

The Dauphin County Department of



Mental Health/Autism/Developmental Programs

Annual Report

July 1, 2017 – June 30, 2018

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**Dauphin County Mental Health/ Autism/Developmental Programs
2017-18 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, and county and grant funds. In FY 17-18, we served fewer people than the prior year, with a reduction in persons served in the mental health. The EI program continued to experience growth in referrals and the number of children eligible for services. 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. 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%.

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.

MH/A/DP staff provided training and modeled improved collaboration, communication, and leadership for service planning efforts for people diagnosed with a mental illness and an intellectual disability including working with CMU staff to enhance collaboration and team processes to better plan for services for consumers and families receiving services from more than one system of care.

MH staff focused on improving HealthChoices provider capacity and working with PerformCare to increase quality and clinical initiatives, and preparing to implement value-based purchasing. ID staff also focused on major changes in the ID system as ODP prepared new program regulations, and implementing the new Community Living Waiver, as well as beginning to serve persons with a diagnosis of autism in ODP's waivers administered by the County program. ID staff also focused on developing new waiver funded services that will improve community inclusion and greater independence and supporting families as care givers. 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,

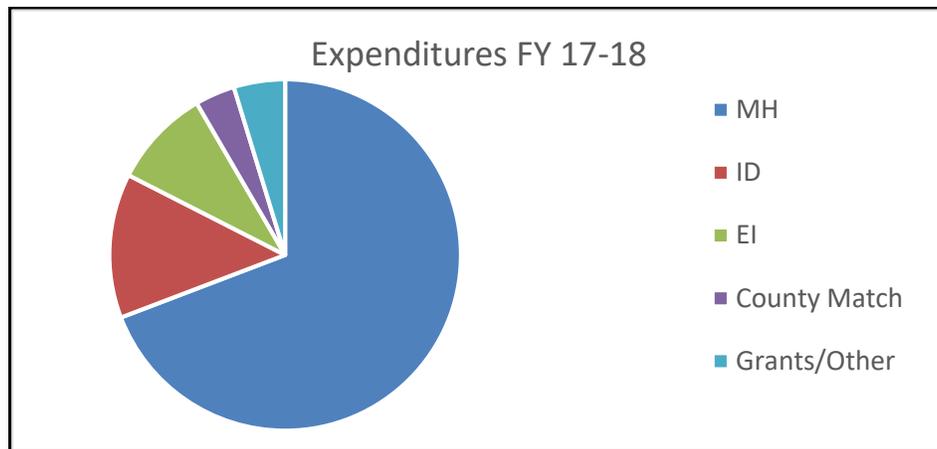


Daniel E. Eisenhauer
Administrator

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 Huma 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 FY 15-16	EXPENDITURES FY 16-17	EXPENDITURES FY 17-18	% CHANGE
MH	\$17,989,576.0	\$18,091,599.0	\$17,632,106.0	-2.54%
ID	\$3,718,327.0	\$3,376,918.0	\$3,389,220.0	0.36%
EI	\$1,790,815.0	\$2,062,743.0	\$2,319,549.0	12.45%
County Match	\$870,956.0	\$871,106.0	\$934,629.0	7.29%
Grants/Other	\$939,268.0	\$956,479.0	\$1,202,695.0	25.74%
TOTAL	\$25,308,942.0	\$25,358,845.0	\$25,478,199.0	0.47%



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 FY 14-15	PERSONS SERVED FY 15-16	PERSONS SERVED FY 16-17	PERSONS SERVED FY 17-18
Mental Health	4,537	4,208	3,958	3,041
Intellectual Disabilities	1,121	1,132	995	1,236
Early Intervention	707	826	897	942
Crisis Intervention	3,185	3,230	3,346	3,292
Total	9,640	9,396	9,196	8,511

Intellectual Disabilities Program

FY 2017-2018 has been an exciting year for our community system, and a year full of change for Dauphin County ID. A few key items to note:

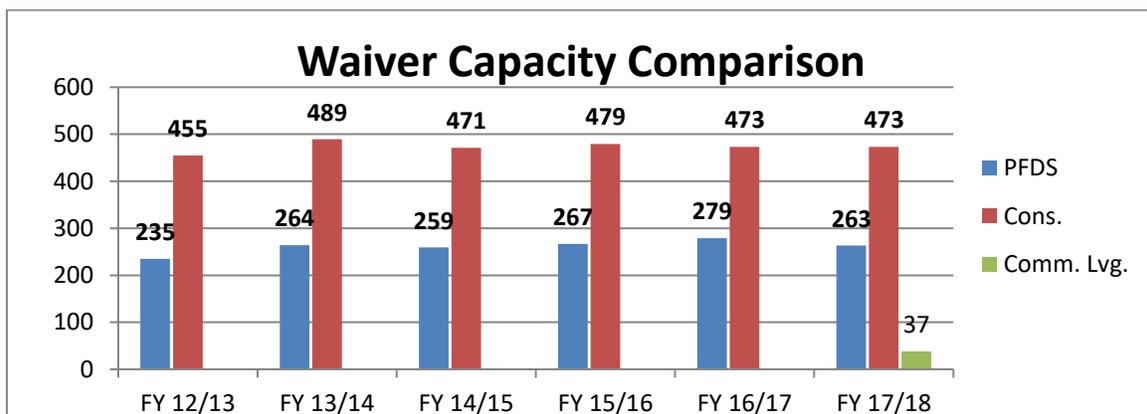
The Community Living Waiver (\$70,000 cap) supports individual with an autism or developmental disability to live more independently in their homes and communities. This waiver was approved and effective January 1, 2018. Dauphin County received twenty-one (21) Community Living Waiver opportunities. This included enrolling six (6) individuals that were over the Person Family Directed Supports Waiver (PFDS) (\$33,000 cap) over the cap. With the new waiver, Dauphin County was able to enroll an additional twelve (12) individuals into the Consolidated Waiver (no cap) from the emergency PUNS who needed additional services. We were able to enroll an additional fifteen (15) individuals into the PFDS Waiver. Overall, we were able to assist forty-eight (48) people who needed supports and services.

The majority of individuals we serve 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 the following counties: Cumberland-Perry, Lebanon, and Lancaster County. The focus of our work in this area 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.

