Dauphin County Department of Mental Health/Autism/Developmental Programs

Annual Report

July 1, 2022 – June 30, 2023

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Dauphin County Mental Health/Autism/Developmental Programs (MHADP) 2022/2023 Annual Report
Executive Summary

Statement of Mission:
Dauphin County MH/A/DP is committed to developing and maintaining a community-based service and support system, in which individuals in services and their families are integrated into community life, and where individuals, families and providers can succeed in our community.

Dauphin County MH/A/DP Programs administer publicly funded mental health (MH), developmental disabilities (autism and intellectual disabilities (A/ID), and early intervention services (EI) in Dauphin County. All but one service, Crisis Intervention, is contracted. Services are funded primarily via state allocations received from the Pennsylvania 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, Dauphin County, and grant funds.

During FY 22/23, MH/A/DP continued efforts to fill staffing vacancies resulting from the turnover that started during FY 21/22 and continued into FY 22/23. All ADP positions turned over during FY's 21/22 and 22/23. In Mental Health, all positions including the MH Deputy Administrator position turned over except two. Some positions required multiple postings and interview rounds before successfully being filled. Greater success with filling vacancies did not occur until after FY 22/23 ended. The 23/24 fiscal year began with new Deputy Administrators for ID/A and MH.

MHADP providers also continued to struggle with staff retention issues that started in FY 21/22. Efforts to increase salaries seemed to be the only effective strategy to stabilize staffing. FY 22/23 unfortunately was another year for level funding for all MH providers. While program staff remained focused on assuring all base funded services were fully utilized the continued impact of staffing retention challenges was evident for another consecutive year. Crisis Intervention will begin a second consecutive year with significant vacancies despite continuing postings and recruitment efforts. The Crisis vacancy rate has resulted in the continued abbreviation of crisis services in the emergency rooms and limited mobile response. The decline in the total number of people served by Crisis Intervention between FY's 21/22 and 22/23 shows the impact of staffing vacancies.

The total number of individuals with ID/A served with base funding declined again for the fourth consecutive year with our continuing success with enrolling more individuals in waiver based services. The total number of IDA base and waiver funded Dauphin County citizens is 1374. The total served in EI increased again for the second consecutive year to 1,370.The total number who received base funded MH services increased by nearly 500. As stated above the total number served by Crisis Intervention declined by 1500. When the total served in base funded MH services is combined with Health Choices funded MH services the combined total in Dauphin County is 15,214. Compared to FY21/22 HC supported about 5000 fewer Dauphin County residents with MH concerns. Simultaneously, about 500 more were base funded. This trend could pertain to the change in HC membership eligibility implemented in FY 22/23. The combined total of Dauphin County residents who received base funded and/or waiver of HC funded MHADP services in FY 22-23 is 17,958. This does not include those who received Crisis Intervention services.

Dauphin County MHADP's biggest challenges include: 1. supporting the costs of services; and 2. inadequate affordable housing. Addressing the continuing increase in costs of mental health services is particularly daunting in view of another year of no substantive increase in the county's state allocation. Base mental health funds have not been increased in years; even meager increases to provide cost of living wage increases have not been supportable as a result. Every effort has been made to cover providers' annual expenses and has only been possible due to significant staffing vacancies. Staffing shortages continue to impact all services within MHADP. All providers continue to be hindered by staffing turnover, making support for individuals with the highest needs more challenging to address.

With no substantive allocation increases, no significant growth has been possible particularly for much needed step-down opportunities for individuals in need of residential services who are discharge ready and waiting in state mental hospitals and/or jail settings. All services continued to be closely monitored to ensure funding of services should not be re-directed elsewhere. Demand for mental health residential supports which are not Health Choices funded remains the largest investment in the MHADP budget. On going work has continued to support individuals currently in state mental hospital settings and/or jails to afford critical step-down support. We anticipate more focus on this process in FY 23/24 and beyond. The lack of county wide affordable housing opportunities complicates the move to independent living for adults with SMI as well as ID/A. The program's support of individuals with homelessness is increasing. The level of funding support occurring for adults with ID/A and homelessness is unprecedented and is continuing to increase for adults with SMI. During FY 22/23, we continued to work with a local developer on a reinvestment project which would secure seven independent housing units for adults with SMI and/or substance abuse disorder.

MHADP pursued all grant funded opportunities in FY 22/23. ARPA/DOH grants were secured to complete/initiate a 1.) revisit the Dauphin County Sequential Intercept Mapping at Intercepts 0 and 1; 2.) in partnership with Cumberland and Perry Counties planning for a Crisis Walk in Center with attached mobile outreach support consistent with the SAMHSA Behavioral Health Crisis Response National Guidelines; and, 3.)County wide suicide prevention evidence based activities targeting the 15-25 age group. The recommendations from the SIM 0/1, suicide prevention initiatives and the Crisis WIC will provide for a very busy FY 23/24.

The Dauphin County MH/A/DP program staff continues to value our partnership with consumers, families, providers, and community agencies, and remain committed to assuring that quality services are available to individuals and families who need them. These partnerships have been the buttress of our program's continuity. We could not have gotten this far without 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 and developmental disabilities and delays and are excited about future opportunities to serve the residents of our county.

Respectfully submitted,

Andrea B. Kepler

Andrea B. Kepler, LCSW
Administrator

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Funding Summary

MH/A/DP receives funding from the Pennsylvania Office of Mental Health and Substance Abuse Services, (OMHSAS); Office of Developmental Programs (ODP); Office of Child Development and Early Learning, (OCDEL); grants; Dauphin County; and Health Choices revenue, included as grant/other in **Table One**, below. Total MHADP funding increased by 5.41% in FY 22/23 with small increases noted in MH, EI, County funds and grants/other and decline in ID/A and State allocated funding for Dauphin County Mental Health (MH) and Intellectual Disabilities/Autism (ID/A) has remained virtually unchanged since FY 12/13 when the total allocation was reduced by approximately 12%. **Table One** and **Graph One** detail and compare total expenditures in each program.

Table One: **MHADP Expenditures/Funding Source by Program FY's 20/21-22/23**

PROGRAM	EXPENDITURES FY 20-21	EXPENDITURES FY 21-22	EXPENDITURES FY 22-23	% CHANGE
MH	$20,436,538	$ 20,373,686	$ 21,280,916	4.45%
ID/A	$2,895,529	$ 2,918,346	$2,851,487	-2.29%
EI	$2,700,216	$ 3,079,820	$3,624,363	17.68%
County Match	$925,056	$1,029,101	$ 1,100,600	6.95%
Grants/Other	$1,075,349	$990,062	$1,070,549	8.13%
TOTAL	$28,032,688	$28,391,015	$ 29,927,915	5.41%

**Graph One:** **MHADP Program Expenditures FY's 20/21- 22/23**
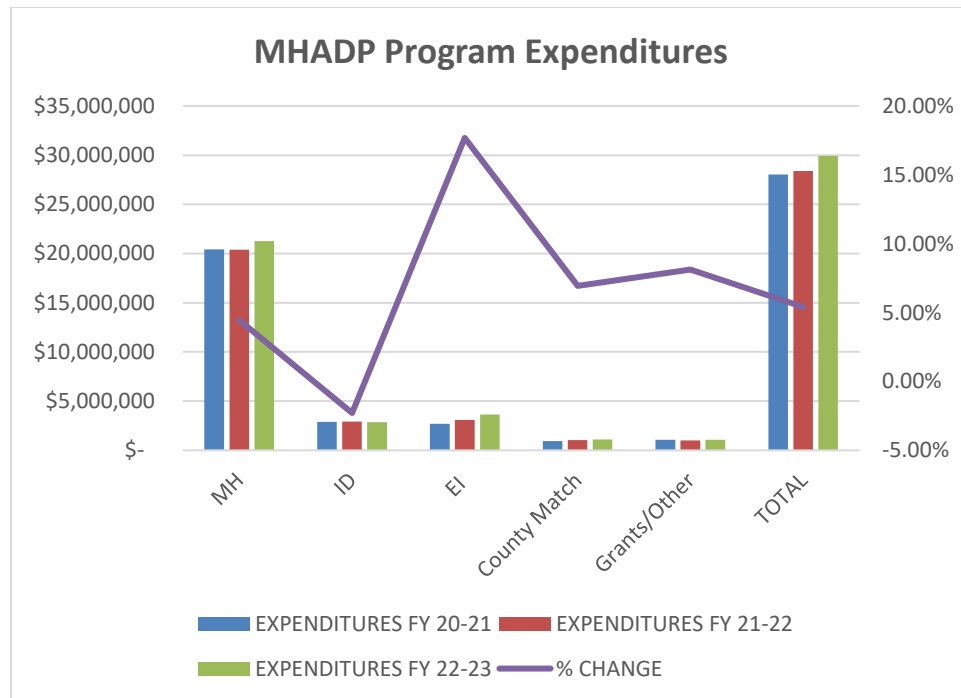
Table Two and **Graph Two** compares total persons served by programs over several fiscal years, FY 17/18 through FY 22/23. MHADP saw a significant decline in total number served in FY 22/23. Fewer people were served by Crisis Intervention and ID/A while those served in EI and MH increased. As described later in this report, the Early Intervention Program continues to serve more children each year, and OCDEL increases our funding commensurate with an increased child served count.

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Table Two: **Total Persons Served by MHADP Program FY 17/18- FY 22/23**

PROGRAM AREA	Persons Served FY 17/18	Persons Served FY 18/19	Persons Served FY 19/20	Persons Served FY 20/21	Persons Served FY 21/22	Persons Served FY 22/23
MH	3,041	2,779	2,237	3,117	2,934	3,415
ID/A(DP)	746	764	648	516	460	355
EI	942	1,086	1,042	960	1,213	1,370
Crisis	3,292	4,136	4,043	4,055	4,270	2,747
Total	8,021	8,765	7,970	8,648	8,877	7,885

Graph Two: Total Persons Served by MHADP Program FY 17/18- FY 22/23
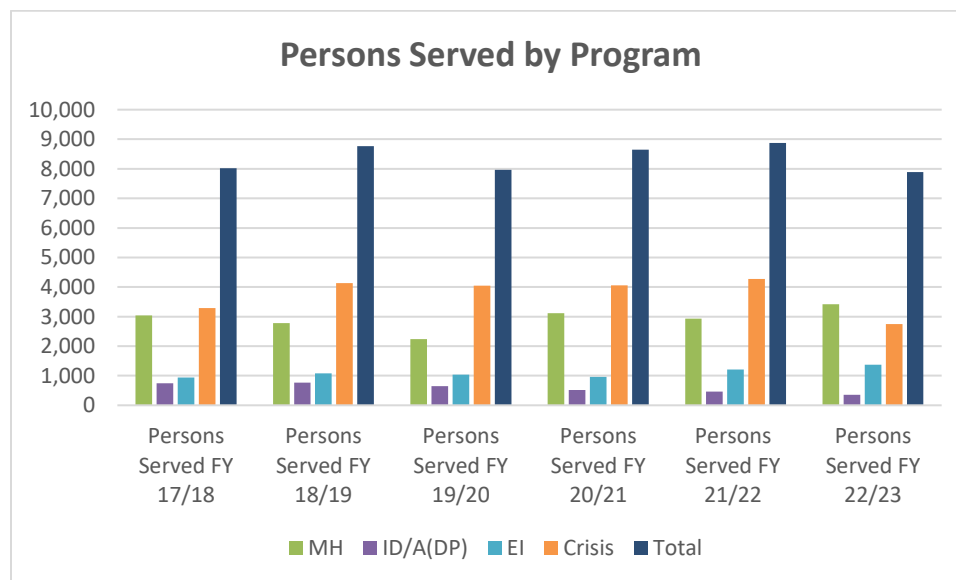
Table Three and **Graph Three** show all base dollar expenditures in MH and ID/A/EI by cost center. In ID/A/EI, these total funds and persons served do not reflect total waiver dollars provided to Dauphin County residents or waiver recipients. Base funds support all those who are uninsured, underinsured. Additionally, Crisis base expenditures supported all persons served regardless of insured status and may also include privately insured persons.

