatric Inpatient Hospitalization | 6,942          | 65,943         | <b>253,367</b>    |

|                                   |                     |                     |                   |
|-----------------------------------|---------------------|---------------------|-------------------|
| Psychiatric Rehabilitation        | 439,013             | 70,228              | 0                 |
| Social Rehabilitation             | 603,355             | 618,322             | 606,740           |
| Targeted Case Management          | 834,319             | 1,023,827           | 1,065,001         |
| <b>COUNTY MENTAL HEALTH TOTAL</b> | <b>\$20,048,114</b> | <b>\$19,279,500</b> | <b>20,142,674</b> |

While the County matched PerformCare rates, there were decreases in expenses in several areas including outpatient, partial hospitalization and peer support services. The primary issue is provider capacity. If providers do not have the staff to serve persons referred for services, they remain on waiting lists with sometime only case management support. Other service areas that showed a decrease in persons served includes: housing support and 400 additional persons were removed from caseloads at the CMU due to lack of contact and approximately 50 person less were served in targeted case management. CMU and Keystone have experienced significant personnel issues in retention and staff productivity.

Costs in the County MH program coincide with consumers served and can be attributed primarily to the provider capacity issues exacerbated by staffing or increases in rates. Higher costs in the County administrative cost center are due to data projects initiated by administrative oversights to the County MH program.

Medical assistance managed care is organized under a State program called HealthChoices. Behavioral Health services in five (5) counties, known as the CAP 5, are collectively managed through Capital Area Behavioral Health Collaborative and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. Table 11 shows the type of service, number of persons served and expenditures. There were no significant changes in persons served or funds spent in the cost categories. Services such as BHRS, Family-Based MH Services and Residential Treatment are exclusively for children, teens and young adults up to 21 years of age. Clozapine and Peer Support Services are exclusively for adults, and all other types of services include both children and adults. The number of persons using outpatient clinic services decreased. Approximately 155 persons received their outpatient services through tele-psychiatry; a significant decrease from last year (500+).

**Table 11- Dauphin County HealthChoices FY 17-18 and FY 18-19 Mental Health Services by Number of Persons / Costs**

| Type of Mental Health Service   | Persons Served |               | Dollars           |                     |
|---|----------------|---------------|-------------------|---------------------|
|   | FY 17-18       | FY 18-19      | FY 17-18          | FY 18-19            |
| Inpatient psychiatric, includes EAC   | 1,083          | 1,119         | \$18,613,148      | /\$18,418,201       |
| Partial Hospitalization   | 425            | 413           | \$ 1,477,397      | \$1,651,766         |
| Outpatient  | 10,140         | 9,975         | \$ 7,954,836      | \$7,578,513         |
| Behavioral Health Rehabilitation Services                                       | 1,564          | 1,630         | \$11,454,788      | \$11,678,238        |
| Residential Treatment   | 42             | 33            | \$ 2,213,158      | \$2,275,075         |
| Crisis Intervention   | 1,384          | 1,469         | \$ 563,076        | \$571,316           |
| Family Based MH Services  | 303            | 326           | \$3,999,288       | \$4,107,833         |
| Targeted MH Case Management   | 2,149          | 2,120         | \$4,758,598       | \$4,927,593         |
| Peer Support Services   | 115            | 95            | \$ 155,194        | \$115,491           |
| Other MH: Assertive Community Treatment, Specialized treatment, Tele-psychiatry | 902            | 841           | \$ 2,142,130      | \$2,140,234         |
| <b>MANAGED CARE MH TOTAL:</b>   | <b>11,769</b>  | <b>11,821</b> | <b>52,885,633</b> | <b>\$53,464,261</b> |

The children's system is predominately using BHRS, which have no evidence of effectiveness. The lack of capacity within BHRS services and especially for Therapeutic Staff Support (TSS) remained a problem

throughout FY 18-19. Based on the June 2019 report provided by the managed care oversight agency, 68 children from Dauphin County were waiting for 50 or more days. Fifty-nine (59) of the 68 were waiting for TSS. Forty-three (43) of the 68 had been waiting for more than 100 days. Three BHRS providers (PCBH, Laurel Life, and TeamCare), were permitted to accept Dauphin County transfer cases from Wellspan-Philhaven due to that agency's departure from Dauphin County.