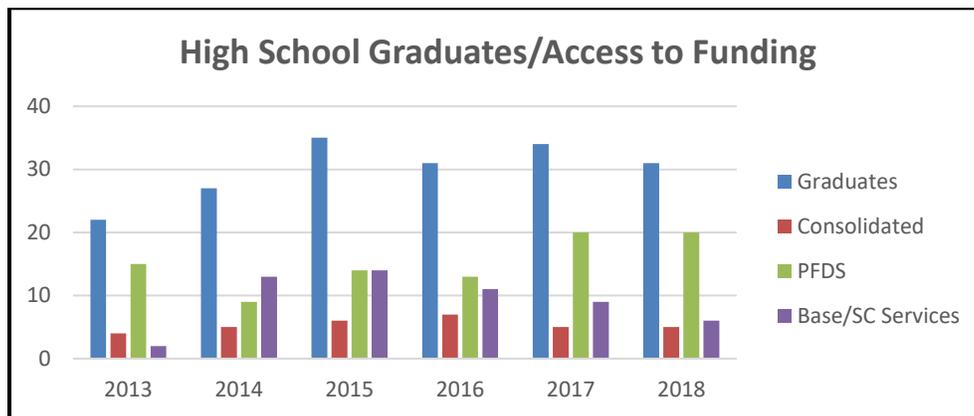
The ID department turned over staff as Joy Hafer, Program Specialist II and to Shirley Keith-Knox Deputy Administrator EI/ID, both retired and will be missed! We welcomed Morgan Jahnigen, Program Specialist 1 – Residential Coordinator and Briana Smith Program Specialist 1, Incident Manager, Dauphin County ID is a better place with them. Adam Wiener became a Program Specialist 2, Waiver Coordinator; we are very excited to have him in his new role. The entire ID Department is in new positions. We have been busy over the last year learning new skills and educating ourselves with changes to our system. It is an exciting time for this team to continue to grow in learning and to support our community!

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

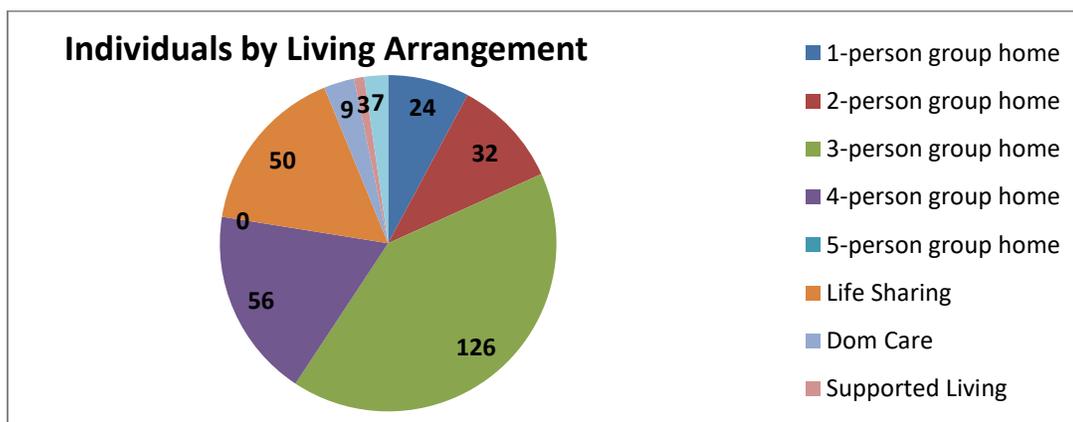


Dauphin County had thirty-one (31) graduates from special education who eligible for ID services in 2018. There were thirty (30) eligible students who received services and supports. We consistently operate our waivers at maximum capacity. The increase of persons served is primarily an indicator of the new addition of the Community Living Waiver. 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-three (343) individuals are receiving residential services in Dauphin County. This is an increase of 14 individuals compared to last year. The increase is due to revised residential tracking that includes unlicensed residential and state centers. 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. Another trend we have seen over the year, is that individuals do not want to live in a three (3) or more person home, and individuals are enjoying living in smaller homes. We continue to promote Life Sharing opportunities. Dauphin County saw a decrease in Life Sharing during the initial months of the fiscal year, however, with the inclusion of relatives being allowed to provide this support and dedicated providers we have seen an increase toward the year of the year. 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 supports individuals to acquire, maintain or improve skills necessary to live more independently, and be more productive and participatory in community life. Bold is a new provider of residential services this year, opening a new respite only home, offering life sharing and supportive living services.



Dauphin County continues to partner with Goodwill of the Keystone Area and the Office of Vocational Rehabilitation to implement a Project SEARCH program. Dauphin County government serves as an internship site to Dauphin County residents who are seeking to develop their employability skills in areas that match current labor needs. Project SEARCH is a unique business-led program that facilitates a seamless combination of classroom instruction, career exploration, and job skills training through strategically designed internships. The program provides real-life work experiences to help young folks with intellectual disabilities to make successful transitions from school to productive adult life. Employed graduates from our first, second, and third cohorts obtained employment making minimum wage or higher, with benefits. Our employment rate for Project SEARCH graduates is 70%. Project Search/Dauphin County was honored with an award for being at 70% employment rate. A fourth cohort of ten (10) interns began their internship during this year. Once again, the goal for each intern is to obtain employment in their community upon completion of the program.

Dauphin County continues to promote Employment First. We recognize that work is an important part of being part of your community and gives opportunity to live how you want to live. We collaborate 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 January of 2018, the Employment 1st Steering Committee had another successful transition fair focusing on high schools. The 2018 fair targeted consumers that are targeted for graduation in the year 2020. The theme for this year's event was "What Does Life Look Like after High School?" There were 15 school districts and a total of 138 attendees. There were 24 vendors representing a variety of services, resources and opportunities available to the students for post-graduation. The Keynote presentation consisted of former high school graduates explaining what their life is like now. Some of the breakout sessions were Project Search, Dream Partnership, Life Course Tools, How to Interview for a job, Social Media, Healthy Relationships, and assistive technology. In June of 2018, Dauphin County had one hundred fifty- nine (159) individuals seeking employment using ID services.

In the Fall, Dauphin County started a pilot 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. The LEAP process supports decisions about provider residential rate exception requests, as well as guiding team planning processes for persons with high needs.

The last section of the ID report is a summary of our consumer survey for IM4Q data comparing Dauphin County to the statewide averages, and is on the next page of this report. 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.