Table Three: MHADP Spending by Cost Center FY 21/22 and 22/23

ID/EI Cost Center	Cost 2021-2022	Cost 2022-2023	Persons Served 2021-2022	Persons Served 2022-2023
Administrator's Office	1,322,128	1,287,194	NA	NA
Case Management	183,120	178,132	351	215
Community Residential Services	974,439	884,836	6	6
Community Based Services	582,241	701,919	103	134
Early Intervention	3,397,008	4,001,279	1213	1370
ID/EI TOTAL	$6,458,936	$7,053,360	1673	1725

MH Cost Center	Cost 2021-2023	Cost 2022-2023	Persons Served 2021-2022	Persons Served 2022-2023
Administrator's Office	1,115,808	1,153,195	NA	NA
Community Services	978,189	339,517	634	992
Targeted Case Management	738,411	693,710	386	369
Outpatient	573,440	498,470	23	61
Psychiatric Inpatient Hospitalization	87,582	0	2	0
Partial Hospitalization	87,777	228,272	22	17
Crisis Intervention Services	1,511,085	1,212,721	3074	1809
Community Employment	249,439	248,914	85	116
Facility Based Voc. Rehab.			0	0
Social Rehabilitation Services	581,339	636,987	85	108
Community Residential Services	12,618,087	14,558,440	332	337
Family Support Services	71,171	99,378	5	16
Family Based Services		1,086	0	1
Administrative Management	1,428,147	1,612,525	1130	1138
Emergency Services	504,579	467,283	1196	938
Housing Support Services	1,174,990	856,580	139	164
ACTT/CTT	34,589	69,387	11	12
Psychiatric Rehabilitation	6,594	3,938	3	2

Peer Support Services	13,027	23,766	14	18
Consumer Driven Services	157,825	170,386	63	64
Children's Evidence-Based Practices			0	0
MH TOTAL	21,932,079	22,874,555	7204	6162

Graph Three: FY 22/23 MHADP Spending

EXPENDITURES FY 22-23
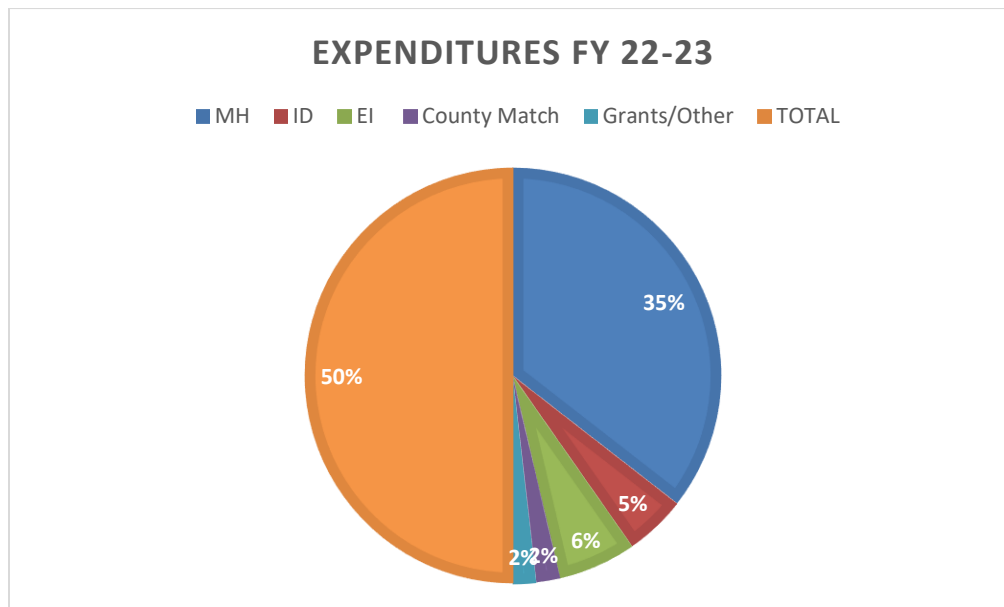
Dauphin County Developmental Programs including Intellectual Disabilities, Autism, and Early Intervention Services

Intellectual Disabilities and Autism Services

Administrative Entity

As authorized by the Dauphin County Board of Commissioners, Dauphin County MHADP serves as an Administrative Entity (AE) for the Pennsylvania Department of Human Services (DHS). An Administrative Entity (AE) is a county/joinder or non-governmental entity that enters into, and maintains a signed current agreement with the PA DHS to perform administrative functions delegated by the Department and act as the Department's designee. The primary role of the AE is to perform level of care evaluations for individuals wishing to register with the ID/A program, manage capacity and oversight of the ID/A waivers, ensure the health and safety needs of the individuals registered with the program, and monitor service providers for quality, performance, and risk. All delegated functions are outlined in the AE Operating Agreement.

Community of Practice

Most individuals in Dauphin County continue to be supported by their families and other natural supporters. Our system continues to explore how to best meet the needs of families. Dauphin County continues engagement in 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 through accessing resources available in the community, personal connections, technology, and formal service systems. Dauphin County continues to support Community Links as a resource for people of all ages and abilities to discover how they can be connected within their community. From early childhood development, to school IEPs and transition, to self-advocacy and employment, and beyond, Community Links has become the one-stop spot for community resources in Central PA. https://www.community-links.net/

Human Rights Committee

Dauphin County continues to host a multi-provider Human Rights Committee (HRC) which conducts systematic reviews of restrictive procedures, develops systems to reduce or eliminate the need for restrictive procedures, provides technical assistance to providers to assist in developing positive intervention strategies, and analyzes systemic concerns that impact the rights of individuals. The HRC is comprised of community clinical consultants, advocates, family members, the South-Central Health Care Quality Unit, behavioral support specialists, provider agencies, and Dauphin County representatives. The committee meets quarterly and advises the MH/A/DP Deputy Administrator and CMU Developmental Services Director on matters relating to the legal, civil, and human rights of persons who have an intellectual disability and/or autism and who are registered with Dauphin County.

Provider Applicant Orientation

In collaboration with the Office of Developmental Programs (ODP), Dauphin County continues to participate in the monthly Provider Applicant Orientation training of potential new providers. The training is a comprehensive overview of the expectations that ODP and Administrative Entities require from providers and how to navigate the complicated process of qualification and enrollment. Topics include Everyday Lives, staff training requirements, incident reporting, ISP development, service definitions, and PROMISe billing. This one-day training offers providers an opportunity to meet their assigned AE staff and ask questions. Dauphin County was able to qualify three (3) new providers in FY 22/23.

Dauphin County ADP FY 22/23 Continuing Program Priorities

The Dauphin County Autism and Developmental Programs department continued to have many successes which are highlighted in the following report. We pride ourselves on the partnerships we have within our office as well as those with Case Management Unit, our provider agencies, and the many individuals and families that we serve. ADP also continues to collaborate with other service systems within Dauphin County including Children and Youth Services, Juvenile Probation, Area Agency on Aging, and Drug and Alcohol Services to meet the needs of individuals with complex needs and enroll them in waiver programs as capacity to do so is available. Cross collaboration meetings take place at least biweekly to discuss complex cases and ADP staff often participate in team meetings for our complex consumers to assist with identifying resources and future planning. ADP continued outreach efforts to residential providers for several children and young adults that are soon transitioning out of the children's service systems. ADP also continues to offer Human Services Block Grant funding to help support children whenever possible until waiver capacity is available. ADP tracks all children and young adults that receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and/or residential treatment facility (RTF) services to prepare and plan for transition to adult ID/A services. These individuals are given priority for waiver enrollment as required by ODP. Future planning is discussed weekly with Case Management Unit staff and reported at biweekly Challenging Youth meetings as well as cross collaboration meetings with the mental health department.

In addition to participating in a number of regular meetings and committees aimed at offering quality services and programs to improve outcomes for Dauphin County residents, ADP staff also present quarterly at Crisis Intervention Team (CIT) training which is an initiative to train law enforcement officers and other specialists on how to work with those that have special needs such as a mental illness, intellectual disability, autism, substance abuse disorder, trauma/victimization, or belong to a special population such as older adults, LGBTQIA+, or veterans.

MHADP Advisory Board ID Committee

Dauphin County ADP continues to host the bimonthly ID Committee that is comprised of MHADP Advisory Board members, self-advocates, family members, provider staff, and other stakeholders. Due ongoing staffing challenges within the County and CMU, the Committee was unable to take on any projects in fiscal year 22/23. The Committee is hopeful to resume projects and trainings to the public in 23/24.

Forensic Supports

Dauphin County ADP also continues to track and support individuals that are incarcerated. In fiscal year 22/23, ADP supported two individuals to identify providers for residential services for long-term care and support. Both individuals were prioritized for waiver enrollment and one individual successfully transitioned.

Homeless Tracking and Supports

Due to ongoing issues with exorbitant rent prices in Dauphin County and limited opportunities for subsidized or public housing, ADP continues to support a high number of homeless individuals. ADP expanded the use of base funding to pay for individuals to reside in hotels rather than utilize local homeless shelters in FY 21/22. ADP staff also continued to advocate for individuals residing in respite homes to be approved for ongoing variances to the waiver limitations for this service. ADP met with ODP to discuss the challenges with finding local, safe, and affordable housing and agreed to continue to explore all resources available in the County as well as work on program development to better assist these individuals with finding and maintaining long-term, stable housing. ADP contracted with a local provider for Housing Transition and Tenancy Services for the first time in the 22/23 fiscal year and the ADP Residential Coordinator took on a greater role in reaching out to residential providers across the state to identify placement options as well as recruit new providers to Dauphin County. **Graph Four** shows the number of individuals residing in hotels and associated costs to the MHADP program per month.

<u>Graph Four:</u> FY 22/23 ID/A Homelessness

Registered Consumers

Dauphin County had a total of 1,374 individuals registered on 6/30/23, which is an increase of 85 individuals from the previous fiscal year. Of those 1,374 individuals, 479 were enrolled in Consolidated Wavier, 84 were enrolled in Community Living Waiver, 259 were enrolled in Person/Family Directed Support Waiver, 175 were enrolled in base services, 365 were enrolled in Supports Coordination (SC) Only services, seven were residing in a private ICF/ID facility, and five were residing at Selinsgrove State Center.

Graph Five: ID/A Consumers by Enrollment
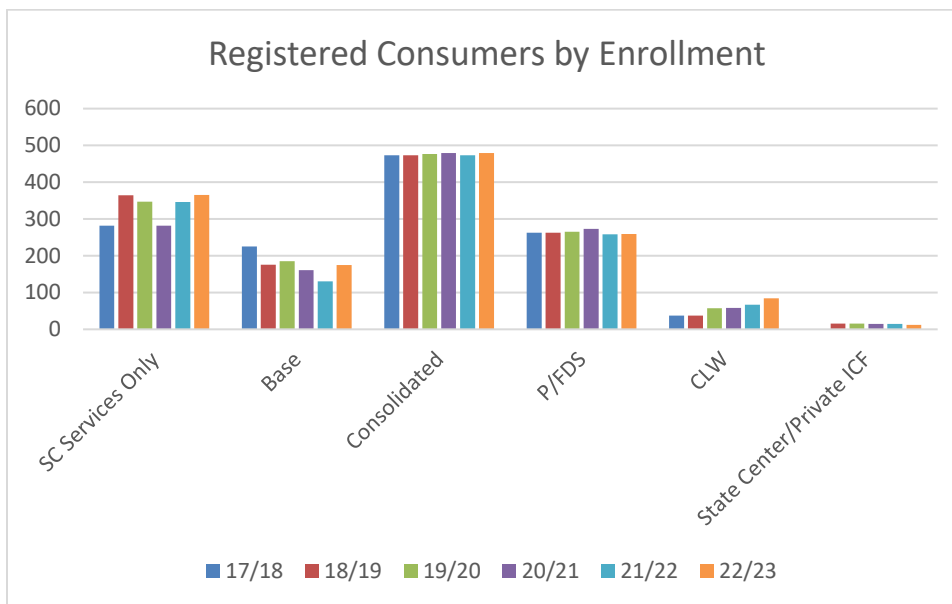
**Graph Six: ID/A Registered Consumers**
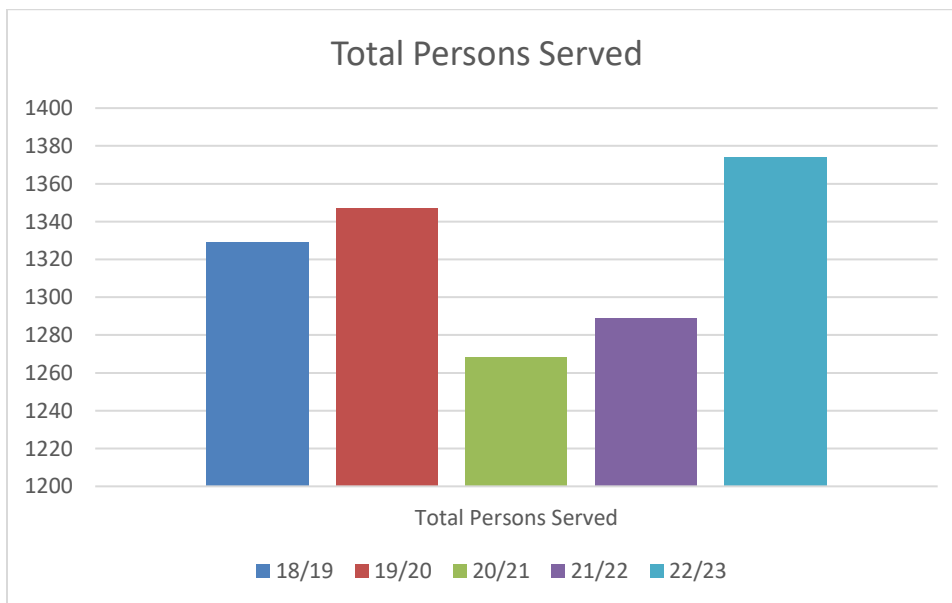
PUNS

Dauphin County continues to utilize the Prioritization of Urgency of Need for Services (PUNS) to prioritize our waiting list of individuals and families requesting services. The PUNS focuses on the existing services and supports received by the individual, the categories of services requested, and the urgency of need for requested services. The following are the PUNS categories of need:

- Emergency Need – Indicated need for services within the next six months.
- Critical Need – Indicated need for services greater than six months but less than two years in the future.
- Planning Need – Indicated need for services greater than two years but less than five years in the future.

The PUNS is reviewed with individuals and families at least annually and updated as necessary based on changes in the individual's needs. Due to the ongoing processes of updating PUNS, the list changes daily. The graph below provides a snapshot of the PUNS at the end of each fiscal year. As of June 30, 2023, there were 103 individuals in Emergency category, 86 in Critical category, and 41 in Planning category.

