

Dauphin County Department of
Mental Health/Autism/Developmental Programs



Annual Report

July 1, 2023 – June 30, 2024

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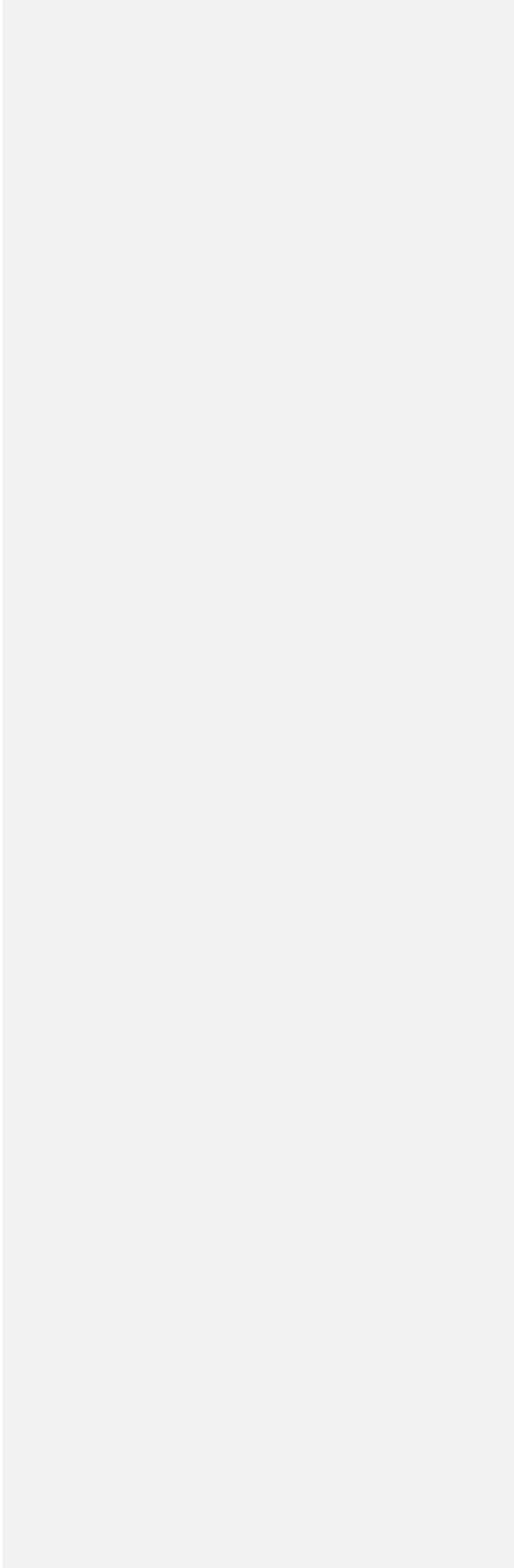
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**Dauphin County Mental Health/Autism/Developmental Programs (MHADP)
2023/2024 Annual Report
Executive Summary**

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.

Consistent with the MHID Act of 1966, Pennsylvania counties are responsible for ensuring the availability of: short-term inpatient treatment, partial hospitalization, outpatient care, emergency services, specialized rehabilitation training, vocational rehabilitation and residential arrangements. Additionally, the 1990 Early Intervention Services System Act establishes the County MHID Administrator as responsible for working collaboratively to assure the provision of early intervention services to children from birth to age two, inclusive.

As required by the PA Code § 4215.21, *‘The county mental health/intellectual disability (MH/ID) administrator and the MHADP Advisory Board shall prepare an annual plan and estimate of expenditures including, but not limited to, instructions on budget estimates, needs assessments, and goal statements. The annual plan and estimate of expenditures shall describe how the services specified in Chapter 4210, (as noted above), are to be made available and shall estimate the anticipated expenditures for the services.’*

The Dauphin County MH/A/DP Department administers publicly funded mental health (MH), developmental disabilities (autism and intellectual disabilities (A/ID)), and early intervention services (EI) for residents of the county. All services except one, Crisis Intervention, are 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. Dauphin County is obligated to provide matching funds consisting of 2.53% for Mental Health and Intellectual Disability/Autism and 10% for Early Intervention Services.

During FY 23/24, 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 ID positions turned over during FY 22/23 going into 23/24. In Mental Health, the vacant MH Deputy Administrator position was filled. Some positions required multiple postings, and interview rounds before successfully being filled. The 23/24 fiscal year began with new Deputy Administrators for ID/A and MH.