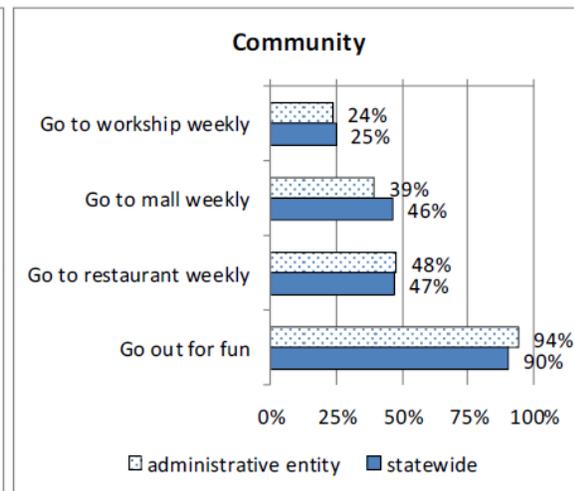
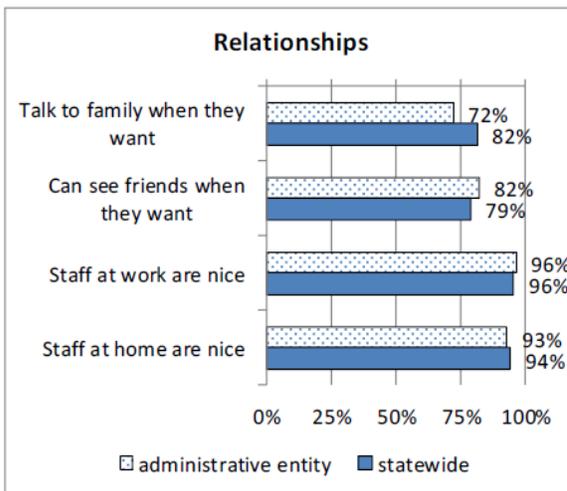
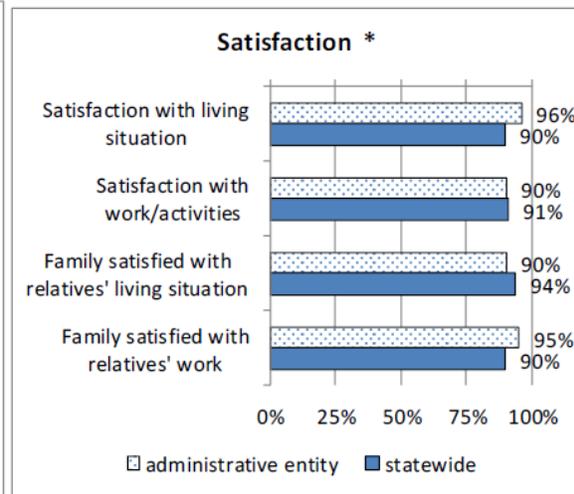
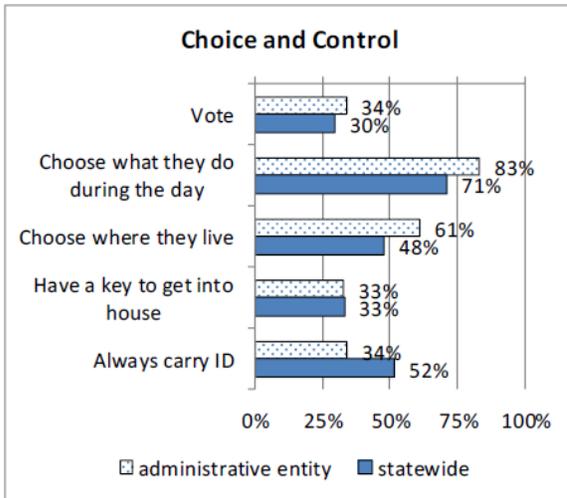
Independent Monitoring for Quality Dauphin AE Summary 2017



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, 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 2016-17 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.

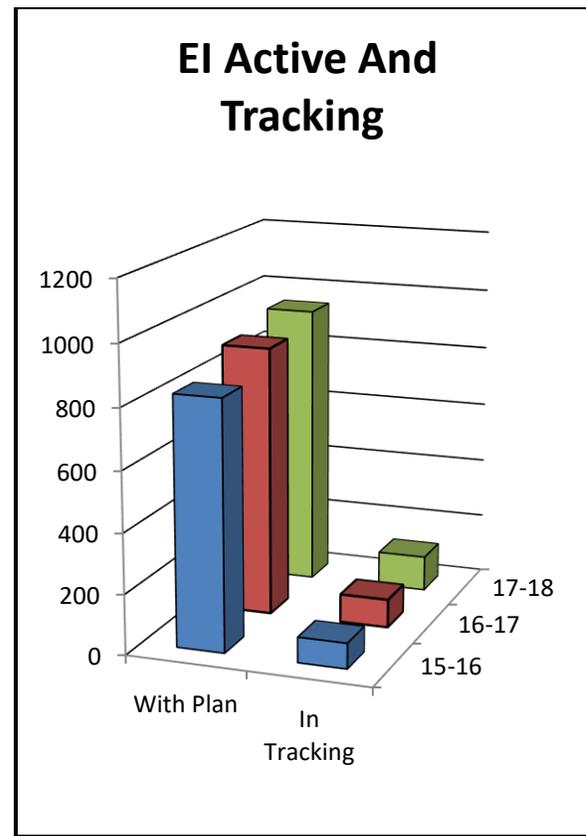
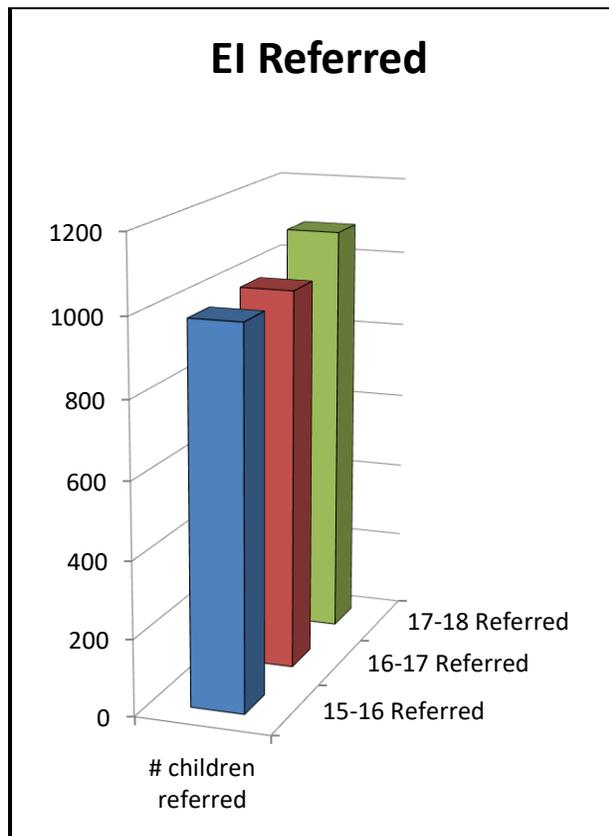


*Satisfaction research demonstrates that people report high levels of satisfaction with whatever they have.

Early Intervention Program

EI Program Data on Number of Children Served:

Dauphin County continues to see an increase in the number of children referred and served in the EI Program. 1086 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 information. Approximately 27% of children referred to EI (% may include the same 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.

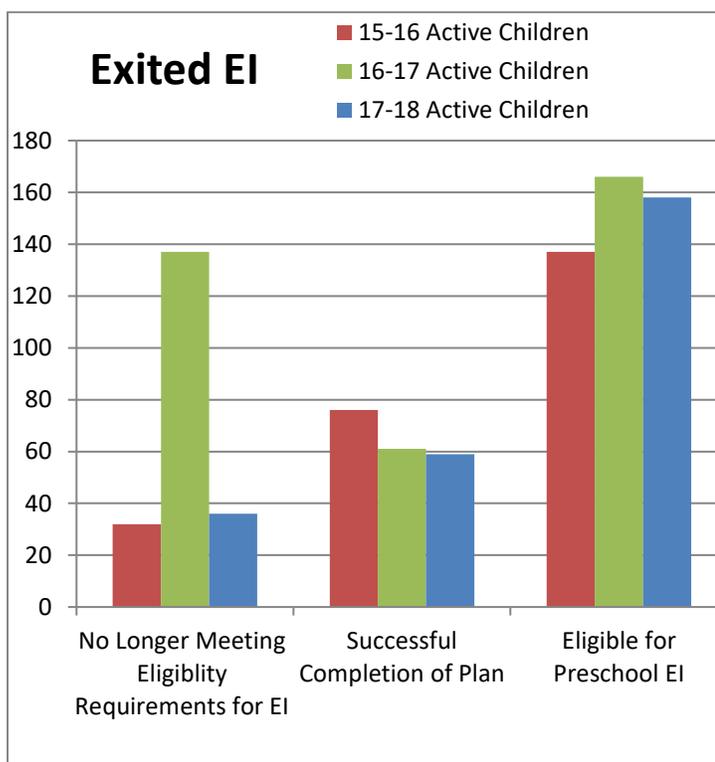


The number of active children in the program was higher in 17-18 than in previous fiscal years. The program periodically sends EI referral information to pediatric and family physicians in Dauphin County. Physician offices continue to be the greatest source of referrals each year, followed by referrals that come directly from families. Relationships with other referral sources also continue to be strong, with consistent referrals coming from Children and Youth, local NICUs, other social service or home visiting programs including Early Head Start and child care programs.