<u>Graph Seven</u>: ID/A PUNS
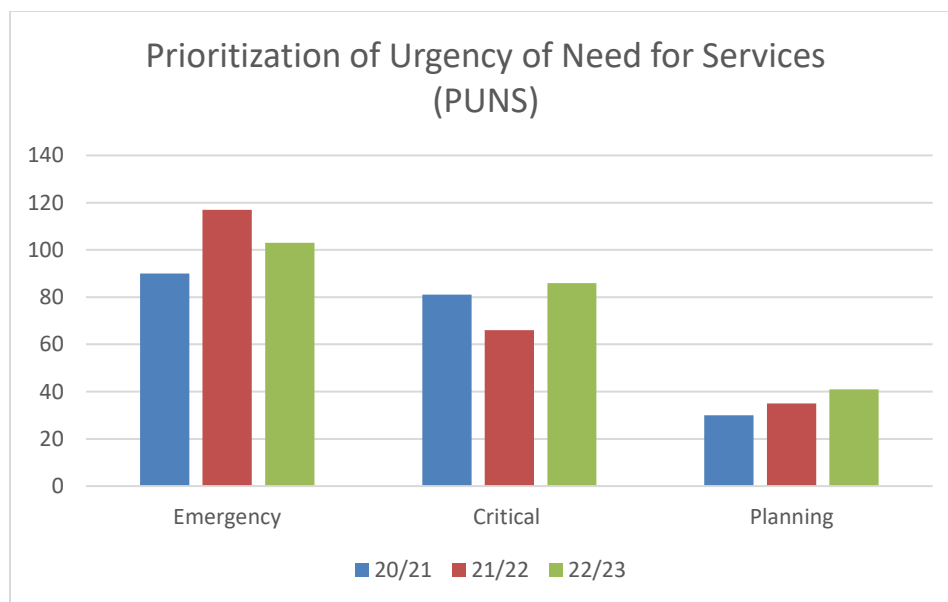
Waiver Capacity

As part of the FY 2022-2023 Pennsylvania State Budget, the Office of Developmental Programs was provided with additional waiver capacity to serve individuals who are on the emergency waiting list in the Community Living Waiver (CLW). Dauphin County received 11 CLW slots in September 2022 and an additional three CLW slots in April 2023 to serve individuals who had been granted an exception to the P/FDS cap during previous years. Other changes to capacity are due to individuals transferring into and out of the county. As of June 30, 2023, the committed capacity for Dauphin County was 277 Person/Family Directed Support Waivers, 88 Community Living Waivers, and 483 Consolidated Waivers. Dauphin County consistently operates at maximum capacity. Wavier funding is offered as soon as it is available to those who have the most urgent needs. The top reasons that individuals exit the waiver are moving out-of-state, death, admission to a skilled nursing facility, or imprisonment.

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Graph Eight: ID/A Waiver Capacity

Dauphin County Waiver Capacity
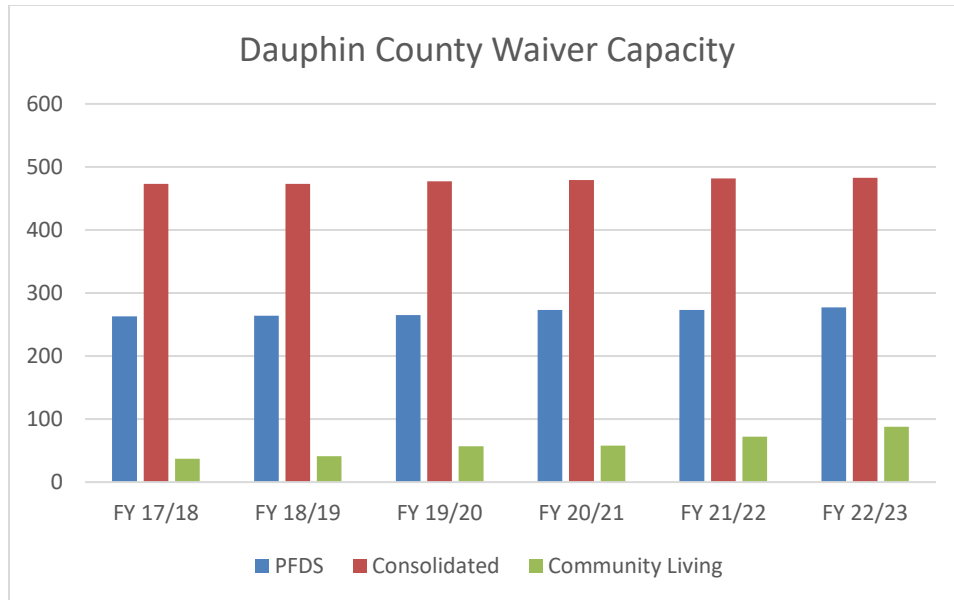
High School Graduates

Dauphin County had a total of 36 graduates in 2023, six of whom were enrolled into the Consolidated Waiver, seven enrolled into the Community Living Waiver, 17 enrolled into the PFDS Waiver, one enrolled into base funding due to waiver ineligibility, and five declined funding or were found ineligible.
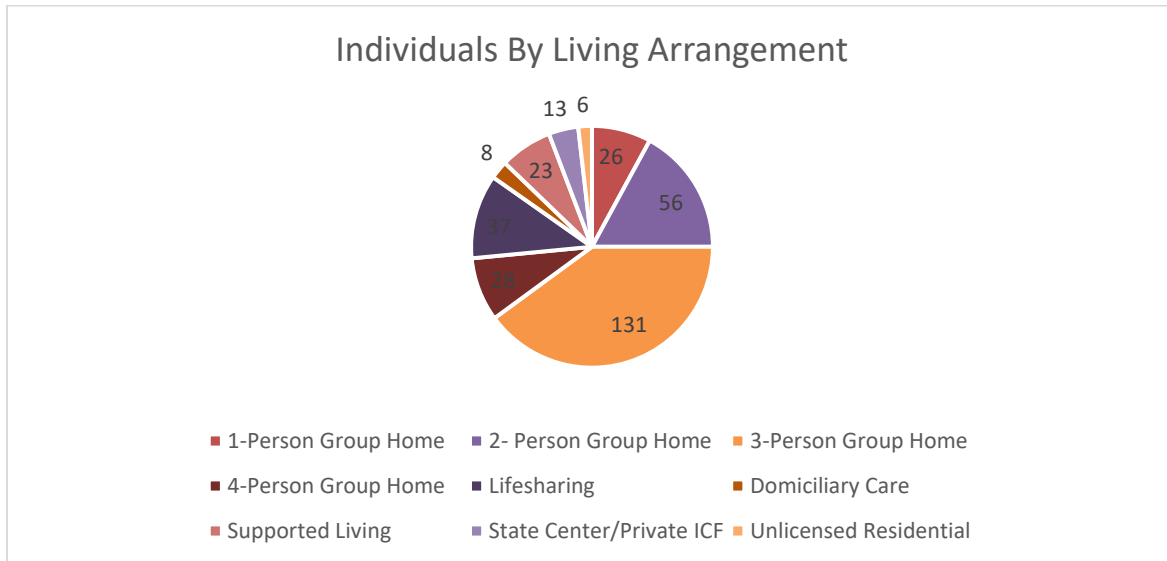
Graph Nine: ID/A High School Graduates

High School Graduates/Access to Funding
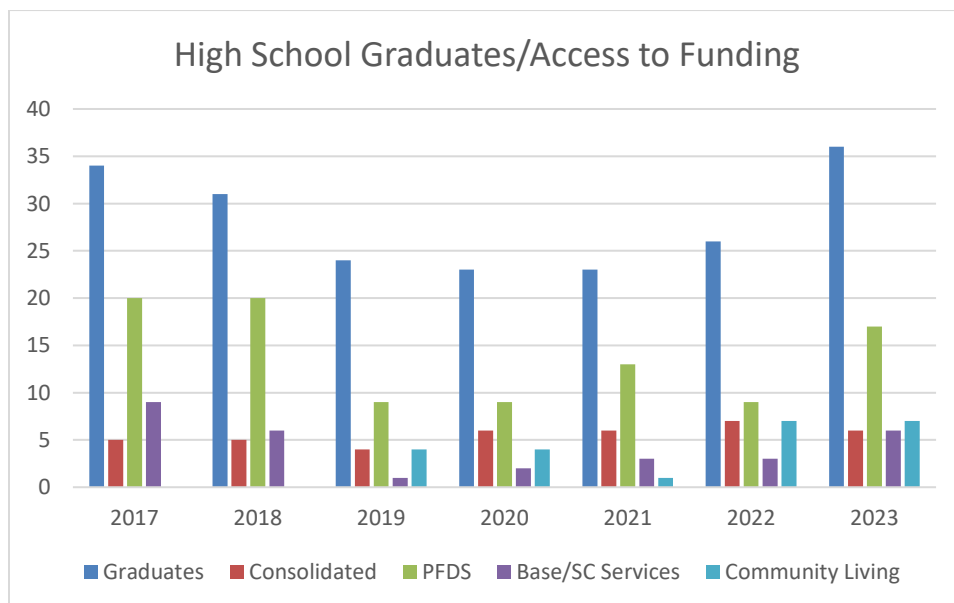
Residential Services

In fiscal year 22/23, 328 consumers registered with Dauphin County received some type of residential service or support. With ongoing concerns with affordable housing and the growing number of elderly consumers, there has been an increased need for residential services in recent years. LifeSharing and Supported Living continue to be encouraged as more cost-effective and less restrictive alternatives to traditional group home placements. Dauphin County continues to prioritize growing a high-quality residential provider network.

Graph Ten: ID/A Living Arrangements

Individuals By Living Arrangement

- 1-Person Group Home: 26
- 2- Person Group Home: 56
- 3-Person Group Home: 131
- 4-Person Group Home: 28
- Lifesharing: 37
- Domiciliary Care: 8
- Supported Living: 23
- State Center/Private ICF: 13
- Unlicensed Residential: 6

Employment

Dauphin County continues to promote Employment First practices and policies. We recognize that work is an important aspect of community inclusion and gives individuals the opportunity to live how they want to live. Dauphin County MH/A/DP is proud to be partnering with Cumberland/Perry MH/IDD, CMU, OVR, ODP, school districts, families, individuals, and local businesses to promote opportunities for individuals to explore and secure competitive, integrated employment through the work of The Capital Area Employment 1st Coalition. In collaboration with Cumberland/Perry MH/IDD, Dauphin County supported the development of a website and FaceBook page to promote awareness and education of Employment First resources, initiatives, and events: https://capitalareaemp1st.org. The Capital Area Employment 1st Annual Transition Fair was held at HACC main campus for students and staff on March 15, 2023. The Employment 1st Steering Committee continues to meet monthly on a virtual platform to plan for the quarterly Coalition meetings.

In June 2023, Dauphin County had 232 individuals competitively employed, an increase of 13 individuals over the previous year, and 167 individuals receiving supported employment services.

Graph Eleven: ID/A Employment
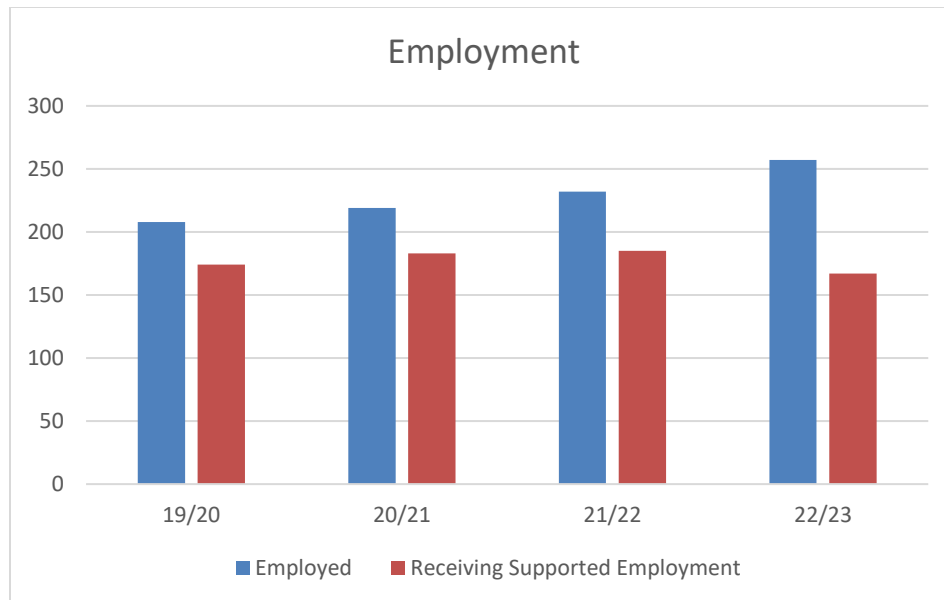
Dauphin County Early Intervention Program

The Dauphin County Department of MH/A/DP's Early Intervention Program has a responsibility to share information about the EI supports and services available to the families of infants and toddlers (birth to two years and 11 months) at risk for, or experiencing, developmental delays or diagnosed disabilities. The EI program's contracted therapeutic and educational services help families of eligible infants and toddlers lay the foundation for future school and life success. Early Intervention is a coaching, family driven program that encourages families to practice strategies within typical routines and activities at home and community settings. Early Intervention is a federal entitlement program funded through federal, state and county moneys, Medical Assistance and Waiver funding.

EI Staff
During the 22/23 Fiscal Year, Tammy Shoff, Dauphin County Program Specialist 2 was the Early Intervention Coordinator. This position entails overseeing the Dauphin County Early Intervention Program and being a liaison between Dauphin County EI program and OCDEL (Office of Child Development and Early Learning). Rachael Clifton was the ID/A/DP Deputy in this last fiscal year and supervised the Developmental Programs.