**Dauphin County Provides Technical Assistance and Expertise in Behavioral Health Managed Care:**

Dauphin County MH/ID Program's HealthChoices behavioral health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). The Board of CABHC, CABHC committees, PerformCare committees and initiatives offer county participation and input. Individuals and families also have roles in committee work as advisors and experts. County roles include monitoring and administrative functions and person-specific involvement. Analyzing the costs of services, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program as well as planning and evaluating services as managed care requirements.

County Mental Health has had lead responsibility for an analysis of inpatient and services data investigating the root cause of high psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an inpatient discharge. A real time notification system for persons with 2 or more 30-day inpatient readmissions was established in FY 13-14 and continues. County MH hosts meeting with inpatient, case management entities and other interagency team members within the MH system to strategize on changing the overuse in inpatient care at a person and cross-system level. Pennsylvania Psychiatric Institute's READY program includes patient training and education on medications, follow-up contact and support and has significantly improved the rate of readmission for Dauphin County adults.

County children's staff works closely with Mental Health case management to improve the interagency meetings which review care, child & family outcomes, recommend types of services, and resolves conflict among team members. Goal is for mental health case managers/ supervisors and clinical care managers from the BH-MCO, PerformCare to function independently in interagency team meetings with other systems and families.

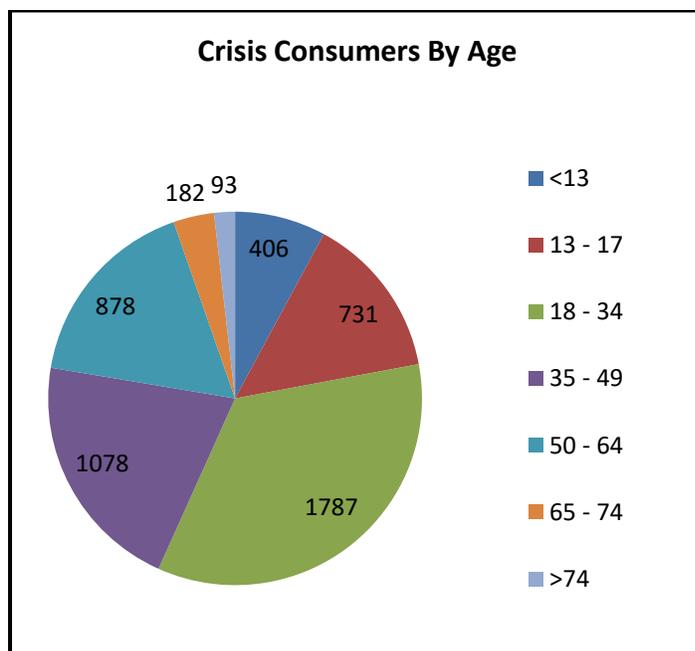