The number of children active with Plan in FY 17 - 18 was 942, and 117 children were active in developmental screening/ tracking. Children can move between active with plan and the tracking status within the same fiscal year, so active numbers across both are not unduplicated.

Approximately 73% of all children, or a total of 685 children, were eligible for MA based on income or disability in 17/18, and 22.3%, or 211 active children, were eligible for both MA and were also enrolled in Waiver funding.

- Total exits in F Y17-18 were 373 children
- Exited EI due to no longer meeting eligibility requirements for Infant/Toddler or Preschool services—36 or 3.8% of all active children; 9.6% of exits
- Exited EI due to the successful completion of the child’s IFSP outcomes—59 or 6.2% of all active children; 15.8% of exits
- Exited Infant/Toddler EI and found eligible for Preschool EI-158 or 16.7% of all active children, 42.3% of exits
- Exited EI due to unsuccessful attempts to contact a child/family referred or receiving services—71 or 7.5% or 19% of files closed in 17-18.



Child Find Efforts continue to spread the word about Early Intervention

Children in Dauphin County are at moderate to high risk for school failure. The EI program offers information on early childhood education resources available to the families of children at the highest risk for developmental delay, as well as to other primary referral sources who work with these families.

Most of our referrals came from Physicians (Pediatricians/NICUs) and Parents/Family Members. Referrals were also received from The Connect Direction Service, Children and Youth Services, Head Start, Child Care programs, and other health care or social service agencies. Referrals can also be 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 Head Start and other 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.

Program staff participated in local events to raise community awareness of Early Intervention resources and services, as well as provide targeted outreach activities to child care providers at the annual CAAEYC conference. We outreach to families at New Mom’s Network meetings, the WIC office, the Northern Dauphin Family Preschool Safari, and the Lykens area 123 Play With Me parent/child classes through the Dauphin County Library System, and families and professionals through the Healthy Start Community Action Network meetings and Baby Buggy event. We also outreach to professionals at Dauphin County Children and Youth Services, Dauphin County Drug and Alcohol Services, Hamilton Health Center, and local child care programs.

The EI program served children in all areas of the County, and targeted outreach resulted in approximately 46 children referred or enrolled in EI in 17-18 from Northern Dauphin communities, (Halifax and north) and approximately 556 children referred or enrolled in EI from Harrisburg city and surrounding communities, approximately 110 children referred or enrolled in EI from Middletown/Highspire/Steelton communities, and 106 children referred or enrolled in EI from Hershey/Hummelstown/Grantville communities.

Maintained a Quality Program

The Office of Child Development and Early Learning (OCDEL) Self-Verification process was completed in March 2018. This internal review of our program policies, 16-17 data, family survey results, and provider monitoring process, “verified” the program’s compliance with state regulations and key quality indicators. OCDEL staff who scored the Self- Verification Report, awarded Dauphin County a total score of 86%. Training then followed with all EI professionals to address the areas of concern, which typically involved issues with documentation and data entry. At the conclusion of OCDEL’s review of Dauphin County’s EI program, it was determined that we “Met Requirements” for the 16-17 fiscal year. This is the highest level of performance recognized by the State and demonstrates our strong commitment to quality in the delivery of Early Intervention services. EI professionals from the County program participated in the annual State EI policy forum, Leadership Conference, Committee for Stakeholder Engagement, and State Interagency Coordinating Council (SICC) meetings.

All EI providers doing business with Dauphin County were monitored for compliance with OCDEL and County contract requirements. EI Training on best practices continued to focus on expanding the number of professionals in Early Intervention who can 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 started with two speech therapists with expertise in this area, and we now have three more who can consult with teams when needed. We raised 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.

The EI program administered a grant from OCDEL in 17-18 to expand the implementation of Program Wide Positive Behavior Interventions and Supports (PW-PBIS) to a second child care 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. They also connect new PBIS implementers with veteran implementers through an Implementer’s Forum that offers support and information to all.

Dauphin County also received a planning Grant from the Pritzker Children’s Initiative Network (PCIN), in partnership with the National Association of Counties (NACo), to improve school readiness for all children. The PCIN 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 child care 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 have begun to offer trainings using a modified version of the SPEC protocol to introduce Positive Behavior Interventions and Supports to families and child care providers across the County. We will continue to raise awareness about the importance of nurturing relationships that promote social emotional development and reduce challenging behaviors as a foundation for school readiness. We have begun to offer training for child care providers on screening tools that can help identify children with developmental delays, and promote Early Intervention as a resource for these children and families. We are currently developing an action plan and identifying the data needed to measure the impact of our goal over the next 5 years.

Mental Health Program

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

Danville State Hospital has 32 designated beds for Dauphin County residents. During FY17-18, there were 44 individuals in care. Ten (10) persons were discharged during the year and fourteen (14) persons were admitted. There were 20 persons in care at DSH for the entire 12-month period. Among the persons discharged from Danville, their average length of stay was 491 days or 1.3 years. This is comparable to previous years. Twenty-five percent of persons remaining at Danville in FY17-18 have been there five (5) years or more.

Table 1 - Danville State Hospital Data FY17-18

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 6/30/18
14	10	20	44	0	30

The Extended Acute Care (EAC) is an inpatient psychiatric program with a length of stay of up to six months. Dauphin County has thirteen (13) EAC beds. Persons with complex medical issues are referred to the Ephrata EAC program. During FY 17-18, 64 referrals were made for Extended Acute Care services. 32 of the 64 referrals (50%) were admitted to one of Wellspan-Philhaven’s EAC programs. Thirty-two (32) persons (or 50%) 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 39 EAC discharges during FY17-18. Four (4) persons transferred to Danville State Hospital; three (3) went to a Personal Care Home; nine (9) went to live in a Community Residential Rehabilitation program; one (1) transferred to an ID program; and one (1) went into Domiciliary Care; two (2) persons were transferred to other Counties based on their choice and nineteen (19) persons went back to their own residence or a family residence. 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. 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 FY17-18

LTSR	Forensic CRR	CRR Full-Care	CRR Moderate Care	Personal Care Home
11	16	47	20	82

Adult residential programs served 399 persons. 197 people were served in residential services other than the short-term crisis and diversion CRR programs. Among the 197 served in FY17-18, 61 or 31 % of the individuals in residential services were discharged during the fiscal year. The following table reflects the number/percentage of discharges by types of discharge for the past three fiscal years. Type of discharge data demonstrates more than half of all discharges (55.7%) from residential services during FY17-18, were positive and recovery-oriented. The number/percentage of persons discharged for a higher level of medical care increased slightly. In FY17-18, three (3) persons were arrested or sentenced while living in mental health services; about half the number as in previous years. The number of persons discharged due to a rule violation decreased to one (1) person. Persons exiting the program without a planned discharge increased from two (2) persons to five (5) persons. An unplanned discharged and a discharge due to violating program rules is a negative program outcome we are working to eliminate.