MHADP providers continued to experience workforce issues that started in FY 21/22. Efforts to correct many years of level funding in the State Budget began in FY 23/24. Even if the proposed three consecutive years of increases occur, the funds cut in 2013 will not be restored. Funding has simply not kept pace with increasing costs that impacting. all 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. MHADP made every effort to increase contractors' salary support. Rates set by ODP were implemented and accordingly in MH services, rates set by CABHC for HC funded services were adopted by the county program. Crisis Intervention will begin a third consecutive year with significant vacancies despite continuous 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 since FY 21/22 directly correlates with staffing vacancies. As of 12/4/24 mobile crisis services will primarily be provided by Connections Health Solutions and local Crisis Intervention will provide back up mobile only. The role of local crisis intervention will primarily be phone service and emergency services.

The total number of individuals with ID/A served with base funding increased again for the third consecutive year since FY 20/21. 96 more persons were served by base and waiver funded IDA services for a total of 1,470. 600 more were served in Mental Health for a total of 4015 served; 245 more children were served in Early Intervention for a total served of 1613; and an overall 7,098 served by MHADP programs in FY 23/24. When that total served in base funded MH services is combined with Health Choices funded MH services of 11,679; the combined total in Dauphin County is 15,694 for mental health services or 480 higher than in FY 22/23.

Compared to FY21/22 HC supported about 5000 fewer Dauphin County residents with MH concerns. This trend could be the result of the changes in HC eligibility criteria implemented in FY 22/23. The combined total of Dauphin County residents who received base, waiver and Health Choices funded MHADP services in FY 23-24 is 20,856 or 819 more than the 17,958 who received services in FY 22/23. These totals do not include those who received Crisis Intervention services. The total served by Crisis Intervention decreased by 708 for the second consecutive year consistent with staffing challenges and limited activities such as processing of 302's only and not voluntary admissions.

The assurance of sufficient funding will remain a critical focus. The scarcity of funds also requires us to evaluate priorities for services on a continuous basis in order to maintain and grow the services needed to address the emergence of increasing needs of children, adolescents, young adults, adults and older adults. Requests for Early Intervention Services and total referrals continue to increase. A continued high rate of criminal justice involvement of individuals at all age levels with serious mental health continues to be seen, often for people never previously connected to services. Some individuals have both mental health as well as intellectual disability and/or autism. Focused efforts on planning for those in state mental hospital and jail settings to assure adequate treatment and residential supports in discharge planning will remain a priority in FY 24/25. The continuing lack of countywide affordable housing opportunities complicates the move to independent living for adults with SMI as well as ID/A. The program's support for individuals who are service connected and lack permanent housing or are homeless will continue.

MHADP will continue to maximize the use of all funds and pursue all grant-funded opportunities. In FY 24/25 grant funded initiatives in FY 23/24 included support designated to 1.) revisit the Dauphin County Sequential Intercept Mapping at Intercepts 0 and 1; 2.) partner with Cumberland and Perry Counties to plan and implement Crisis Response System development in line with

national standards and specifically a shared Crisis Walk in Center with attached mobile outreach support; and 3.) to implement County wide suicide prevention evidence based activities targeting the 15-25 age group.

During FY 22-23 plans continued to create a robust Behavioral Health Crisis Response Continuum of services. This initiative developed out of needs determined in the County's Criminal Justice Advisory Board and Stepping Up Sub Committee. Planning also included multiple Human Services departments including MHADP and Drug and Alcohol Services. Combined funding was sought and exceeded \$42 million to implement and sustain initiated services. While this work started in FY 22-23, efforts will continue into the foreseeable future with the goal of promoting all principles contained in the National Behavioral Health Crisis Response Guidelines: someone to talk to, someone to respond and a safe place to go. Collaborative planning, funding and regulatory changes are needed to sustain new services:

988 was inception in Pennsylvania in 2022 however there is no clear funding stream for 988. Dauphin County's 988 Call Center is Penn State Holy Spirit Crisis Intervention.

Pennsylvania Crisis services continue to operate on 1993 regulations. New regulations have been in process for some time and need to be issued.