Dauphin County Early Intervention Program is contracted with CMU (Case Management Unit) to provide Service Coordination Services. During the 22/23 fiscal year, CMU EI unit consisted of two supervisors and 13 Service Coordinators employed full time. Dauphin County was contracted with 32 EI agencies who were able to provide Occupational Therapy, Physical Therapy, Speech Therapy, Special Instruction, Nutritional and/or Social Work services. There were approximately 235 Professionals who worked directly with families and their children. Due to the range of

diversity within the community, EI was contracting with four agencies to provide interpretation/translation services including an agency who supplies ASL interpretation.
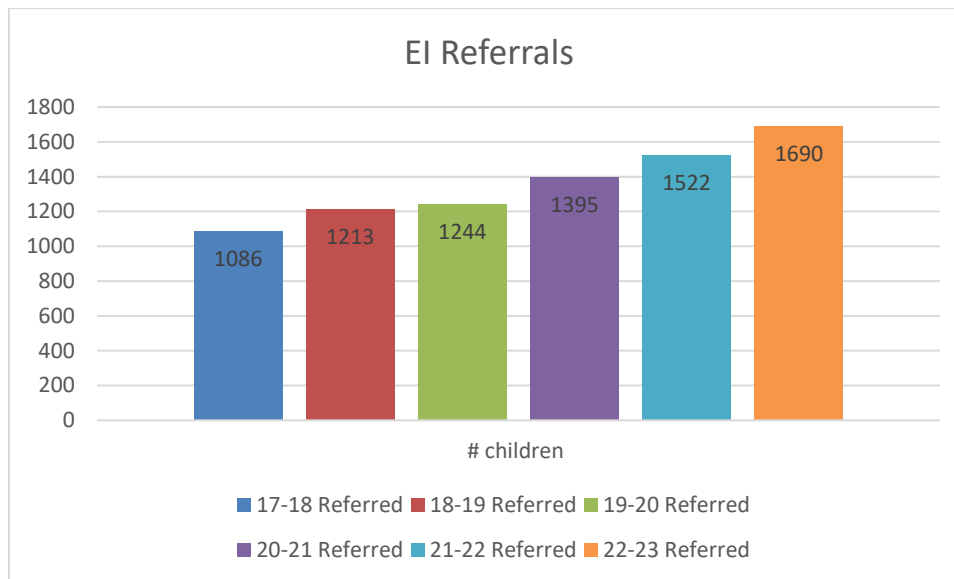
Child Find Efforts

Dauphin County Early Intervention program professionals reach out to Pediatric Offices, Hospitals, Libraries, and Childcare facilities to inform families of the EI Program. EI Professionals attend community events such as Children's Mental Health Forum, Community Night Out, Northern Dauphin First Responders Events, as well as participating in local committees to network with other Early Childhood Agencies such as Head Start, Capital Area Intermediate Unit, and Early Learning Resource Center. In May, Dauphin County EI provided a recorded presentation where various professionals discussed their roles. There were three families who talked about their experience with the birth to three-year-old Dauphin County EI system. Throughout the fiscal year, EIC contacted local pediatricians and daycare directors to enhance strong relationships and communication for referrals and service delivery needs. Human Resource Orientation for all new Dauphin County Human Service Employees includes a presentation of the EI Program by the EIC and CMU Supervisor. The cross training of all human departments assists in providing appropriate referrals and better connection with each Dauphin County human service.

Referrals

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. In Fiscal Year 22/23, 1,690 infants and toddlers were referred and/or re-referred to EI. This is a referral average of 140.83 per month.

Physician offices/NICUs continue to be the greatest source of referrals each year, followed by referrals that come directly from families. Relationships and strong collaboration with other referral sources with Dauphin County Social Services for Children and Youth (DCSSCY), childcare programs, other social service agencies and home visiting programs such as Early Head Start and Family Nurse Partnership. Referrals are also 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.

Graph Twelve: **EI Referrals**

EI Referrals

Bar chart showing:
- 17-18 Referred: 1086
- 18-19 Referred: 1213
- 19-20 Referred: 1244
- 20-21 Referred: 1395
- 21-22 Referred: 1522
- 22-23 Referred: 1690

X-axis: # children

Legend: 17-18 Referred, 18-19 Referred, 19-20 Referred, 20-21 Referred, 21-22 Referred, 22-23 Referred

Eligible Infants and Toddlers

The number of children Dauphin County EI has serviced in FY 22/23 is 1,368. Though this is not a significant increase in the Dauphin County Infants and Toddlers served, there's been a shift in service needs.
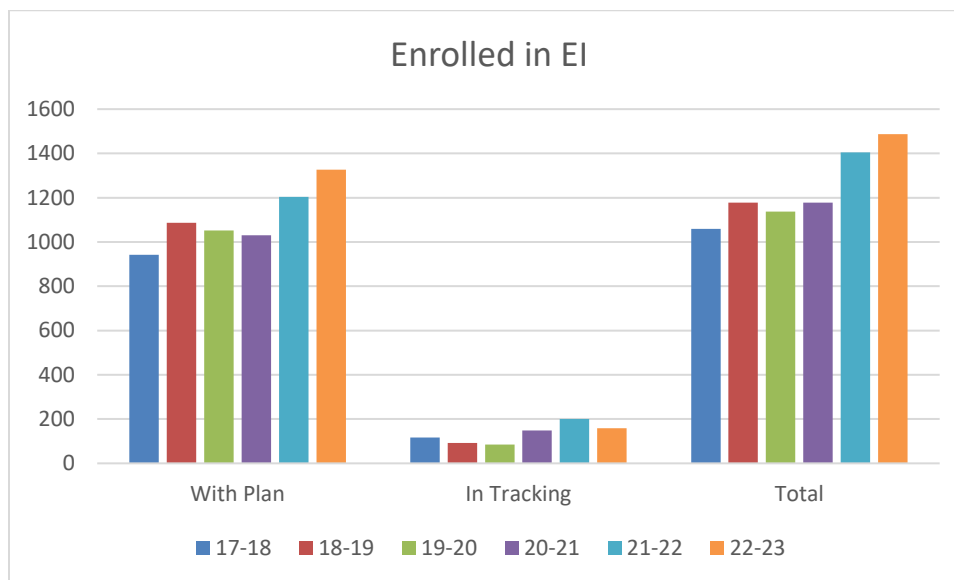
Many of the children and families reportedly needed social service support, counseling, social communication, social-emotional and behavioral support. There were more frequent referrals for Social Work services, Occupational Therapy and Speech Therapy needs reported. To meet the demands, EI Providers and EI Coordinator sought out additional therapists and reassessed protocols to allow for more streamline service delivery in addition to assessing cost containment means. The monthly average for those who were Active with an Individualized Family Service Plan was 685.92 infants and toddlers.

The Dauphin County Tracking Program monitors high risk children by contacting parents/guardians every two-three months to review the child's progress. The tracking/county follow up program is designed to be a preventive piece of EI to detect high risk children who may not qualify for active service; or meet the tracking criteria but the parents are interested in having development monitored. Target areas of high risk are NICU care, low birth weight, high lead levels, neglect/abuse, homelessness and born to a chemically dependent mother. The collaborative protocol for the Safe Plans of Care (SPOC), in which DCSSCY receives notifications regarding children born affected by substance use, then automatically triggers referrals to Early Intervention for tracking and/or a developmental evaluation to determine eligibility. SPOC was created in 2019 and has been evolving into a supportive program for mothers struggling with addiction and babies born at high risk from drug exposure. In FY 22/23, there was a monthly average of 79.83 infants and toddlers in the Tracking program.

This fiscal year, OCDEL offered an electronic version of the Ages and Stages Developmental Questionnaire and the Ages and Stages Social-Emotional Developmental Questionnaire in English and Spanish. Dauphin County CMU Service Coordinators tried the electronic program

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and will help assess if it was helpful enough to continue the use after March of 2024. It did allow for a family to get the information electronically sent (saving in time and mailing cost) and was a means of communication for the family with the Service Coordinator. Most of the tracking children are monitored by one Service Coordinator who was formally a Special Instructor. She's able to provide developmental information to the families to continue to keep the child from needing active service intervention. This is a preventive and cost-efficient way to meet the needs of the child without having to consistently opt for evaluation intensity and cost.

<p align="center"><u>Graph Thirteen:</u> EI Enrollments</p>

Enrolled in EI

Category	17-18	18-19	19-20	20-21	21-22	22-23
With Plan	940	1085	1050	1030	1200	1325
In Tracking	115	90	85	150	200	160
Total	1055	1180	1135	1180	1400	1485

Transitioning From the Program

Children in the Birth to Three program will transition for several reasons. We celebrate when a child is no longer eligible for EI services and will prepare a Transition to Community Plan that may include additional referrals to agencies such as Head Start, play groups, outpatient therapy, Story Time at a local library. A second reasoning for a child exiting the program is when the child/family moves to a different county or state where a referral can be made to continue services. Though rare, there is the reasoning of child tragically passing away. Many of the Infant/Toddlers are transitioned to the 3 years-4 years 11 months preschool aged EI program through the Capital Area Intermediate Unit. Maintaining a strong partnership with CAIU is vital in developing a successful process for the EI families. Fiscal Year 22/23, Dauphin County EIC spearheaded the return of the Transition Round Table. It had been many years since there was a Transition Committee and then Transition Round Table. Several direct therapy workers requested that there be attention on Transition. Dauphin County EIC was the chair on the committee, developed opportunity for the Round Table, and then helped to facilitate changes to the paperwork and process so families had a smoother transition from B3 to the Preschool aged Program.

Transition is also a focus point for OCDEL. In addition to the Round Table, training was offered to enhance the process and plan development. The "Progress Monitoring Update" form that's

completed twice a year by treating therapists was revised to reflect on all transitions (both to CAIU and Community) and enhance the information to EI parents.

Continuing a Successful Program

Early Intervention Coordinator participates in many committees within the EI system and collaborates on several committees and organizations within the Dauphin County. This includes Transition Committee, Local Interagency Council, Tasks Forces, State ICC, Healthy Start, Safe Kids, Roll Out for Kindergarten, SPOC, Core Leadership Team, All Staff Meetings, Social-Emotional Committee, etc. There are several committees that EIC is the acting facilitator and leading role. There are direct and frequent collaboration with the MH, ID, Fiscal, Crisis, CYS, and CMU departments. Dauphin EI coordinates weekly with Cumberland/Perry Counties on multiple EI initiatives and program planning. These counties share most contracted EI therapists, and this allows for consistency and easy transfers/adjustment for families who are moving to and/or from these counties.

Each year, OCDEL requires each PA county to send and encourage infant/toddler families to respond to their survey to help detect the strengths and needs for their county of residency. OCDEL requires a Quality Enhancement Plan to be developed from the results of the survey and compliance results. The plan is formed early in the year and then quarterly meetings are scheduled with the Dauphin County OCDEL Advisor to measure progress made in improvement with the goal of verification. This allows OCDEL to assist the county in following the directives and guidelines. For the calendar year of 2022, Dauphin County met all the outcomes, so verification was met early in the fall of 2022! In February 2023, Ellen Catagneto, Dauphin County's OCDEL Advisor, help to guide the process with EIC as a lead for developing the Quality Enhancement Plan. Our focus was on continuing with meeting OCDEL compliance standards, social-emotional needs of the EI staff and families. Staff training, meetings with community partners, and close monitoring of staff and families' needs help in working on the goals of the QEP.

EITA (EI Technical Assistance) supports counties by assigning a consultant to offer OCDEL training and assistance with county EI specific trainings. This fiscal year had a focus on a Coaching initiative (Family Guided Routines Based Intervention), outcome development, transition, and new Service Notes for the treating therapists. Offering ongoing trainings is essential in maintaining a successful program. Since there's an increased need for new therapists with the rise in children in service, consistent and ongoing training is necessary. EIC has coordinated training with EITA and other professionals to offer many opportunities for educational enhancement.

Quarterly Provider Meetings are headed by the EIC and helps to give the Dauphin County program leaders an opportunity to build strong communication and team building. Updates, trainings, program proposed changes are discussed at each meeting. These times offer consistency which equates into success for the program.

EI Families are the main priority for the Early Intervention Providers. These providers have formed bonds to assist one another through difficult learning curves and experiences. The Yearly Family Survey showed overall excellent scores of communications, interaction, and support for our families in Dauphin County. In June, the Local Interagency Coordinating Counsel offered the EI families a fun-filled carnival. The Early Intervention programs and Community partners came together to provide games, food, vending stands, give-aways, and

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opportunities for families to network. This was an event developed many years ago but was stopped due to the COVID pandemic. 2023 was the first year to return to this incredible event. As a Dauphin County Early Intervention Leader, I would like to continue to provide training and support for EI professionals and opportunities for families to interact and connect. The Dauphin County Early Intervention Program remains very successful and through continued collaboration, it will remain strong.

Dauphin County Mental Health Program

FY 22/23 saw a return to baseline from the COVID pandemic though many providers continue to utilize telehealth to ensure timely access to services, especially for psychiatry and outpatient therapy. Telehealth opportunities have allowed providers to work more efficiently and reduce costs while also expanding access.

The following depicts MH funding trends for base funded services only. Health Choices funding for FY 22/23 for Dauphin County residents is featured on Table Seven and shows increased funding as well as people served.