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

Type	Number in 2015-16, 2016-2017 and 2017-18	Percentages in 2015-16, 2016-2017 and 2017-18	Examples
Recovery	37/36/34	47.4%/51.4%/55.7%	Independent housing, appropriate use of treatment/support resources
Higher Level of Care - Psychiatric	9/9/4	11.5%/12.9%/6.6%	Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care - Medical	10/6/6	12.8%/8.5%/9.8%	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	6/7/3	7.7%/10%/5%	Arrested and/or sentenced in pending court matter to incarceration
AWOL	5/2/5	6.4%/2.9%/8.2%	Left without notice or plan
Rule Violation	6/6/1	7.7%/9.3%/1.6%	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	5/2/6	6.4%/2.9%/9.8%	Choice
Deceased	0/2/2	0%/2.9%/3.3%	
Total	78/70/61	100/100/100.0%	

The number of discharges has decreased every year since 2014. Residential work plans have been developed with each program annually and monitored by County staff. CRR occupancy data for FY17-18 is displayed in Table 4.

Table 4: CRR Occupancy Rate for FY17-18

CRR Program by Provider and Type	Licensed Capacity	Occupancy Rate
Elwyn - Maximum Care	16	83.7%
Gaudenzia – Maximum Care	16	62.5%
Keystone –Transition Adult Program Maximum Care	3	77.1%
Keystone – Maximum Care	10	96.7%
Keystone - Moderate Care 1&2	24 & 28	86.5% and 84.4%
Merakey – Maximum Care	15	87.2%
Merakey – DBT Maximum Care	3	89.9%

Occupancy at the Gibson House CRR operated by Gaudenzia was low, due to the need to redesign the program because persons were either unable to follow the modified therapeutic community structure, or were discharged in a short period of time without successfully completing the program. The County suspended admissions to allow for the program to be modified and operate more like most CRR programs.

County staff participated and occasionally facilitated interagency or Community Support Plan meetings for persons in the following settings: Extended Acute Care (120 team meetings), Acute Inpatient programs (12 team meetings) and at Danville State Hospital (12 meetings). County staff has increased involvement with persons registered in the system if there are compound factors such as an intellectual disability, the person is transition-age (18-24 years of age), and/or recommended for non-MH Levels of care such as skilled nursing care.

Dauphin County has been developing forensic services for persons with a serious mental illness and criminal justice involvement for well over 10 years. During that period, grants for jail diversion, re-entry strategies, and a Mental Health Court have brought expertise to the mental health system and significantly improved collaboration with criminal justice agencies. Police trainings in Mental Health First Aid and CIT have been conducted. A Boundary Spanner position to coordinate MH forensic cases was established and continues to be funded through the MH system. More recently, there has been successes in sustaining strong partnerships with Pre-Trial Services and Adult Probation, using Housing support funds through HealthChoices reinvestment, and expanding co-occurring treatment options. Research now indicates that increasing mental health services and supports may not decrease the number of persons in jail with mental illness. The criminogenic risk factors that are unaffected by MH treatment include:

- History of anti-social behavior
- Anti-social personality pattern
- Antisocial cognition
- Antisocial attitudes
- Family and/or marital discord
- Poor school and/or work performance
- Few leisure or recreational activities
- Substance abuse

Rigorous review and tracking identified persons that may be eligible for Jail diversion since January 2017. Data for FY 17-18 show that 1,030 individuals at Dauphin County Prison were screened for MH diversion. The individuals were screened for the following criteria: 1) incarcerated at Dauphin County Prison, 2) Serious Mental Illness, 3) eligible charges, and 4) will accept mental health services. **Of those individuals, 218 (21%) met all the criteria and were offered services and 29 individuals (3%) were pending approval June 30, 2018. Therefore, 24% met all the criteria at screening to be considered for diversion.**

All individuals that were approved and not open with the CMU, were provided an intake interview and a Diversion/Reentry plan was developed. Those that were already active were provided with a Diversion/Reentry plan. These plans were developed with the individual and were then shared with their Attorney, Probation Officer and other Court team members. Among those screened for MH diversion, 783 were ineligible. 244 (31%) individuals were released from DCP prior to screening. Other ineligible categories include: 107 individuals (14%) did not meet diagnostic criteria, 146 individuals (19%) were ineligible due to their type of charges, and 50 individuals (6%) did not want MH services. And 236 individuals (30%) were either transferred from another correctional facility or pending transfer to another institution.

Dauphin County collaborated with the Council of State Governments (CSG) as a technical assistance site for the Stepping Up Initiative, an effort sponsored by the National Association of Counties (NACO) Council of State Governments / Justice Center and the American Psychiatric Association Foundation. The technical assistance included an extensive review of data from multiple sources, which created a data driven set of recommendations for multiple systems including court related, and treatment related partners to reduce the number of people in Dauphin County Prisons diagnosed with serious mental illness. The full report completed in FY 17-18 is available at: <https://csgjusticecenter.org/mental-health/posts/stepping-up-findings-to-drive-dauphin-county-efforts-to-reduce-number-of-people-in-jail-who-have-mental-illnesses/>

The key findings in the CSG report include:

- A disproportionately high percentage of people released from [Dauphin County Prison] DCP have SMI compared to the general U.S. population.
- 17% of the Dauphin County Prison population may have a serious mental illness.
- People who have SMI stay longer in DCP than people who do not have SMI across release types, offense types, and criminogenic risk levels.
- People who have SMI return more frequently to DCP than people who do not have SMI.

A recommendation from the report focusing on the Mental Health Program is:

Enhance capacity to provide community-based behavioral health care for people released from DCP who have SMI. [and that Dauphin County should]

- Capitalize on programming and treatment (including wrap-around case management services) meant to serve high-risk, high-need people who have SMI that can be supported by state and federal funding streams.
- Currently, Dauphin County provides mental health treatment and addiction treatment in separate facilities and by separately funded and licensed treatment providers. This makes it difficult to provide appropriate levels of treatment for people with co-occurring mental health and addiction disorders. To address this issue, Dauphin County should develop additional services that can be delivered in one specialized facility for populations that are involved in the criminal justice system and have co-occurring addiction disorders and SMI. Dauphin County has two co-located MH and D&A licensed clinics that offer integrated treatment to Co-occurring population.

Our data is consistent with national research indicating that MH treatment alone does not reduce criminal justice involvement or reduce recidivism for persons with SMI who are involved in the criminal justice system. The challenges ahead are complex and multi-system.