Rates of reimbursement for behavioral health crisis response observation services need include per diem rates

EMS transportation to other than emergency departments to alternate locations such as the walk-in center

Continued collaboration among all stakeholders to address sticking points and assure across the board support for these crisis services

The Dauphin County MH/A/DP program staff continues to value partnership with all stakeholders and especially those who use the services, their family members, contracted providers, and community agencies, and remain committed to assuring that quality services are available to individuals and families who need them. These partnerships are essential to assuring MHADP program continuity. 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

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 expenditures increased overall by 6.14% in FY 23/24 with the largest increase occurring with ID base funded services and Early Intervention. Grant funded expenditures decreased by 18.56%. The county match increased by 6.31% largely due to the increased EI expenditures which requires a 10% county match. **Table One** and **Graph One** detail and compare total expenditures in each program.

Table One: MHADP Expenditures/Funding Source by Program FY's 21/22-23/24

PROGRAM	EXPENDITURES FY 21-22	EXPENDITURES FY 22-23	EXPENDITURES FY 23-24	% CHANGE
MH	\$ 20,373,686	\$ 21,280,916	\$ 22,323,285	4.90%
ID	\$ 2,918,346	\$ 2,851,487	\$ 3,295,229	15.56%
EI	\$ 3,079,820	\$ 3,624,363	\$ 4,105,764	13.28%
County Match	\$ 1,029,101	\$ 1,100,600	\$ 1,170,000	6.31%
Grants/Other	\$ 990,062	\$ 1,070,549	\$ 871,810	-18.56%
TOTAL	\$ 28,391,015	\$ 29,927,915	\$ 31,766,088	6.14%

Graph One: MHADP Program Expenditures FY's 21/22- 23/24

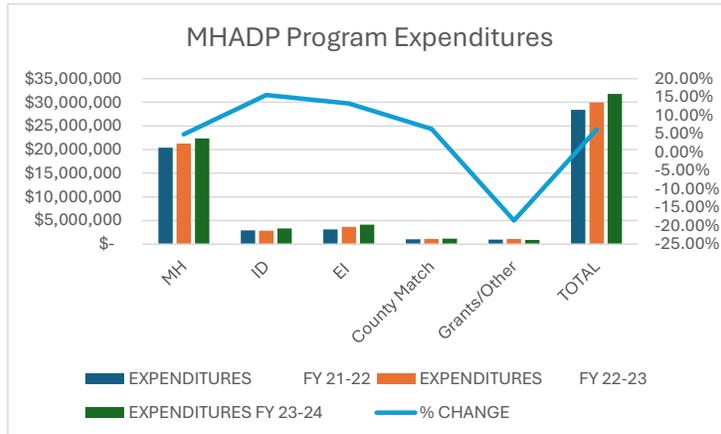


Table Two and **Graph Two** compares total persons served by programs over several fiscal years, FY 17/18 through FY 22/23. MHADP saw a significant decline in total number served in FY 22/23. Fewer people were served by Crisis Intervention and ID/A while those served in EI and MH increased. As described 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.

Table Two: Total Persons Served by MHADP Program FY 17/18- FY 23/24

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	Persons Served FY 23/24
MH	3,041	2,779	2,237	3,117	2,934	3,415	4,015
ID/A(DP)	746	764	648	516	460	355	495
EI	942	1,086	1,042	960	1,213	1,370	1,370
Crisis	3,292	4,136	4,043	4,055	4,270	2,747	2,079
Total	8,021	8,765	7,970	8,648	8,877	7,885	7,959