Table Four: FY 22/23 Mental Health Expenditures

EXPENDITURES FY 20/21	EXPENDITURES FY 21/22	EXPENDITURES FY 22/23	% CHANGE
$ 20,436,538	$ 20,373,686	$ 21,280,916	4.45%

Table Five: Total Persons Served by Dauphin County Base Funded Mental Health Services

Persons Served FY 17/18	Persons Served FY 18/19	Persons Served FY 19/20	Persons Served FY 20/21	Persons Served FY 21/22	Persons Served FY 22/23
3,041	2,779	2,237	1,317	2,934	3,415

Graph Fourteen: Total Persons by Dauphin County Base Funded MH Services

Total Persons Served - MH
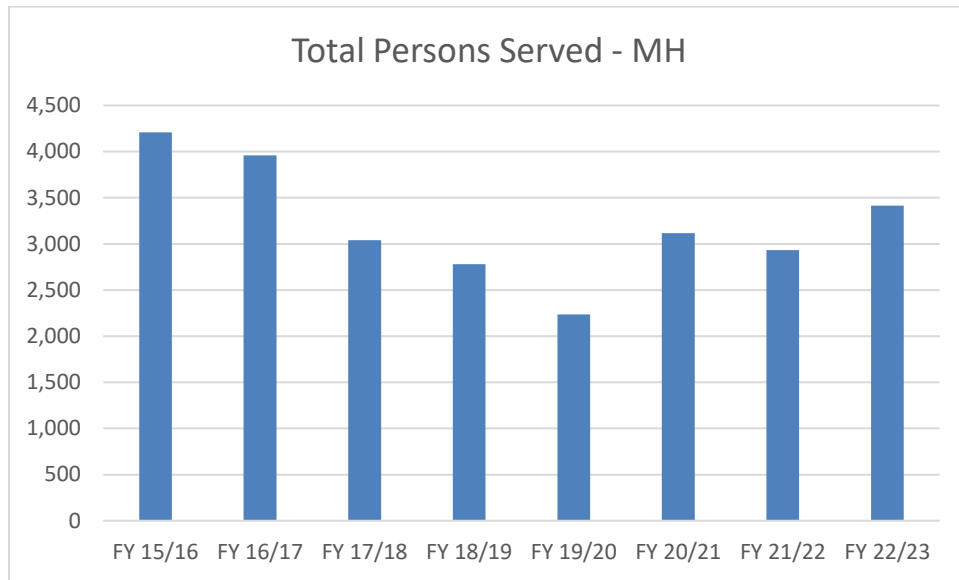
Table Six: Mental Health Expenditures by Cost Centers

MH Cost Center	Cost 2021-22	Cost 2022-23
Administrator's Office	1,115,808	1,153,195
Community Services	978,189	339,517
Targeted Case Management	738,411	693,710
Outpatient	573,440	498,470
Psychiatric Inpatient Hospitalization	87,582	0
Partial Hospitalization	87,777	228,272
Crisis Intervention Services	1,511,085	1,212,721
Community Employment	249,439	248,914
Facility Based Voc. Rehab.		
Social Rehabilitation Services	581,339	636,987
Community Residential Services	12,618,087	14,558,440
Family Support Services	71,171	99,378
Family Based Services		1,086
Administrative Management	1,428,147	1,612,525
Emergency Services	504,579	467,283
Housing Support Services	1,174,990	856,580
ACTT/CTT	34,589	69,387
Psychiatric Rehabilitation	6,594	3,938
Peer Support Services	13,027	23,766
Consumer Driven Services	157,825	170,386
Children's Evidence-Based Practices		
MH TOTAL	21,932,079	22,874,555

Medical Assistance managed care is organized under a state program called HealthChoices. Behavioral Health services in five counties, known as the CAP 5, are collectively managed through Capital Area Behavioral Health Collaborative (CABHC) and contracted with PerformCare, a behavioral health managed care organization (MCO) owned by AmeriHealth *Caritas*. County MH and D&A administrators/directors make up the CABHC Board and MH staff participate in several oversite committees sponsored by CABHC. There is also County participation in some PerformCare committees. Total expenditures for HealthChoices funded services are captured over the three fiscal years below. Total HealthChoices expenditures for FY 22/23 surpassed FY 21/22. Specific areas of increases are bolded and include Inpatient, Partial Hospitalization, IBHS, Residential Treatment, Targeted Case Management, and Peer Support Services. Decreases were seen in Outpatient Services, Crisis Intervention, and Family-Based Mental Health Services. Limited use of Residential Services or RTFs by Dauphin County residents continues to be a priority and much has been done to support families and individuals in their family homes.

Table Seven: HealthChoices Mental Health Services

Type of Mental Health Service	Person Served FY 19-20	Persons Served FY 20-21	Persons Served FY 21-22	Persons Served FY 22-23	Dollars Spent FY 19-20	Dollars Spent FY 20-21	Dollars Spent FY 21-22	Dollars Spent FY 22-23
Inpatient psychiatric, includes EAC	1,010	997	890	965	$18,715,624	$18,573,629	$18,687,531.57	**$20,932,312.00**
Partial Hospitalization	323	297	364	410	$1,711,071	$1,910,259	$1,788,650.14	**$1,987,540.00**
Outpatient	9,988	9771	10,074	8,016	$8,026,711	$8,877,657	$9,827,335.71	$7,652,611.00
IBHS	1,443	1197	1026	1101	$11,392,819	$11,476,853	$11,454,018.24	**$12,600,217.00**
Residential Treatment	28	44	34	30	$2,324,737	$3,488,321	$2,426,656.22	**$3,193,973.00**
Crisis Intervention	1,351	1396	1,162	1,116	$603,356	$607,656	$723,604.00	$423,990.00
Family Based MH Services	312	260	198	201	$4,174,766	$4,109,252	$3,503,759.08	$3,480,219.00
Targeted MH Case Management	1,784	1744	1541	1362	$4,335,690	$4,356,637	$4,107,944.72	**$4,174,464.00**
Peer Support Services	74	100	91	125	$123,069	$159,020	$195,697.78	**$224,574.00**
Other MH: Assertive Community Treatment, Specialized Treatment, Telepsychiatry	1,168	866	1314	892	$2,284,832	$1,697,237	$3,076,414.15	$1,663,053.00
Managed Care MH Total:	11,753	16,672	16,694	11,799	$53,692,676	$55,256,521	$55,791,611.61	**$58,194,831.00**

Consistent with new MA eligibility guidelines that took effective in FY 22/23 with the end of the Federal Public Health Emergency, the numbers of individuals served decreased significantly. This caused more demand for county base funded services as seen in **Graph Fourteen and Table Six**.

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Children's Mental Health Services

The majority of mental health services for children are funded by HealthChoices. PerformCare is the behavioral health MCO for all Dauphin County residents that are eligible for Medical Assistance. Families of children with behavioral health concerns are encouraged to apply for MA for their child because PerformCare and other BH MCOs fund services that are not covered by most third-party insurance companies, such as IBHS and Peer Support. The total expenditures for children served in Dauphin County is below.

Table Eight: FY 22/23 HealthChoices funded Mental Health Treatment for Children/Adolescents

Service Category	# Children/Adol Served	Total Expenditures
Psychiatric Inpatient	239	$3,807,803.26
Psychiatric Partial Hospitalization	183	$489,994.73
MH Outpatient	3443	$2,957,078.10
IBHS	1101	$2,894,902.19
RTF (JCAHO and Non-JCAHO)	30	$3,193,972.80
Adolescent Peer Support	2	$1,201.81

Residential Treatment Facilities (RTFs)

Dauphin County Mental Health continued its focus on reducing the use of Residential Treatment (RTF) as it is neither evidence based nor community-based care. Concerns include increased risk to children due to critical incidents including allegations of abuse by staff. Restraints are also a concern due to the likelihood of injury. These issues increase trauma in children and teens. In FY 22/23 there were a total of 32 RTF recommendations for 30 unduplicated youth. This was a 14 % decrease in the total number of children/adolescents recommended for RTF from FY 21/22. In FY 21/22, there were 36 recommendations for 35 unduplicated youth for RTF level of care.

The data indicates that we continue to see a downward trend from previous years as we had 45 recommendations in FY 19/20; however, the reasons are complex. One factor is the overall decrease in statewide RTF availability. Additional factors include high incidents of harm to children in RTF settings and a lack of programming for complex youth with MH and ID/Autism. Children and teens with highly aggressive behaviors are also more often recommended for out-of-home treatment. Unfortunately, alternatives in local communities have not fully met the needs of complex and multi-system youth.

The five-county managed care group selected Community Services Group (CSG) to develop a small community-based RTF for eight (8) youth in FY 19/20. Reinvestment funds were used for start-up costs associated with this RTF service development. A site in Lancaster County was identified in FY 20/21. Renovations on the site were completed in May of 2023 and licenses from

OMHSAS and OYCF were obtained in October 2023. CSG-RTF will be fully operational in FY 23/24.

Table Nine: RTF Data for FY 21/22 and 22/23

Dauphin County's Use of RTF	FY 21-22	FY 22-23
# RTF Recommendations	36	32
# Unduplicated Youth	35	30
# Approvals	28	27
# Denials	5	1
# RTF Recommendations not pursued (i.e., Parent not interested)	2	2
Unduplicated youth served in RTF	35	30
Discharges	24	14
Average Length of Stay at Discharge in days	368	367
Longest Length of Stay at Discharge in days	1672	1000

In FY 22/23, there were 14 youth discharged from RTF. This is a 42% decrease in RTF discharges from FY 21/22. In FY 22/23 there were 30 youth served in RTF. Of those 30 youth, 13 carried an ASD/ID diagnosis. The average length of stay (LOS) for all youth served in RTF in FY 22/23 was 365 days. Children who did not have a diagnosis of ASD/ID had an average LOS of 310 days. The children in RTF with an ASD/ID diagnosis had an average LOS of 439 days. Children with ASD/ID had a 30% longer length of stay (LOS) in RTFs in FY 22/23.

Graph Fifteen: FY22-23 Youth in RTF- Total Number of Youth with ASD/ID Break Out
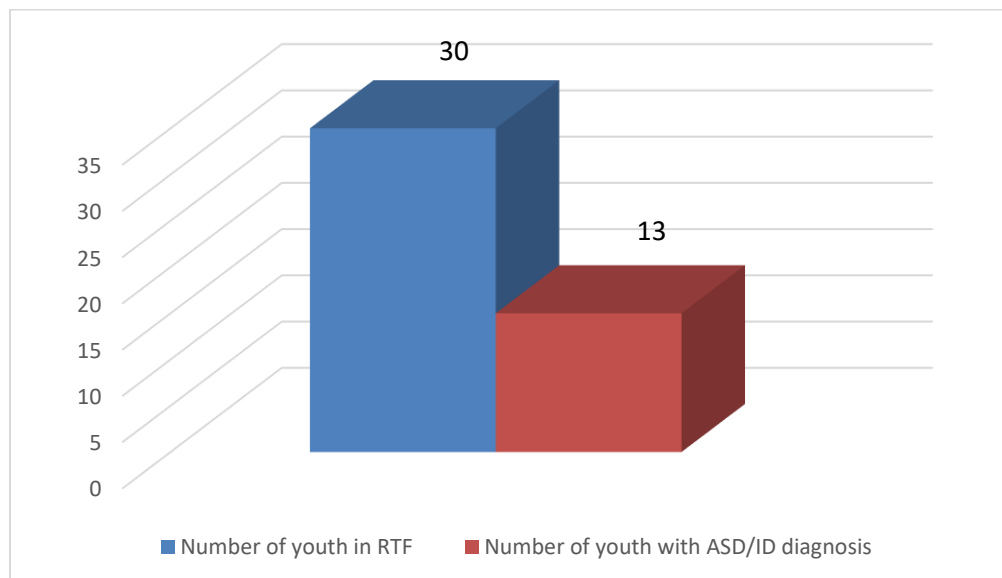
Graph Sixteen: FY 22/23 Comparison by Diagnosis of Average Length of Stay (Days)
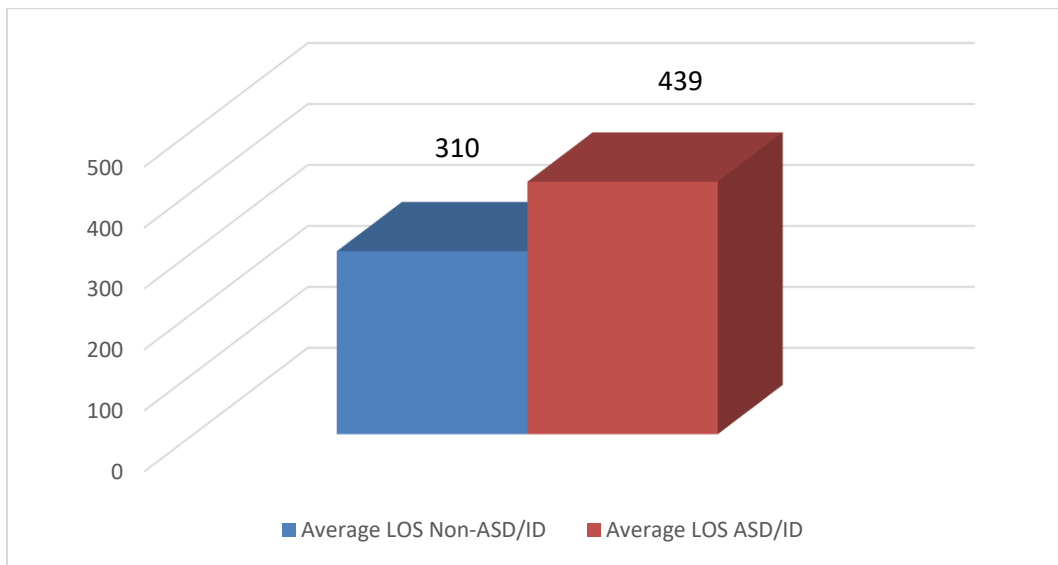
Community Residential Rehabilitation (CRR)- Host Homes

CRR – Host Homes are licensed by the State Office of Mental Health and Substances Abuse Services (OMHSAS). These are family homes providing therapeutic support daily and have agency supervision and support 24/7. Children typically attend the local school district for their education. The CRR Intensive Treatment Program or ITP was created to offer more training and support to the Host family and intensive treatment as well as clinical support during home visits for the child's family and child. The ITP homes did not have other non-related children or served as foster parents. CRR HH and ITP are voluntary services.

This type of care appears to not be a viable out-of-home level of care because host families are unwilling to have children with complex MH needs, and they also do not feel supported/trained to meet their needs in a home setting. It is unfortunate for children and families not to have options for local out-of-home treatment through CRR-HH and ITP. Neither type of service has growth to assist children and their families.

A total of seven youth were recommended for CRR-HH program (Host Home and Intensive Treatment Program) during FY 22/23 and two were served in these settings. By comparison, there were at total of four youth served in CRR-HH/ITP programs in FY 21/22. There was one child discharged from CRR-HH/ITP program in FY 22/23 with a length of stay of 387 days.

County MH staff continuously monitor children and teens in out-of-home treatment by 1) reviewing records and consulting with Mental Health case management supervisors and administration, 2) participation in complex case meetings at an interagency team level, and 3) coaching support to the CMU staff. A tracking database is in place to facilitate County oversight. Monthly meetings are held for youth with complex needs and include representatives from the following Dauphin County offices: Human Services Director's Office, MHADP, Children and Youth, and Juvenile Probation.