Dauphin County continues to successfully implement four (4) 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 to the County of Dauphin Housing Authority’s (HACD) HUD Section 8 waiting list. Thirteen (13) families were housed in FY16-17. There are back-up applications in case families move out. In FY17-18, four (4) additional families were housed bringing the total housed in the fiscal year to 17. Three (3) persons left the program and one (1) persons received a permanent voucher in FY2017-18. We will assess capacity to continue to serve persons moving forward to the goal of 22 persons. Many persons with families are benefiting from this service.

Dauphin County’s Local Lead Agency (LLA) is CACH (Capital Area Coalition on Homelessness) and the MH/A/DP, along with several other agencies working with non-elderly individuals with disabilities, have entered an 811 Project-based Rental Assistance Memorandum of Understanding to identify and support persons eligible for and in low income subsidized permanent supportive housing. At the end of FY17-18, there are 21 project-based vouchers available in Dauphin County. Seventeen (17) persons with a Serious Mental Illness have been housed and there is a waiting list which includes many residents with a SMI.

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. County staff developed an application review process before the completed applications were sent to the property relator/manager. Five (5) homes are designated for adults with serious mental illness and their family. Three homes became occupied in FY16-17 and two (2) became occupied in FY17-18.

The fourth housing program is funded through State and Federal Housing and Urban Development (HUD) dollars. Shelter Plus Care (S+C) Housing Voucher program is a long-time program between County MH and the Housing Authority of the County of Dauphin for persons experiencing homelessness and there is a service requirement for the S+C housing vouchers. Thirty-six (36) individuals were served and during FY17-18, there were ten (10) new admissions. There were two (2) discharges during the fiscal year. There were two available vouchers on 6/30/2018. Dauphin County must match with service dollars the value of the rental subsidy. Twelve (12) persons with a mental illness completed the Prepared Renters Program (PREP) during FY17-18.

Dauphin County Undertakes Quality Assurance Activities:

Mental health providers use at least two unusual incident reporting systems. There were 445 Adult Unusual Incident Reports (UIRs) reviewed and entered into the Dauphin County database in FY17-18. This is a decrease of 5.9% from the previous year. The highest category was Serious Illness (200 of 445, 45%). Criminal Event Involving the Police was the second highest category with 164 (36.9%). These two categories were also the highest in FY16-17 but were reversed between highest and second highest. The third largest category was Death with 41 reports (9.2%). This was also last year’s third highest category. Serious Act of Violence dropped to only 4.3% of all reports.

Persons who were part of the Harrisburg State Hospital closure, those residing in CRRs and the LTSR are subject to HCSIS. In FY 17-18, there were 128 reports entered into the HCSIS database. Illness was the single largest category with 39 (30.5% of the total reports). This is an increase from the previous year by 3.8%. Dauphin County quality management staff participated in Commonwealth of Pennsylvania’s implementation of changes to UIR reporting including the testing of the new system. As a result, all HCSIS reports were finalized and approved by March 2018 from the old system. HCSIS/EIM policies and procedures are currently under review by quality management staff.

There were 132 children’s unusual incident reports for a mean of 1.5 per child. There were 3 children with 5 or more incidents reported. This is a substantial decrease in reporting due to changes made by PerformCare, the behavioral health managed care organization. The use of restraints is no longer reportable to PerformCare, unless the use of restraints is combined with injury, and are reported only in 24/7 care programs. Most incidents are reported in Residential Treatment and inpatient settings and BHRS (Behavioral Health Rehabilitation Services). Dauphin County has been critical of this change because of the trauma and potential for serious injury all restraints have on children. Restraint techniques are very rarely used with adults.

There were 2 (two) complaints reviewed during FY17-18 of which one (1) was formal and one (1) was 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- FY17-18 Complaints by Number of Adult Persons, Source and Type

Number of Complaints	Source	Type
1	Internal	Dissatisfaction with CMU Regarding a 302/201 assessment at ER involving CMU, Crisis, CRR and on-call delegate.
1	Individual	Dissatisfaction with Keystone Supportive Living communication and services

Dauphin County Engages Persons Using Mental Health Services:

Persons using services, family members, MH/A/DP 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. Program representatives to the County's Block Grant Advisory Committee are engaged in an on-going assessment and review process. A survey on the number of employed Certified Peer Specialist (CPS) staff revealed 18 persons are employed in Dauphin County. Nine (9) are full-time and nine (9) are part-time employees. 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. HealthChoices funded CPS served 115 individuals in the reporting period.

Dauphin County 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. FY17-18 had a huge growth in the number of families receiving this information. Over 630 families receive an email or mailing monthly on a specific child or teen issue. The information is posted to the Dauphin County website and is shared electronically with all MH provider agencies. During FY17-18 public school districts may add a hyperlink to their webpage so families can also have a link to this information and sign-up for Resource Sharing.

Children's mental health staff linked with the Upper Dauphin School District for Guiding Good Choices, (GGC) an evidenced based universal prevention program for families with youth ages 9-14. Parents were trained to implement the program and received stipends for being trained and conducting a five-session group. Two groups were completed in Upper Dauphin School District. Central Dauphin and Derry Township school districts had parents trained in FY17-18. Derry Township held one class.

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 and essentially abandon them to CYS care. Dauphin County promotes the Building Bridges Initiative (BBI), a way of re-focusing out-of-home treatment and community-based treatment through quality care, use of evidenced based treatment, decreasing length of stay out of the family home, and increasing 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 73 recommendations in FY 17-18 for out-of-home treatment for 64 unduplicated children. In FY 16-17 there were 57 recommendations, or a 22% increase in FY 17-18. County staff participated in 68 pre-ISPT meetings with MH case management staff to review clinical information and discussion points prior to the Interagency Service Planning Team meeting. County staff also attended 30 of the 73 ISPT meetings. In FY 18-19 the County will reduce their role in ISPT meetings and rely upon pre-ISPT meetings with CMU staff regardless of the type of issues and dynamics. 43% of the recommendations were not approved by the BH-MCO or not pursued by the family/interagency team. The RTF census in 2017-18 totaled 42 unduplicated children and teens. A decrease from FY 16-17 by 8 despite the greater number of recommendations. JACHO RTF census was 34 persons and the Non-JACHO census was 8 persons. Among the 23 youth discharged from RTF in FY17-18 the average length of stay was 386 days. Two (2) Dauphin County youth had over 1,000 days.

Dauphin County has two types of Community Residential Rehabilitation – Host Homes. Thirteen (13) youth were served in the CRR-HH Programs (Host Home and Intensive Treatment Host Home program) during 2017-18 and six (6) were discharged in the same period. The CRR Intensive Treatment Program or ITP is small program which includes a much more intensive treatment component for the youth and their family as well as more frequent home visits. Clinical support continues during the family visits. Six (6) youth were served in CRR-ITP during the year, and two (2) successfully completed the program.

Children’s 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 building and how treatment outcomes are assessed. School-based Outpatient clinics are monitored by the County for staffing and communication issues. The analysis of teachers, nurses and guidance counselor about the issues effecting school success in kindergarten through second grade is completed and a preliminary report will be shared with school districts in the fall 2018. Our hope is to use the report information to identify programming that helps young students with early school successes. The Student Assistant Program (SAP) Mental Health consultation continues for middle and high schools with functioning SAP Teams. Additional efforts in schools’ districts are included in Table 7.