Graph Two: Total Persons Served by MHADP Program FY 17/18- FY 23/24

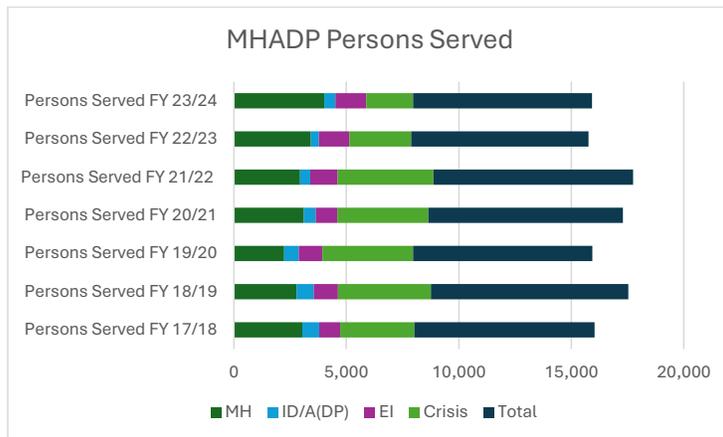
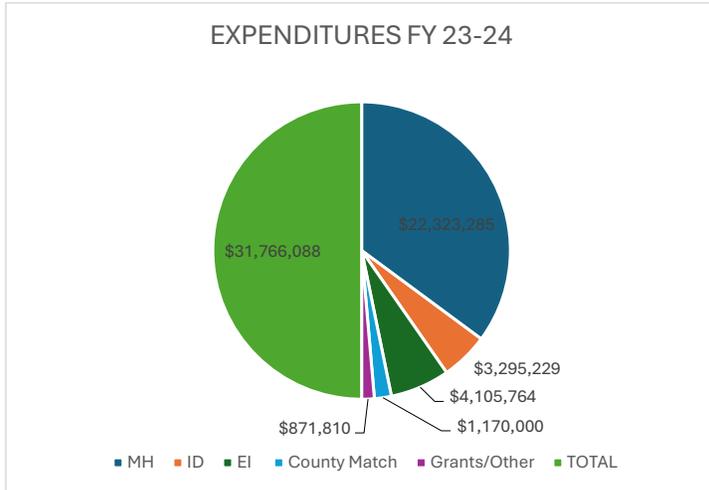


Table Three and **Graph Three** show all base dollar expenditures in MH and ID/A/EI by cost center. In ID/A/EI, these total funds and persons served do not reflect total waiver dollars provided to Dauphin County residents or waiver recipients. Base funds support those who are uninsured, underinsured. 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 23/24

ID/EI Cost Center	Cost 22-23	Persons Served 22-23	Cost 23-24	Persons Served 23-24
Administrator's Office	\$1,287,194	NA	\$1,436,846.00	NA
Case Management	\$178,132	215	\$238,655.00	283
Community Residential Services	\$884,836	6	\$431,433.00	5
Community Based Services	\$701,919	134	\$1,389,809.00	207
Early Intervention	\$4,001,279	1,370	\$4,504,250.00	1,370
ID/EI TOTAL	\$7,053,360	1,725	\$8,000,993.00	1,865
MH Cost Center	Cost 2022-23	Persons Served 22-23	Cost 2023-24	Persons Served 23-24
Administrator's Office	\$1,153,195	NA	\$1,076,221	NA
Community Services	\$339,517	992	\$496,530	1,129
Targeted Case Management	\$693,710	369	\$779,671	443
Outpatient	\$498,470	61	\$550,981	21
Psychiatric Inpatient Hospitalization	\$0	0	\$85,199	1
Partial Hospitalization	\$228,272	17	\$128,755	24
Crisis Intervention Services	\$1,212,721	1,809	\$1,477,238	1,410
Community Employment	\$248,914	116	\$245,199	97
Facility Based Voc. Rehab.	\$0	0	\$0	0
Social Rehabilitation Services	\$636,987	108	\$601,698	130
Community Residential Services	\$14,558,440	337	\$14,864,270	341
Family Support Services	\$99,378	16	\$112,249	14
Family Based Services	\$1,086	1	\$4,080	1
Administrative Management	\$1,612,525	1,138	\$1,535,033	1,522
Emergency Services	\$467,283	938	\$506,815	669
Housing Support Services	\$856,580	164	\$803,749	181
ACTT/CTT	\$69,387	12	\$279,961	20
Psychiatric Rehabilitation	\$3,938	2	\$0	0
Peer Support Services	\$23,766	18	\$51,390	34
Consumer Driven Services	\$170,386	64	\$166,056	57
Children's Evidence-Based Practices	\$0	0	\$0	0
MH TOTAL	\$22,874,555	6,162	\$23,765,095	6,094

Graph Three: FY 23/24 MHADP Spending



Intellectual Disabilities, Autism, and Early Intervention Services

Intellectual Disabilities and Autism Services

Program Highlights:

Dauphin County ADP FY 23/24 Program Priorities

Autism and Developmental Programs 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 the Case Management Unit, our provider agencies, and the many individuals and families that we serve.

ADP has added two additional Supports Coordination Agencies: Center for Community Resources (CCR) and Expert Community Care Management (ECCM). This expansion aims to provide individuals and families with more options for selecting a Supports Coordination Agency while also addressing the increased number of enrollments within our county.