Intensive Behavioral Health Services (IBHS)

As of January 2021, Behavioral Health Rehabilitation Service (BHRS) providers transitioned to Intensive Behavioral Health Services (IBHS). The number of Dauphin County providers increased under IBHS from 11 BHRS providers to 23 IBHS providers as of the end of FY 22/23. However, the capacity to serve more children did not increase. Lack of capacity in IBHS for both Individual Services and Applied Behavioral Analysis (ABA) services remained a problem throughout FY 22/23. The number of children/adolescents from Dauphin County that received IBHS decreased from 1197 in FY 20/21 to 1026 in FY 21/22. There was an increase in FY 22/23 with 1101 children/adolescents/young adults receiving IBHS. Waiting lists for services have remained. Currently, there is not a formal plan in place to monitor waiting times for IBHS services except for reporting capacity. A plan to monitor waiting times for Individual Services and ABA services is needed to gain an understanding of who is waiting for which service, how long until services begin, and the services being provided during the waiting period. Dauphin County MHADP will be developing informational materials for families related to IBHS and how to access services.

Family Based Mental Health Services (FBMHS)

FBMHS are a team-delivered in-home service used to prevent out-of-home treatment. Dauphin County has four FBMHS providers. Reports from PerformCare are monitored for the number of operational FBMHS teams, pending discharges, and anticipated openings on a weekly and monthly basis. The number of FBMHS teams increased in FY 22/23 from 12 to 14. Dauphin County FBMHS providers served 198 children/adolescents in FY 21/22 and 201 children/adolescent in FY 22/23. Throughout the fiscal year, the family-based waiting list ranged between 25-36 children/adolescent waiting. As of June 30, 2023, there were 31 children waiting for FBMHS for an average of 45.4 days..

Child and Adolescent Partial Hospitalization

Partial hospitalization programs are rare throughout the Commonwealth. Dauphin County has been very fortunate to have a provider, Pennsylvania Psychiatric Institute (PPI) offering these services for many years. As a result, PPI serves children and teens from a large geographical area outside of Dauphin County and accepts private insurance and Medical Assistance. In FY 18/19, PPI increased licensed capacity from 35 to 45 to meet the increased demand. The expanded capacity did not improve accessibility for Dauphin County children and teens. Operating capacity was reduced from 45 to 35 due to staff vacancies. By the end of FY 22/23, PPI's child and adolescent partial program had an operating capacity of 42. In September 2023, Dauphin County Children's MH staff began to track waiting list and wait times monthly. Waiting list and wait time peaked in March 2023 with 58 youth waiting and a waiting time of 8-12 weeks. At the end of the fiscal year, nine youth were waiting and there were immediate program openings. A total of 183 Dauphin County children/adolescents received partial hospitalization services in FY 22/23. Dauphin County and PerformCare will continue to monitor access to the child/adolescent partial program.

Outpatient Clinic Services

By the end of FY 21/22, in-person services were once again the primary method of service delivery post pandemic. Outpatient providers continue to offer services through telehealth as appropriate. In FY 22-23, 3,443 children/adolescents received PerformCare/Medical Assistance funded mental health outpatient services.

Parent Child Interaction Therapy (PCIT)

PCIT is an in-office, evidenced-based, and intensive treatment model that continues to assist parents of children ages two-seven years old with learning new skills in a structure formatted intervention. PCIT continues to be underutilized. In FY 22/23, 19 families received PCIT which is an increase from FY 21/22 in which 12 families received PCIT. Dauphin County has two PCIT providers: Community Services Group and TEAMCare. Merakey had a PCIT program, but has not provided PCIT services since FY 19/20 due to no longer having PCIT certified staff. An outpatient clinic-based model is a barrier to some families accessing PCIT. PerformCare is exploring an Internet PCIT model with the goal of improving access to PCIT. One concern Dauphin County has regarding Internet PCIT is that not all families have consistent and reliable access to the internet and strategies need to be developed to ensure access for all families

Dialectical Behavioral Therapy for Adolescents (DBT-A)

Due to the low number of referrals, Community Services Group is temporarily providing Dialectical Behavioral Therapy for Adolescents (DBT-A) for Dauphin County through their Lancaster County DBT-A program. Dauphin County will continue to work on increasing awareness of DBT-A to increase referrals. DBT-A service components are individual, group, family, skills group, and phone coaching/consultation

School-Based Mental Health Services

Dauphin County strives to have school-based outpatient services as an accessible treatment option throughout all public-school districts in the county. School-based outpatient clinics are monitored by MHADP for adequate staffing to address wait periods and communication issues. **Table Ten** identifies providers, districts, and the number of buildings each agency served as of the start of the 23/24 school year. Most school-based outpatient is individual therapy. Access to outpatient treatment for school-age children and youth continues to be a priority.

Table Ten: School Year 2023-24 School Based Outpatient

Provider	# School Districts	# School Buildings
Community Services Group	2	8
PA Counseling Services	2	13
TEAMCare Behavioral Health	1	2
TrueNorth Wellness Services	5	32
TW Ponessa and Associates	1	5

Table Eleven is a snapshot of school-based MH outpatient services comparing the status of services in February/March of 2020 (pre-COVID-19 pandemic), February/March 2021, February/March 2022, February/March 2023. Please note that this is a snapshot. Providers received referrals on an on-going basis. Also of note is that services are delivered primarily in-person; however, telehealth was offered as needed. Staffing vacancies and difficulty in hiring increased the waiting list.

Table Eleven: 22-23 School Year Snapshot of School-Based Outpatient Services

School-Based MH Outpatient Services	Feb/Mar 2020	Feb/Mar 2021	Feb /Mar 2022	Feb/Mar 2023
# Active Cases	422	667	582	618
# Waiting List	69	18	69	123

Student Assistance Program (SAP)

Dauphin County MHADP contracts with Keystone Services Systems for MH Consultants to SAP teams at secondary public schools. The primary functions of SAP Consultants include team meeting participation, team planning, informal assessments of students referred by SAP Team and with parent permission, recommendations to the SAP Team, parent/family contacts and support, and follow-up with SAP team. Activities may also include co-facilitating groups, technical assistance, and postvention. The overarching goal of Student Assistance Programs is to help student access school and community resources which improve academic success.

Three full time SAP Mental Health Consultants continue to serve as liaisons to 28 SAP teams in Dauphin County public middle and high schools. Consultants help parents and youth access services in the community. SAP teams meet in-person or virtually depending on the preference of the team. Some SAP teams reported that virtual SAP team meetings improved attendance and resulted in consistent participation of team members. Services to students were provided in-person. Telehealth was provided on a case-by-case basis.

Table Twelve: Academic Year SAP Activities

MH CONSULTANT -SAP ACTIVITIES	TOTALS FY 20/21	TOTALS FY 21/22	TOTALS FY 22/23
SAP team meetings	456	409	440
Parent/family Contacts	270	301	589
Informal MH Assessments	198	314	339

In September 2021, Dauphin County MHADP received a two-year Community Mental Health Services Block Grant (CMHSBG) to expand Elementary Student Assistance Program (ESAP) to all public elementary schools that did not have an existing ESAP team. The target group included 21 elementary schools across five (5) school districts. The grant supports Keystone SAP program by adding two Mental Health Consultants to support the newly formed ESAP teams. A network meeting was held with all ESAP teams in Spring 2023 to promote sharing of information, practices, and strategies among ESAP teams. Dauphin County was approved for a No Cost Extension (NCE) that would allow grant activities to continue through the 23/24 school year, using unspent grant funds. Sustainability of ESAP beyond the NCE is being explored. By the end of FY 22/23, eight schools have ESAP teams that meet regularly, four additional schools have ESAP teams that began to meet, and five schools have staff scheduled to attend ESAP training. Outreach will continue with remaining schools.

Table Thirteen: School Year 22-23 ESAP Expansion Grant Activities

ESAP EXPANSION GRANT ACTIVITIES	TOTALS FY 21/22	TOTALS FY 22/23
ESAP team meetings	18	69
ESAP referrals	17	69
Parent/family Contacts	17	122
Informal MH Assessments	14	68

Mental Health TidBIT (Better Informed Together)

TidBIT was distributed in FY 22/23 to 781 families through email and mailings. Topics included Back-To-School Mental Health Tips, How to Help Children Who Feel Like They Don't Fit In, When Are Children Ready for Social Media, and Conversations with Your Child Matters. In FY 23/24, outreach to expand the mailing list will occur with community organizations and the children's MH provider network.

Tiny BITS was launched in FY 19/20 and continued to be distributed in FY 22/23. The target audience is families of pre-school age 0-5 children. Child daycare providers have been enlisted to help distribute Tiny BITS on their parent bulletin boards. Eighty-six daycare providers received Tiny BITS. Dauphin County intends to grow direct parent distribution and have 20 parents on the distribution list. Topics covered in FY 22/23 included Yes, Mental Health Includes Babies, The Importance of Sleep in Young Children, and Rocking and Rolling and Caring for The Mental Health of Infants and Toddlers. Outreach efforts will occur in FY 23/24 to increase awareness of this resource and connect with more families of young children.

Guiding Good Choices (GGC)

GGC is an evidence-based curriculum for parent skills delivered by trained parent co-facilitators. In-person sessions were suspended due to the COVID-19 pandemic. Dauphin County MH staff created a fully virtual program consisting of three sessions in the 21/22 FY and we anticipate extending our outreach to schools to discuss implementing this program in FY 23/24.

Quality Assurance for Children and Adults in the Mental Health System

Children Incident Monitoring

Children's services are almost entirely funded by Medical Assistance through the Behavioral Health - Managed Care Organization (BH-MCO), PerformCare. Monthly and quarterly reporting is reviewed through CABHC's committee and board structure. Therefore, CABHC responsible for incident policies and procedures with input and support from county staff.

Table Fourteen: Child/Adolescent Unusual Incident Reports FY 22/23

Reporting Categories	# Of UIR Reports	%
Restraint with Injury	3	2.3%
AWOL/Elopement	7	5.3%
Self-Injurious Behavior	3	2.3%
Illness/Injury	13	9.8%
Allegation of Abuse or Neglect	60	45.4%
Assault (Victim)	3	2.3%
Serious Physical Aggression	15	11.4%
Sexual Acting Out	7	5.3%
Police Fire Event	10	7.6%
Suicide Attempt	4	3.0%
Other	7	5.3%

There were 132 children's UIRs for a mean of 1.74 per child (n=76). There were six youth with five or more incidents reported. Sources of reports are CMU and PerformCare. There were 23 reports from PerformCare and 109 from CMU. This has been a substantial decrease in reporting to PerformCare due to policy changes made by PerformCare. In March 2023, PerformCare policy regarding COVID-19 reporting changed and COVID-19 no longer needed to be reported as an unusual incident. The use of restraints is dramatically not reportable because the use of restraints must be combined with injury and are reported only in 24/7 care programs. Three restraints were reported for two youth. Most incidents reported to PerformCare are from Residential Treatment and inpatient settings. 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. County MH staff reviews and provides feedback on PerformCare's Restraint and Seclusion Protocol and the BH-MCO's actions taken to reduce seclusion and restraints.

Adult Incident Monitoring

Mental health adult service providers use at least two unusual incident reporting systems. There were 813 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY 22-23. **Table Fifteen** illustrates there was an increase in UIRs of 70% from the previous year. The highest category was Serious Illness with 439 reports or 54%. Incarcerations was the second highest category with 90 reports or 11%. Incarcerations is a new category that was added to this report along with medications errors and self-neglect. A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in control of the health care professional, patient, or consumer. The third largest category was Criminal Event Involving Police with 55 reports or 7%.

Table Fifteen: Adult Unusual Incident Reports FY 22-23

Types	#	%
Serious Illness/Hospitalizations	439	54%
Criminal Event Involving Police	55	7%
Death	25	3%
Serious Acts of Violence	50	6%
Abuse by Staff	11	1%
Homicide/Actor	0	0%
Homicide/Victim	1	0.1%
Misuse of Funds	11	1%
Unexplained Absence	15	2%
Fire or Other Disaster	19	0.3%
Impingement	0	0%
Unsafe Residential Facilities	0	0%
Significant Property Damage	0	0%
Outbreak of Disease/Covid	54	7%
Medication Errors	42	5%
Incarcerations	90	11%
Self-Neglect	1	0.1%
Total	813	100%

Persons from the closure population and those residing in licensed residential settings are subject to HCSIS Enterprise Incident Management (EIM) reporting which is a PA Department of Human Services mandated reporting system. In FY 22/23, 133 reports were entered into EIM which is a decrease from 140 in FY 21/22. Illness was the single largest category with 89 or 67% of the total reports. The next highest category was Abuse: Individual to Individual with 14 or 11%.

Table Sixteen: EIM Data FY 22/23

Category	#	%
Abuse Individual to Individual	14	11%
Abuse to Staff to Individual	0	0%
Death	0	0%
Fire	0	0%
Illness	89	67%
Injury	5	4%
Law Enforcement Activity	11	8%
Missing Person	10	8%
Neglect	0	0%
Restraint Procedure	0	0%
Significant Medication Error	0	0%
Suicide Attempt	4	3%
Total	133	100%

Investigations and Complaints

PerformCare manages a complaint and grievance process for services funded under HealthChoices in Dauphin County. If a complaint or grievance is brought to the attention of MHADP staff, they work with the assigned MH case manager, PerformCare, and the Capital Area Behavioral Health Collaborative (CABHC) to find resolution. Every two weeks complaints and grievances are summarized and reviewed by MHADP staff. The formal review process at PerformCare also involves a Review Committee which MHADP staff participate in.

For MHADP funded services, there were no complaints received or reviewed during FY 22/23.