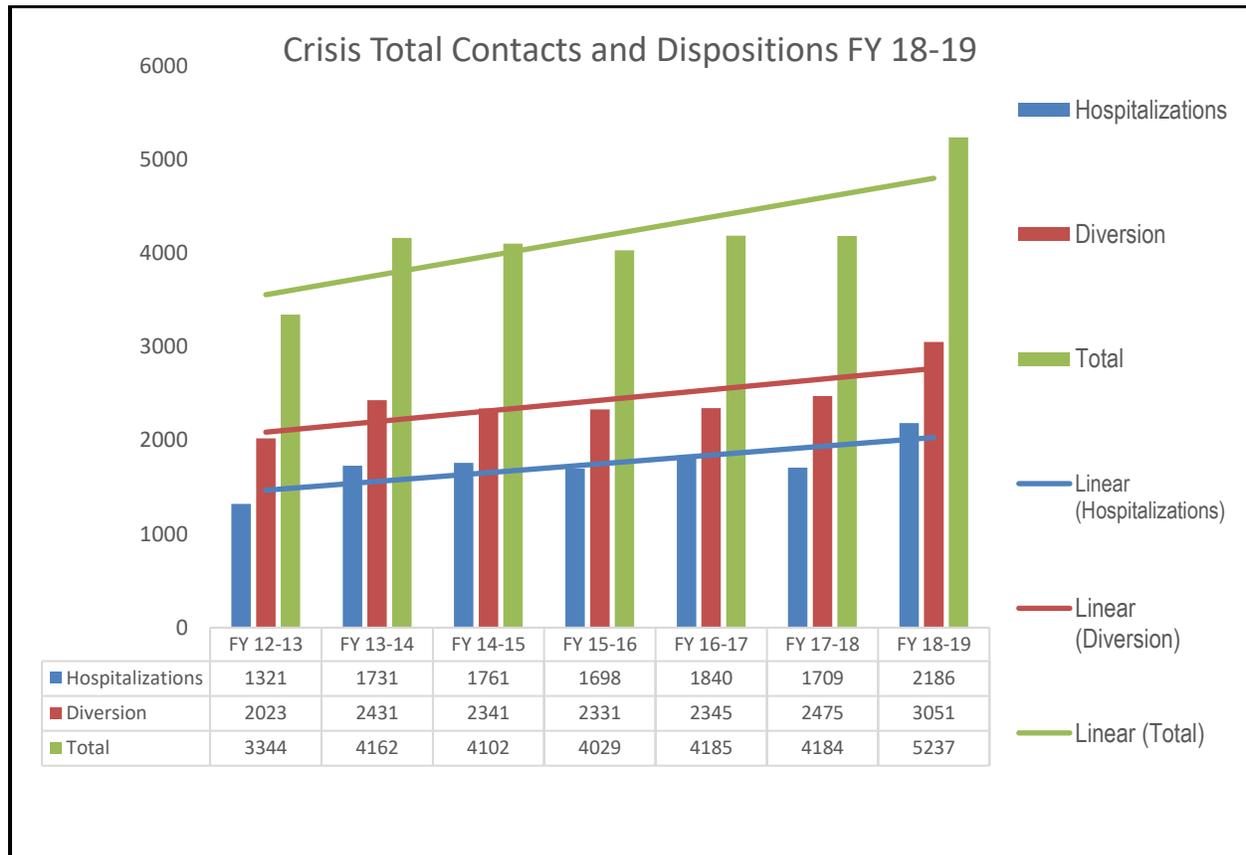
County staff have been highly instrumental in working with agencies to expand the availability and access to FBMHS. Expansion of teams by several providers in FY 17-18 has helped bridge the capacity gap during FY 18-19 and helped to reduce access issues. PerformCare's family-based monitoring reports are reviewed weekly. Additional monthly monitoring of FBMHS providers by County staff includes the number of FB teams/provider, pending discharges, and anticipated openings. The waiting list for FBMHS was at its highest point for the fiscal year in July 2018 with 32 children waiting. For most of the fiscal year, the waiting list was over 15 children waiting with a decrease in waiting list at the end of the fiscal year. At the end of the fiscal year (week of June 24, 2019), 7 children were on the waiting list.

The JEREMY Project service review involved a three (3) year post service review and data analysis. The review was conducted to determine if the program is serving teens with high risks as they transition into adulthood and adult MH services. The report was shared with the funding agency, CABHC and the CMU. Next steps are to change the target population and program activities and will be addressed in FY 19-20.

***Crisis Intervention Program***

The Crisis Intervention Program (CI) is the only direct service offered at Dauphin County MH/A/DP. CI provides 24-hour, seven days per week telephone, walk-in and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information,

brief counseling, and crisis stabilization are the core services. Crisis has a significant increase (25%) in the number of consumer dispositions including a 28% increase in hospitalizations, and a 23% increase in non-hospital dispositions in FY 18-19, with no increases in staffing or resources.



Crisis uses Language Line services when staff cannot meet linguistic needs of callers and consumers seeking services.