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.

Staffing

FY 2023-2024 consisted of many transitions. Four of six positions turned over. The current IDA Deputy Administrator started in 11/2023; Residential Coordinator in 11/2023; the Waiver Coordinator left employment in early 2024; and the vacant Incident Manager position was abolished after duties were combined with the QA position filled in 12/2023.

Expenditures

Salaries increased with the filling of vacancies. The increased cost of Case Management Services reflects the addition of a Supports Coordinator service option; residential costs decreased as waiver slots were maximized; and the 98% increase in community-based services resulted from increased usage of FDSS services as well as hoteling costs for service-connected individuals who experienced a lack of permanent housing.

ID/EI Cost Center	Cost 2022-23	Cost 2023-24	% Change
Administrator's Office	1,287,194	1,436,846	+12%
Case Management	178,132	238,655	+34%
Community Residential Services	884,836	431,433	-50%
Community Based Services	701,919	1,389,809	+98%
Early Intervention	4,001,279	4,504,250	+13%
ID/EI TOTAL	\$7,053,360	\$8,000,993	+13.44%

Administrative Entity Role

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 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 thirteen (13) new providers in FY 23/24.

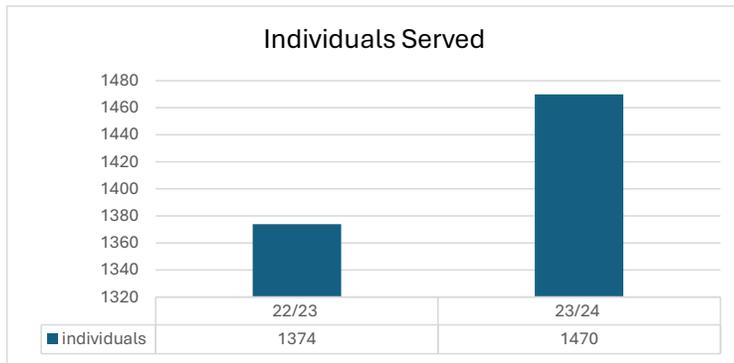
MHADP Advisory Board Intellectual Disability Committee

The Dauphin County ADP continues to host the bimonthly ID Committee, which includes MHADP Advisory Board members, self-advocates, family members, provider staff, and other stakeholders. However, due to ongoing staffing challenges within the County and Supports Coordinator Organizations, the Committee was unable to undertake any projects during the fiscal year 2023/2024.

Registered Individuals

Dauphin County had a total of 1470 individuals registered on 6/30/24, which is an increase of 96 individuals (7%) from the previous fiscal year. Of those 1470 individuals, 484 were enrolled in Consolidated Wavier, 121 were enrolled in Community Living Waiver, 225 were enrolled in Person/Family Directed Support Waiver, 235 were enrolled in base services, 400 were enrolled in Supports Coordination (SC) Only services, five (5) were residing in a private ICF/ID/State facility.

Graph Four: Individuals Served for FY 23/24



Prioritization of Urgency of Need for Services (PUNS)

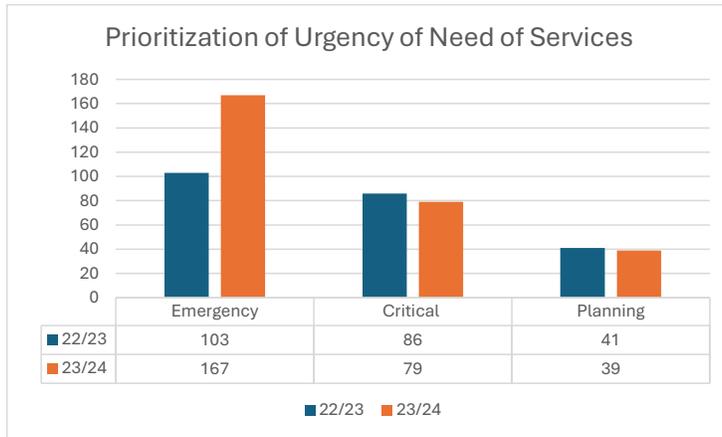
Dauphin County continues to utilize the Prioritization of Urgency of Need for Services (PUNS) to prioritize our waiting list of individuals and families requesting services. The PUNS focuses on the existing services and supports received by the individual, the categories of services requested, and the 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 review 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, 2024, there were 167 individuals in the Emergency category, 79 in Critical category, and 39 in Planning category.