Table 7: Mental Health and School District Activities FY 17-18

Activity	School District
Mental Health First Aid for Youth	Steelton-Highspire & Millersburg School Districts
Question, Persuade and Refer (QRP) Suicide Prevention Training	All Public School Districts attended – 35 participants
Medical Assistance Application for Families Step-by-Step	16 participants representing 6 school districts
SPEC (supporting Positive Environments for Children)	Middletown Area School District applied for grant opportunity to implement SPEC in Reid Elementary School

Dauphin County Uses Evidenced Based Programs and Promising Practices:

New service models and evidenced based programming are essential to improving service delivery. The following tables illustrates efforts to improve the quality of care for Dauphin County residents.

Table 8 - Evidenced Based Programming in Dauphin County

Evidenced Based Practices	Service Available in County	Fidelity Measure Used	SAMHSA EBP Toolkit	Staff Trained in EBP	Comments
Assertive Community Treatment	Yes	TMAC	Yes	Yes	Urban Team
Supportive Housing	Yes	NA	NA	NA	Providing Supported Housing since 1980’s
Supported Employment	Yes	SAMHSA Toolkit	Yes	Yes	Also has a FEP component MHCBG Grant funded
Integrated Treatment Co-Occurring (MH/SA)	Yes	Hazeldon Patient Rating Scales	No	Yes	Two (2) OPT D & A Providers
Illness Management Recovery	Yes	SAMHSA Toolkit	Yes	Yes	Five (5) providers
Medication Management (MedTeam)	No	NA	NA	NA	Mobile Psychiatric Nursing/HC
Multi-systemic Therapy	Yes	Therapist Adherence Measure	No	Yes	Two (2) certified providers
Functional Family Therapy	Yes		Yes	Yes	Initiated in 2017-2018
Family Psycho-education	Yes	SAMHSA Toolkit	Yes	Yes	NAMI Family-to-Family

Dauphin County 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 only County funds as well as PerformCare funding.

The children's system is focused on increasing outpatient provider's capacity to use evidenced or research-based interventions. In addition to Multi-systemic Therapy, Parent-Child Interaction Therapy, Dialectical Behavioral Therapy for adults and teens, and The Incredible Years are well underway. Some providers are also working on certifications in Cognitive Behavioral Therapy (CBT) and Trauma Focused CBT. Functional Family Therapy was added in FY 17-18.

Table 9 - Recovery and Resiliency based Promising Practices in Dauphin County

Recovery and Resiliency-Oriented and Promising Practices	Number Served*	Comments
Consumer Satisfaction Team	600	CABHC contract with CSS Inc.
Family Satisfaction Team		CABHC contract with CSS Inc.
Fairweather Lodge	10	Two Community Lodges
MA Funded Certified Peer Specialist	115	Three Providers
Other funded CPS	30	County funded
Dialectical Behavioral Therapy	DBT 5; DBT-A 22	Two certified providers; Two providers trained in DBT -A
Wellness Recovery Action Plans (WRAP)	33	Five Providers
Shared Decision Making	9	CAPSTONE (FEP)
Psychiatric Rehabilitation Services	60	One (1) licensed provider Site & Mobile
Supported Education	3	CAPSTONE (FEP)
Treatment of Depression in Older Adults	275	Older Adult OPT Clinic
Competitive Employment	93	
Consumer-operated Services	97	Drop-in service
Parent Child Interaction Therapy	27	Two (2) certified providers
Trauma Focused Cognitive Behavioral Therapy	5	One ((1) certified provider in MH
EMDR	15	
First Episode Psychosis CSC	9	NAVIGATE Model
The Incredible Years	4	One (1) provider had to have new staff trained.
Mental Health First Aid Adults and Children	150	

*Some are estimated for FY17-18

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. Design, planning and reporting for the Block Grant Outcomes system is well underway. Baselines were established for all cost areas by FY 14-15 and annual reporting is completed each 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 include state allocated, federal non-Medicaid and county matching funds. The County is currently investing in a data warehouse project.

Access to other funding such as Medicaid/CBHNP 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.

Availability of funds is another factor impacting numbers of persons served and dollars expended. In FY 17-18, 3,041 unduplicated persons were served in County funded MH services.

Table 10 – Service Types by Numbers of County Registered Persons

Service Type	2015-16	2016-17	FY17-18
Assertive Community Treatment	19	15	13
Administrative Case Management	3,428	3,174	2,088
Community Employment	55	79	93
Community Residential Services	405	396	399
Community Services	2,100	1,196	1,183
Consumer-Driven Services	188	197	97
Emergency Services	1,340	1,815	1,692
Facility-Based Vocational Rehabilitation	6	0	0
Family-Based Mental Health Services	0	0	0
Family Support	35	103	51
Housing Support	234	201	219
Crisis Intervention	1,896	2,359	2,489
Outpatient	282	197	192
Partial Hospitalization	38	41	33
Peer Support Services	18	27	30
Psychiatric Inpatient Hospitalization	6	1	1
Psychiatric Rehabilitation	117	102	12*
Social Rehabilitation	196	123	119
Targeted Case Management	752	748	901

*Primary funding responsibility shifted to MA/HealthChoices

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. Persons with only Medicare coverage who need more intensive levels of care which are County funded and there is no Medicaid/PerformCare participation in funding. The number of persons being assisted through Crisis Intervention and emergency services reflect increases. In FY 17-18 Psychiatric Rehabilitation involved PerformCare funding for all Medicaid insured persons. Peer Support services are expected to serve teens between the ages of 14 and 18. OMHSAS has published a new Peer Support Specialist Bulletin to enable this expansion. Thus far, Dauphin County is the only County in the Cap 5 area with a CPS serving persons 16 and older enrolled in the CAPSTONE program for persons experiencing their First Episode of Psychosis.

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*.

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 Family Based MH Services increased and RTF services were slightly less. The number of persons using outpatient clinic services substantially increased. Approximately 549 persons received their outpatient services through tele-psychiatry; a significant increase from previous years due to the increased use of tele-psychiatry. Table 11 shows the type of service, number of persons served and expenditures.