Crisis collaborates to assure face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system at either the Judicial Center or Dauphin County Prison. Crisis completed 47 forensic assessments during FY 18-19.

The Medical Bureau of Harrisburg provides back-up telephone answering service for the CI Program when CI workers are out of the office on calls.

Crisis executed Letters of Agreement with case management entities, CMU, Keystone Community MH Services Intensive Case Management, and NHS Capital Region’s ACT, to establish roles and responsibilities for 24-hour response to individual needs.

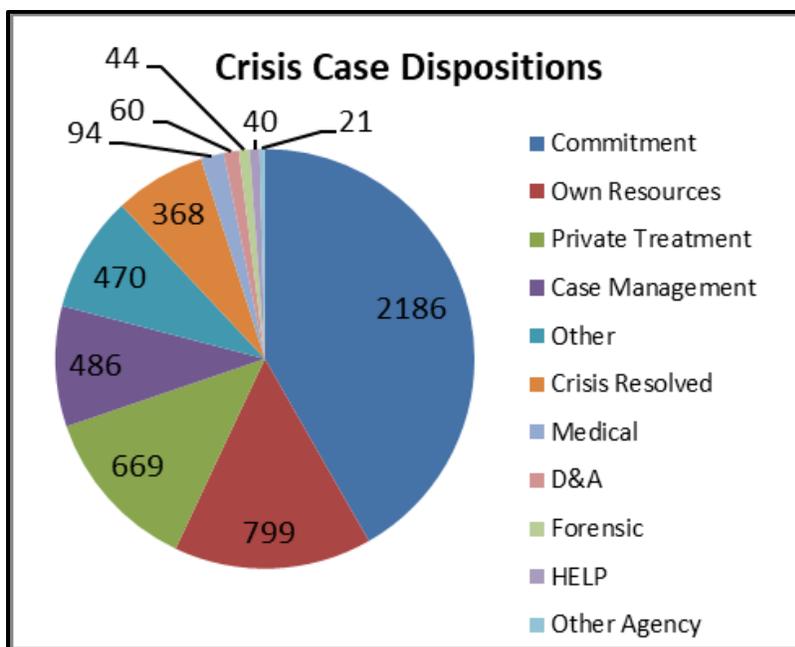
Disaster planning and coordination is another function of the Crisis Intervention Program. All CI staff are trained in and participate in the County’s Disaster Crisis Outreach Response Team (DCORT). DCORT participates in regular training exercises and pursues various disaster preparedness initiatives via membership in the Pennsylvania South Central Task Force.

All CI staff members have completed the required certification process in NIMS (National Incident Management System). CI also participates with and oversees the County’s Critical Incident Management (CISM) team, which provides debriefing services to first responders. The CISM team is comprised of over 60 representatives from various behavioral health organizations, police departments, fire departments and other emergency response workers from Central Pennsylvania.

Crisis collaborates with CMU and Pennsylvania Psychiatric Institute for the Bridge Program to provide follow-up after hospitalization outreach and to help link persons hospitalized at PPI with aftercare and treatment resources and case management resources. Crisis served 38 persons in the Bridge Program in FY 18-19.

Crisis also has a Homeless Outreach specialist who collaborates with various homeless programs and services to help homeless people obtain services including mental health services. Crisis conducted outreaches and interventions for 485 homeless persons in FY 18-19.

The program is licensed by OMHSAS and credentialed by PerformCare. Dr. Fazia Sheik conducts trainings and also serves as the program’s on-call psychiatrist for consultation in complex cases. During FY 18-19, the program again achieved a full operations license from OMHSAS and continues to be the designated PerformCare/MA Crisis provider for Dauphin County. The program was also deemed in compliance with civil rights requirements by DHS’s Equal Employment Opportunity Commission.



In FY 18-19, CI provided 5,237 interventions to 4,136 consumers. Services vary from a telephone call to a complex combination of mobile, telephone, and/or walk-in interventions that can span several hours or even days. Hospitalization for 2,186 persons resulted in the inpatient treatment due to the risk presented by their condition or situation.