MHADP continues to make all necessary reports to the appropriate offices that are mandated under PA law for children, the elderly, and those with disabilities. MHADP staff work closely with Liberty HealthCare, Dauphin County Area Agency on Aging/Department of Aging, and Dauphin County Children and Youth Services who are assigned with investigations and assure resolution MHADP is committed to continuous improvement in all our services and ensuring a safe and healthy environment for all those we serve.

Adult Mental Health Services

Case Management

Dauphin County has three different case management providers. Keystone Human Services provides Intensive Case Management. Merakey provides Assertive Community Treatment which includes case management services. CMU provides Blended Case Management and Administrative Case Management.

CMU tracks outcomes for those discharged from case management services and categorize these discharges as follows:

Table Seventeen: Discharge Outcomes

Recovery	A recovery discharge type should be assigned when the participant is demonstrating stability and an ability to self-manage. This is demonstrated by reducing the level of case management or outright discharge from MH Case Management.
Incarceration/ Arrest	Incarceration/Arrest should be assigned to a participant who has been taken into custody by the criminal justice system and will not be released in the near future in order to benefit from a community-based service.
Higher Level of Care – Medical	This category should be assigned to a participant who must be admitted to a facility for treatment of a serious medical condition for an extended period. The medical condition is extensive enough that the participant is unable to participate in a community-based service.
Higher Level of Care – Psychiatric In-patient/Residential	This category should be assigned to a participant who must be admitted to a facility for treatment of a serious psychiatric condition for an extended period. The psychiatric symptoms are extensive enough that the consumer is unable to benefit from a community-based service.
Deceased	The participant has passed due to natural causes, accident, or homicide.

Suicide	The participant has passed, and the County Coroner has ruled that it was intentional.
AWOL	The whereabouts of the participant is unknown.

CMU discharged 1,423 individuals in FY 22/23 from the following departments: Adult Blended Case Management (BCM), Children's BCM, and Adult and Children's Administrative/Intake Case Management.

Table Eighteen: **CMU 22/23 Discharges**

Discharge Type	# of Discharges	% of Discharges
AWOL	57	4.00%
Deceased	22	2.00%
Higher Level of Care – Medical	11	1.00%
Higher Level of Care – Psychiatric Inpatient/Residential	22	2.00%
Incarceration/Arrest	34	2.00%
Recovery	1277	90.00%
Suicide	0	0%
Total	1423	

Keystone Human Services also tracks outcomes for those discharged from intensive case management services. The summary of this information for FY 22/23 is as follows:

Table Nineteen: **Keystone ICM Discharges**

Number of Individuals	Discharged Reason
10	The Individual has successfully achieved the goal(s) set forth in the Treatment Plan/Service Plan/Individual Recovery/Rehabilitation Plan/RASP and has sustained them for a period of time
12	The individual has voluntarily withdrawn himself/herself from the program
5	The Individual refused services/was not responsive to outreach attempts
3	The individual is discharged due to disengagement from the services
8	The Individual relocated out of the service area
1	The Individual is unable to participate due to medical or psychiatric reasons
1	State Prison

All three case management providers continued to experience significant staffing challenges in FY 22/23 and continue to have significant waiting lists for BCM, ACT, and ICM.

State Mental Hospital and Extended Acute Care Use

Danville State Hospital has 29 designated beds for Dauphin County residents. MH staff worked directly with case management entities and community inpatient units to coordinate assessments and referrals to Danville.

There was a total of 11 discharges from DSH in FY 22/23: four to CRRS, one to LTSR, three to independent living with family, one to an autism (ACAP) residential placement, one transfer to out-of-state hospital, and one to Dauphin County Prison. There were a total of 36 unduplicated individuals in care and 33 remained in DSH at the end of FY 22/23. Among the individuals who were discharged from DSH, the longest length of stay was 820 days and the shortest length of stay was 180 days. Dauphin County also has one individual residing at Wernersville State Hospital.

Table Twenty: Danville State Hospital Data FY 22/23

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 6/30/23
9	11	25	36	0	33

The Wellspan-Phillhaven Extended Acute Care (EAC) is a type of inpatient psychiatric program with a typical length of stay of six to nine months. Efforts to coordinate admissions, on-going monitoring, and discharges involve Wellpsan-Philhaven EAC, case management entities, acute inpatient programs, and others in the contracted provider network. During FY 22/23 capacity of for Dauphin County remained at 20 beds. Persons with complex medical issues are referred to the Ephrata EAC program also operated by Wellpsan-Philhaven. During FY 22/23, 24 referrals were made for Extended Acute Care services and 20 individuals were admitted.

The EAC staff work hard to get individuals mentally stable and prepared for transitional living. During FY 22/23, the EAC successfully completed 10 discharges. Two of those discharges resulted in independent living with family, five went to live in a Community Residential Rehabilitation Services Program (CRRS), one went to an inpatient D&A rehab, and two individuals were transferred to DSH.

Residential Services

A large percentage of the mental health budget is directed to adults with serious mental illness and the provision of residential programming. In FY 22-23, 337 persons were served as compared to 219 persons served in FY 21-22

A Long-Term Structured Residence (LTSR) is a highly structured therapeutic treatment program for adults. Community Residential Rehabilitation Services (CRRS) refers to transitional residential

programming in the community in one setting or in scattered apartments. Full Care CRRS programs have 24/7 staff and Partial Care CRRS are staffed up until evening hours and use an on-call system for emergencies. These programs are meant to rehabilitative and transitional in nature with an ideal length of stay of less than two years. Supportive Living is a highly individualized and recovery-oriented service that assists individuals with their goals in their own homes and communities. A Personal Care Boarding Home (PCBH) or Specialized Care Residence (SCR) provides 24/7 services and daily assistance with activities including basic care and supervision. These programs are typically long-term placements for those who do not have the capacity to live more independently. FY 22/23 capacity of residential programs located in Dauphin County is illustrated in **Table Twenty One.**

Table Twenty One: Adult Residential Capacity by Type

LTSR	Forensic CRR	CRR Max-Care	Crisis and Diversion CRR	CRR Moderate Care	Personal Care Home	Supportive Living
14	14	60	25	40	82	190

Due to the high demand and low supply of residential programs, CRRS providers are expected to maintain a 90% occupancy rate. The table below captures the occupancy rates over several fiscal years and shows the challenges Dauphin County MHADP and our provider agencies have with keeping residential programs filled. Many providers continue to report short staffing as an explanation for the low occupancy rates and others have raised concerns around increasing acuity in those they serve.

Table Twenty Two: CRR Occupancy Rates

CRRS Program by Provider and Type	Licensed Capacity	Occupancy Rate FY19-20	Rate FY20-21	Rate FY21-22	Rate FY22-23
Elwyn - Maximum Care	16	78%	82%	60%	58%
Gaudenzia – Maximum Care	16	81%	76%	94%	92%
Keystone Transitional Adult Program - Maximum Care	3	84%	95%	85%	95%
Keystone – Maximum Care	10	76%	82%	91%	80%
Keystone - Moderate Care 1&2	20 & 20	84% and 77%	92% and 73%	82% and 83%	82% and 89%
Merakey – Maximum Care	15	92%	77%	88%	90%

The number of discharges in CRRS has decreased this fiscal year. In FY 22/23 there were 31 discharges compared to 43 in FY 21/22. The Dauphin County Human Services Block Grant Plan has a transformation goal of transitioning persons from the CRRS programs to more independent, unlicensed living arrangements. The housing market and cost of living concerns continue to

impede transition efforts, and there continues to be less than ideal movement as a result. Each year, successful discharges are challenging due to the cost of rent and utilities for persons on fixed income, the majority of which are recipients of Social Security Disability Income.

CRRS discharges are measured by the outcome at the time the person is discharged and are summarized in the table below. Please note his table is representative of CRRS programs with a typical length of stay and does not include the Forensic CRR or Crisis and Diversion CRRs which have a shortened length of stay.

Table Twenty-Three: CRRP'S Discharges

Type	Numer of Individuals FY 21/22 vs 22/23	Percentage of Total Discharges FY 21/22 vs 22/23	Examples
Recovery	23//20	**54//65%**	Independent housing, appropriate use of treatment and support resources.
Higher LOC - Psychiatric	9//7	**21//23%**	Referred for acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher LOC- Medical	**3//0**	**7//0%**	Referred for inpatient medical care and/or skilled nursing care
Incarceration/arrest	**2//1**	**5//3%**	
AWOL	**1//2**	**2//6%**	Left without notice or plan
Rule Violation	**2//0**	**5//0%**	Repeated program rule violation such as drinking, aggression toward staff
Same LOC - Transfer	**1//1**	**2//3%**	Choice
Deceased	**2//0**	**5//0%**	
Total	**43//31**	**100%/100%**	

A total of 64 individuals were discharged from Supportive Living Services during FY 22/23 and the outcomes are captured in the table below.

Table Twenty-Four: Supportive Living Services Discharges

Number of Individuals	Discharged Reason
3	The Individual relocated out of the service area
14	The individual has voluntarily withdrawn himself/herself from the program
10	The Individual has successfully achieved the goal(s) set forth in the Treatment Plan/Service Plan/Individual Recovery/Rehabilitation Plan/RASP and has sustained them for a period of time
27	The individual is discharged due to disengagement from the services.

1	The individual was incarcerated
3	Discharged from CMU/services terminated
5	Discharged to a higher level of care (SNF/CRRS)
1	The individual died

Staffing challenges appear to have eased somewhat since the height of the pandemic but most certainly persisted throughout FY 22/23. Many programs have increased base rates of pay and some have offered incentive bonuses to maintain an adequate workforce for these key positions. Staffing shortages resulted in the need to combine programs during the daytime hours and hindered the providers' ability to operate at full capacity.

Assisted Outpatient Treatment (AOT)

Dauphin County has continued to "opt out" of implementing AOT which was made possible via 2016 legislation. A Community Mental Health Services Grant of $250,000 was awarded to Dauphin County Mental Health in FY 21-22 for AOT start up. Planning involving adult mental health providers including case management and inpatient providers occurred over the course of the 21-22 fiscal year. PA OMHSAS engaged consultation services from the National Treatment Advocacy Center which afforded multiple training opportunities for staff. Recruitment for an AOT Coordinator was completed in FY 21-22 and much work was completed in FY 22-23 to prepare for implementation. Due to staff turnover, implementation was stalled, but is now planned for FY 23-24.

Forensic Supports

As a Stepping Up county, Dauphin County continues to enhance forensic services for persons with a serious mental illness and criminal justice involvement. The collaborative plans from Team MISA are 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 while under criminal detention at DCP. A MH/D&A Re-Entry Team meeting occurs once per month for persons completing a Dauphin County prison sentence. LIVE UP! Recovery Center continues to serve up to 20 persons with co-occurring treatment (MH/D&A) needs leaving the criminal justice system. Forensic case management, specialized CRR residential services, ACT and other treatment approaches have been implemented to serve the forensically involved population and try to reduce recidivism.

Housing Initiatives

Dauphin County continues to successfully implement 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 to the Housing Authority of the County of Dauphin's Housing Choice Voucher (HCV) waiting list. In FY 22/23, 12 individuals remained in the Bridge Rental Housing program and ten persons were moved out of Bridge into the permanent HCV program. A monthly team meeting is held to review all persons in the program and those that may be referred or transitioned.

MHADP, along with several other stakeholder agencies working with non-elderly individuals with disabilities, also participate in the HUD 811 Project Rental Assistance (PRA) Program. Current data indicates that 76 vouchers are available in Dauphin County, 198 MH consumers have applied for 811 PRA vouchers, and 36 MH consumers were awarded vouchers and housed in Dauphin County. During FY 22/23, 14 individuals were housed, and the identification of more eligible persons and housing assistance/support continues. A monthly meeting is held to review the 811 application and voucher process.

Sunflower Fields, a capital development project in Susquehanna Township, was developed with the use of some CABHC reinvestment funds and includes a total of 35 family homes. Five of those homes are designated for adults with serious mental illness and their families and are currently occupied. A small waiting list has been maintained if any one of the five homes becomes vacant.

The HUD 811 Mainstream Vouchers program was introduced in 2018. The target populations include individuals moving from institutional care and those who are homeless or at risk of homelessness. Applications are managed by CACH and based upon priorities in the Coordinated Entry System (CES). In FY 22/23, the Housing Authority of the County of Dauphin had high staff turnover and vouchers were slow to be issued. A total of 39 individuals have been housed to date and eight vouchers were issued to individuals who are still in search for housing. MHADP staff and providers participate in a monthly meeting for Mainstream Vouchers.

The fifth housing program, also funded through HUD dollars, is the Shelter Plus Care (S+C) Housing Voucher program and is jointly administered between MHADP and the Housing Authority of the County of Dauphin (HACD) for person/s with a serious mental illness experiencing homelessness and in need of services. Twenty-eight individuals have been served to date. During FY 22/23, there were no new admissions and four discharges. At the close of the fiscal year there were four vouchers available with two CES reservations sent to HACD for approval. To be eligible, individuals must have treatment and support needs equal or excess of the cost of the rental subsidies. A total of $114,661 treatment and support costs were provided during FY 22/23.

Inclusivity in Planning
Dauphin County engages individuals using mental health services to assist in program planning and development. Individuals using services, family members, MHADP Advisory Board members, MH program staff, and other stakeholders were included in developing the Human Services Block Grant Plan narrative and they provide ongoing input into Dauphin County's system for recovery and resiliency-focused services.

The Dauphin County Community Support Program (CSP) Committee serves as conduit for receiving input from individuals with lived experiences and soliciting ideas, skills, and expertise in an evolving recovery-oriented system. In FY 22/23 Dauphin County CSP established new leadership and continued to hold monthly meetings virtually but struggled to maintain membership participation. CSP gradually moved to a hybrid model after the pandemic PHE ended which has aided in rebuilding and strengthening membership. Efforts are currently underway to start the CSP rebranding process and develop a Dauphin County CSP website.