Graph Five: Prioritization of Urgency of Need for Services (PUNS)



Forensic Supports

Dauphin County ADP remains committed to tracking and supporting individuals who are incarcerated. During fiscal year 2023/24, ADP assisted one individual in identifying providers for residential services to meet their long-term care and support needs. This individual was prioritized for waiver enrollment and successfully transitioned to the appropriate services.

Homeless Tracking and Supports

Due to ongoing challenges with exorbitant rent prices in Dauphin County and limited access to subsidized or public housing, ADP continues to support a significant number of homeless individuals. In fiscal year 2023/2024, ADP expanded the use of base funding to provide temporary accommodations for individuals in hotels, as an alternative to local homeless shelters. Additionally, ADP initiated contracts with local providers to offer Housing Transition and Tenancy Services, with seven individuals placed into this service to support their housing needs. Our total hotel costs for 23/24 were \$127,575.43. The Average Monthly rate was \$10,631.28. The graph shows the number of individuals residing in hotels and associated costs to the MHADP program per month.

Graph Six: Costs for FY 23/24 for Temporary Homeless Support in Local Hotels

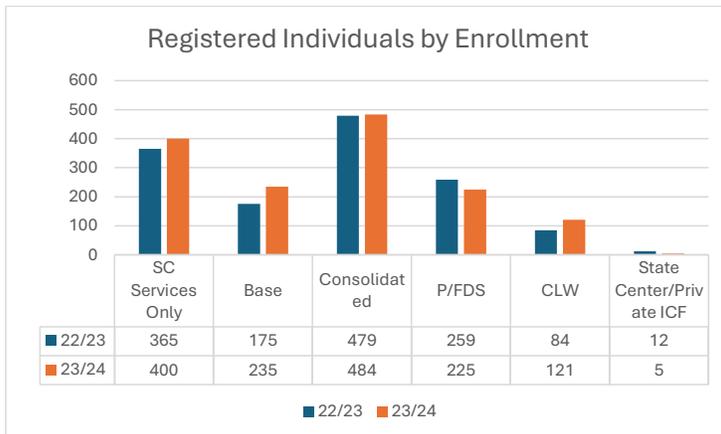


Waiver Capacity

As part of the FY 2023-2024 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 40 CLW slots in July 2024 and an additional 5 five Consolidated Waivers, due to the PA State Budget. Other changes to capacity are due to individuals transferring into and out of the county. There were 5 individuals who were transferred into the county and only 2 who were transferred out of the county. Dauphin County had 3 individuals who needed an emergency consolidated waivers were granted due to transferring out of a state/ICF program.

As of June 30, 2024, the committed capacity for Dauphin County was 225 Person/Family Directed Support Waivers, 121 Community Living Waivers, 484 Consolidated Waivers, 400 receive SC services, and 235 receive Base services. Dauphin County consistently operates at maximum capacity. Waiver 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.

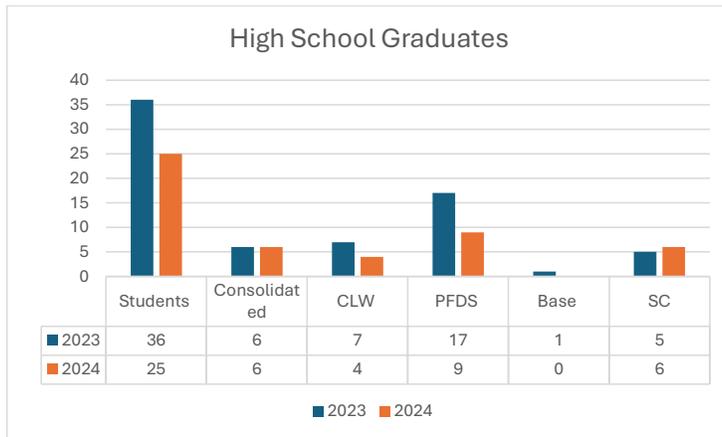
Graph Seven: Individuals Registered to Waiver Programs



High School Graduates

Dauphin County had a total of 26 graduates in 2024, 6 of whom were enrolled into the Consolidated Waiver, 4 enrolled into the Community Living Waiver, 9 enrolled into the PFDS Waiver, 6 Support Coordination and no one enrolled into base funding, and 1 was found ineligible.