Table 11 – County Mental Health Expenditures by Cost Centers in Dollars

MH Cost Center	2015-2016	2016-17	2017-18
Administrators Office	\$918,558	\$926,834	\$1,022,492
Assertive Community Treatment	117,974	119,769	139,135
Administrative Management	1,570,359	1,520,315	1,520,943
Community Employment	207,288	245,641	243,678
Community Residential	10,627,934	10,969,105	10,788,632
Community Services	344,441	368,616	332,496
Consumer-Driven Services	159,685	153,739	161,474
Emergency Services	587,782	616,037	546,602
Facility Based Voc. Rehab.	29,778	0	0
Family Based Services	0	0	0
Family Support Services	60,128	69,614	47,180
Housing Support	1,112,515	1,098,078	1,157,322
Crisis Intervention	1,031,509	999,887	1,005,557
Outpatient	275,052	285,390	299,102
Partial Hospitalization	172,919	235,034	192,795
Peer Support Services	191,544	36,426	43,772
Psychiatric Inpatient Hospitalization	43,591	6,942	65,943
Psychiatric Rehabilitation	425,466	439,013	70,228
Social Rehabilitation	750,008	603,355	618,322
Targeted Case Management	887,606	834,319	1,023,827
COUNTY MENTAL HEALTH TOTAL	19,354,452	\$20,048,114	\$19,279,500

Table 12- HealthChoices FY16-17 and 17-18 Mental Health Services by Number of Persons / Costs

Type of Mental Health Service	Persons Served FY16-17 & 17-18	Dollars FY16-17 & 17-18
Inpatient psychiatric, includes EAC	1,161/ 1,083	18,401,044/ \$18,613,148
Partial Hospitalization	420/ 425	1,381,270/ \$ 1,477,397
Outpatient	10,184/ 10,140	8,092,472/ \$ 7,954,836
BHRS	1,710/ 1,564	10,617,852/ \$ 11,454,788
Residential Treatment Facility	50/ 42	3,434,227/ \$ 2,213,158
Clozapine/Clozapine Support	9/ 2	744/ \$ 497
Crisis Intervention	1,356/ 1,384	319,373 / \$ 563,076
Family Based MH Services	255/ 303	3,392,325/ \$3,999,288
Targeted MH Case Management	2,088/ 2,149	5,122,857/ \$4,758,598
Peer Support Services	110/ 115	205,209/ \$ 155,194
Other MH, includes ACT, Specialized treatment, Tele-psychiatry	944/ 900	1,846,258/ \$ 2,141,633
MANAGED CARE MH TOTAL:	11,732/11,769	52,885,633 / \$53,331,613

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

Dauphin County MH/A/DP's HealthChoices behavioral health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). 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 (over 10%) 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 FY13-14 and continues. County MH staff hosts meetings 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.

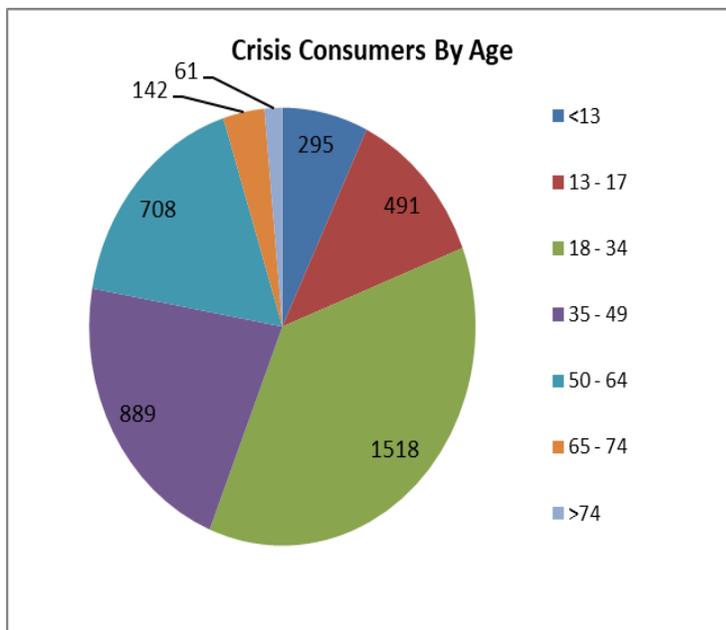
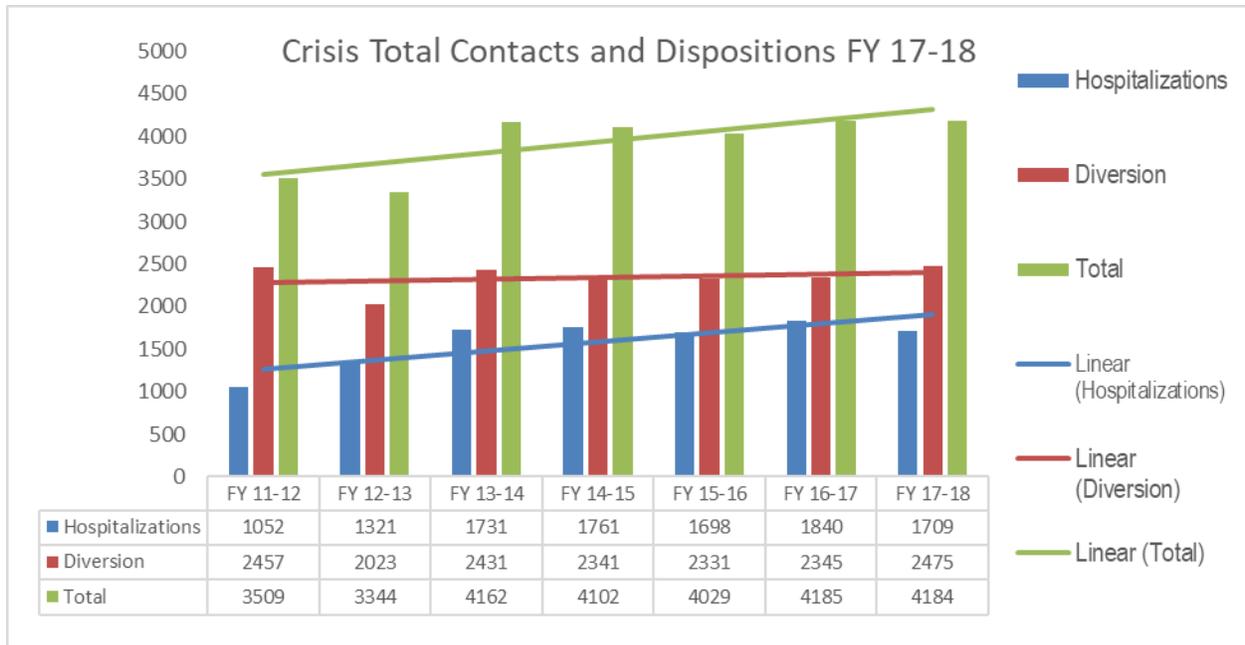
County children's staff works closely with Mental Health case management to improve the interagency meetings which review care, child & family outcomes, recommend types of services, and resolves conflict among team members. Goal is for mental health case managers/ supervisors and clinical care managers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

County staff have been highly instrumental in working with agencies to expand the availability and access to FBMHS. Expansion of teams by several providers during the fiscal year helped to reduce access issues. FY2016-2017 had an expansion of Flexible Outpatient providers, but agencies continue to experience problems with staff recruitment. Flexible outpatient combines the structure of traditional office-based therapy with the opportunity to conduct in-home therapy sessions with the same therapist. Two (2) BHRS providers expanded into Dauphin County (one in FY 15-16 and another in 16-17), but their implementation has been very slow also due to staff recruitment.

The JEREMY Project was involved in a three (3) year post service review and data analysis is on-going. 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.

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. In FY 2017-2018, CI provided 4,181 interventions to 3,292 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. Crisis assessments resulted in hospitalization for 1,706 persons needing inpatient treatment due to the risk presented by their condition or situation. Total dispositions are reflected below.



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 45 forensic assessments during FY 17-18.

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 33 persons in the Bridge Program in FY 17-18.

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 427 homeless persons in FY 17-18.

The CI 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 2017-2018, 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.