Community Services

Dauphin County continues to provide support to CONTACT Helpline and NAMI of Dauphin County. CONTACT Helpline provides free 24/7 warm line services to all residents of Dauphin County. They provide information to callers including names of agencies, addresses, telephone numbers, eligibility requirements, fee schedules, program services, service delivery sites, and handicapped accessibility. Staff and volunteers use active listening to allow callers to talk through their concerns and help to identify their needs for listening, problem-solving, and/or referral. Dauphin County provides support for both information and referral services as well as support to recruit and train volunteers to ensure 24/7 availability of the service by trained workers.

NAMI (National Alliance on Mental Illness) of Dauphin County is an education, advocacy, and resource grassroots organization. These services are available to all Dauphin County residents. NAMI of Dauphin County also participates in many community events and works to increase public awareness of critical issues related to mental illness and reduce stigma. NAMI of Dauphin County also hosts Family-to-Family educational programs, supports groups, caller support services, and acts as a resource library.

Social Rehabilitation

Dauphin County supports two programs that offer social rehabilitation programming to those experiencing mental illness. Patch-n-Match is a consumer run drop-in center for adults that offers educational, social, and recreational opportunities to those who attend. Participants are assisted in gaining or maintaining skills in these areas and further develop their abilities for self-advocacy. Patch-n-Match also offers lunch daily, transportation to community locations, opportunities to learn daily living skills, and assistance with meeting basic needs and completing necessary tasks, such as completing paperwork or making an appointment. Patch-n-Match offers a low-pressure environment in which people can enjoy the company of their peers when they choose, how they choose.

Aurora Social Rehabilitation Services is a community non-profit organization that facilitates recovery among those served with opportunities for empowerment and self-direction through life skills training, educational programs, social rehabilitation programs, and psychiatric rehabilitation programs. Aurora also offers lunch daily, transportation to community locations, opportunities to learn daily living skills, and assistance with meeting basic needs and completing necessary tasks, such as completing paperwork or making an appointment. Auora also encourages members to create a daily schedule and routine, explore interests and hobbies, and learn to plan meals and manage money. Aurora is a more structured environment; however, all planned activities are member-driven.

Certified Peer Specialists (CPS)

Certified Peer Specialists are individuals with lived experience who are in recovery and have completed a certification program. The purpose of this service is to act as a role model for clients to prove recovery is possible, identify clients and needs and develop a recovery plan for those needs, and teach clients to practice self-advocacy. CPSs are uniquely capable of building with individuals with SMI and motivating them to stay engaged in recovery. In FY 22/23, MHADP worked with PerformCare and CABHC to welcome two new CPS providers to Dauphin County:

Recovery InSight and Peerstar. **Table Twenty-Four** and **Table Twenty-Five** below show the results of the staffing survey results for FY 22/23.

Table Twenty-Five: – FY 22/23 Free Standing CPS Programs

Free-standing Peer Support Programs	Number of Staff
Total Number of CPS Employed	24
Number Full Time (30 hours or more)	3
Number Part Time (Under 30 hours)	9

Table Twenty-Six: – FY 22/23 Other CPS Services

Embedded Peer Support in FEP, Inpatient, ACT and Social Rehabilitation	Number of Staff
Total Number of CPS Employed	7
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	2

DOH Suicide Prevention Awareness Grant

In June 2023, the Pennsylvania Department of Health awarded Dauphin County MHADP a three-year Suicide Prevention Awareness Grant. The grant is designated to begin in FY 23/24 and the target population is 15–24-year-olds. Dauphin County is contracting with NAMI of Dauphin County to recruit and train volunteers to implement grant programming. Grant activities will be provided in schools, local colleges and in the community. Programming will include NAMI on Campus, Ending the Silence, Signs of Suicide (SOS), Teen Mental Health First Aid (tMHFA), and NAMI's Family-to-Family educational program. Two Dauphin County MHADP staff will also be certified in Question, Persuade, and Refer (QPR) and offer this training to interested parties.

Projects For Assistance From Homelessness (PATH)

MHADP has been operating a Projects for Assistance from Homelessness (PATH) grant since the 1980s to assist individual who have serious mental illness and are experiencing homelessness or are at risk of homelessness. MHADP has three providers that are designated to receive these funds: Dauphin County Crisis Intervention who does street homeless outreach, Downtown Daily Bread who offers homeless case management services, and CMU that provides funds for first month's rent and/or security deposits. CMU also provides funds for yearly required training provided to the Homeless Provider Network. MHADP receives approximately $111,307 in

funding per year of which consists of $27,827 in State Funds and $83,480 in Federal Funds. In FY 22/23, the grant served a total of 115 individuals, of which 98 were literally homeless and 111 were also chronically homeless.

First Episode Psychosis CAPSTONE Project

CAPSTONE is a Coordinated Specialty Care program for First Episode Psychosis (FEP) operating in Dauphin County under a Federal OMHSAS grant. The agencies involved include Pennsylvania Psychiatric Institute, CMU, and YWCA. Service components include psychiatric and therapy services, peer support, supportive education/employment, and targeted case management for persons ages 16-30 years. In FY 22/23, CAPSTONE served a total of 45 individuals.

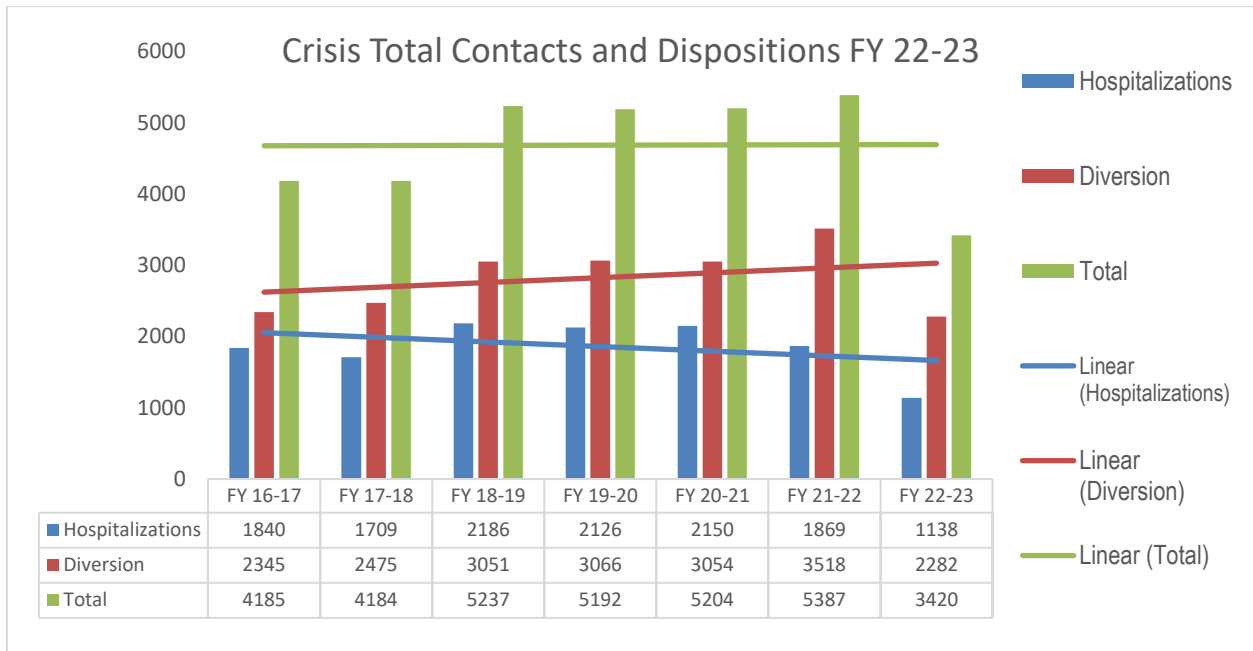**Table Twenty-Seven: CAPSTONE Referral and Enrollment Data**

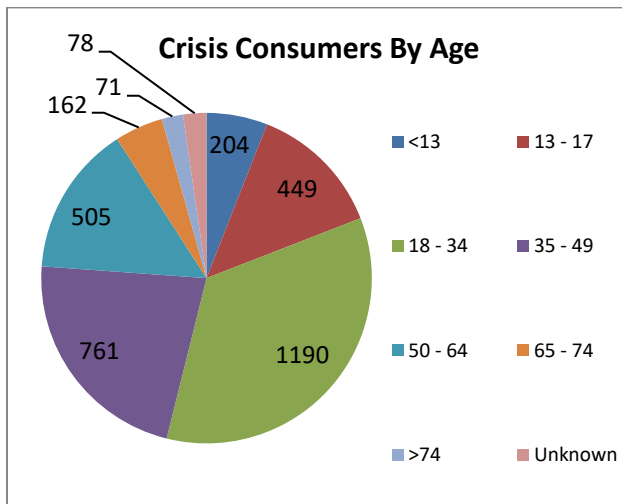|	FY 21-22 Totals	FY 22-23 Totals
Referred	58	71
Newly Enrolled	26	27
New Admits Adult	25	21
New Admit Under 18	1	7
Discharged	25	27

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, and continues to be licensed to provide walk-in, phone. 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.

During FY 22/23, staffing within Crisis Intervention reached an all-time low with twelve vacancies among the nineteen caseworker positions. As a result of this critical shortage of staff, the program, beginning in November 2022, could no longer offer assessments for those seeking voluntary treatment in the local emergency departments. Instead, all efforts were channeled to processing involuntary (302) commitments throughout the County. Even with the ongoing staffing shortage, Crisis has continued to operate, uninterrupted, 24/7. The total contacts, specifically number of hospitalizations facilitated by crisis shows in numbers the impact of crisis withdrawing from voluntary admissions.

Graph Seventeen: Crisis Contacts and Dispositions

Crisis Total Contacts and Dispositions FY 22-23

	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Hospitalizations	1840	1709	2186	2126	2150	1869	1138
Diversion	2345	2475	3051	3066	3054	3518	2282
Total	4185	4184	5237	5192	5204	5387	3420

Legend: Hospitalizations, Diversion, Total, Linear (Hospitalizations), Linear (Diversion), Linear (Total)

Graph Eighteen: Crisis Consumers By Age

Crisis Consumers By Age

78, 71, 162, 204, 449, 505, 761, 1190

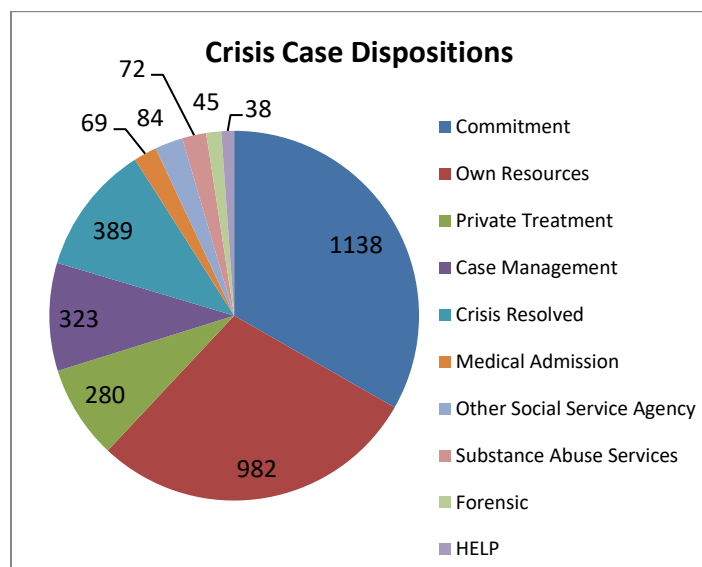<13, 13 - 17, 18 - 34, 35 - 49, 50 - 64, 65 - 74, >74, Unknown

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 25 forensic assessments during FY 22/23.

Crisis received 444 referrals from the various police departments operating within the County.

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.

Graph Nineteen: Crisis Case Dispositions

Crisis Case Dispositions

- Commitment
- Own Resources
- Private Treatment
- Case Management
- Crisis Resolved
- Medical Admission
- Other Social Service Agency
- Substance Abuse Services
- Forensic
- HELP

In FY 22/23, CI provided 3,420 interventions to 2,748 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 1,138 persons resulted in inpatient treatment due to the risk presented by their condition or situation.

Procuring inpatient beds continued to be an area of concern during FY 22/23. Data related to 302 involuntary commitments showed that approximately 32% of all involuntary commitment requests were denied by emergency department physicians, while approximately 22% of all approved 302's were ultimately discharged prior to the commencement of inpatient treatment.

For individuals receiving case management services, Crisis coordinates with CMU, Keystone Community MH Services Intensive Case Management, and Merakey's ACT program 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 Emergency Behavioral Health (EBH) Team (formerly known as DCORT). The EBH Team participates in regular training exercises and pursues various disaster preparedness initiatives via membership in the Pennsylvania South Central Task Force.

CI also participates with the County's Critical Incident Management (CISM) team, which provides debriefing services to first responders. The CISM team is comprised of representatives from various behavioral health organizations, police departments, fire departments and other emergency response workers from Central Pennsylvania.

Crisis has a Homeless Outreach Specialist who collaborates with various homeless programs and services to help unhoused individuals obtain services including mental health services. Crisis conducted outreaches and interventions for 186 homeless persons in FY 22/23.

The program is licensed by OMHSAS and credentialed by PerformCare. Dr. Fauzia Sheikh serves as the program's on-call psychiatrist for consultation in complex cases. During FY 22/23, the program again achieved a full operations license from OMHSAS and continues to be the designated PerformCare/MA Crisis provider for Dauphin County. The Department of Human

Services' Bureau of Equal Opportunity also confirmed that the program is in compliance with applicable Federal and State Civil Rights regulations regarding the delivery of human services.