Graph Eight: High School Graduates under Waiver Programs

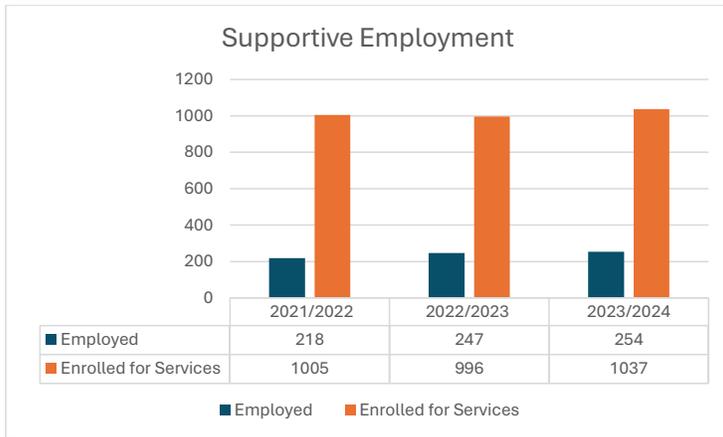


Employment Growth and Success

Dauphin County continues to demonstrate impressive growth and expansion in employment for individuals. We are proud to be recognized as a top-tier county for having individuals employed or enrolled in supportive employment programs.

Currently, Dauphin County boasts an employment rate of **24%**, significantly surpassing the statewide average of **18%**. This achievement highlights the county's commitment to providing meaningful employment opportunities and underscores the success of our collaborative efforts with providers, employers, and community partners.

Graph Nine: Supportive Employment



ADP Goals and Workplan for FY 24-25

Autism/Developmental Program Work Priorities:

- A. Continue to Collaborate with other service systems to assure best care:
- 1.) County CYS, Mental Health and D&A programs meet to review the needs of Complex children and adolescents.
County MHADP programs meet monthly to address the needs of individuals- children, adolescents, young adults and adults with complex behavioral health needs.
County MHADP programs meet with DCP representatives to plan for adults with IDA.
 - 2.) Develop a streamlined referral process between agencies to ensure timely identification of individuals who may qualify for IDA supports or waiver programs.
 - 3.) Expand the scope of monthly meetings to include key stakeholders from other systems like education, healthcare, and community organizations to enhance coordination when needed.
 - 5.) Provide cross-training for staff across CYS, MH, Human Services, and other agencies on the eligibility requirements and application processes.
 - 6.) Collaborate on outreach efforts to educate families and individuals about waiver options and available supports, ensuring underrepresented groups are informed

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B. As an ODP Administrative Entity evaluate readiness to manage waiver capacity to budget through a review of staffing to implement growth strategy, full compliance with ODP waiver expectations and other ODP communications, utilization reviews, performance monitoring, and utilization expectations by 12/21/2025 per ODP AE Growth Strategy.

C. Continue to engage stakeholders, including staff, individuals served, and community partners, to gather input on priorities.

D. Provide cross-training for staff across CYS, MH, Human Services, and other agencies on eligibility requirements and application processes. Host resource-sharing sessions, workshops on eligibility criteria, and application simulations to enhance understanding and improve care planning.

E Collaborate on outreach efforts to educate families and individuals about waiver options and supports. Partner with community groups, schools, and faith-based organizations for events, resource fairs, and materials distribution.

F. The MHADP Advisory Board ID Committee is looking ahead to fiscal year 2024/2025 and is optimistic about resuming projects and providing public training sessions. A key priority is to review and update the Committee's mission and vision statement, which was last revised in 2017. Additionally, efforts will focus on expanding membership to include a broader range of perspectives, which is essential for enhancing outreach and training opportunities for parents and other community members.

Early Intervention Program

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.

Staffing

Dauphin County MHADP's Early Intervention Coordinator oversees the Dauphin County Early Intervention Program and serves as the liaison between Dauphin County EI program and OCDEL (Office of Child Development and Early Learning).

Dauphin County contracts with Case Management Unit/Pathway Forward to provide Service Coordination Services. During the 23/24 fiscal year, CMU EI unit consisted of two supervisors and 13 Service Coordinators employed full time. Dauphin County was contracted with 35 EI agencies who were able to provide Occupational Therapy, Physical Therapy, Speech Therapy, Special Instruction, Nutritional and/or Social Work services. There were approximately 277 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

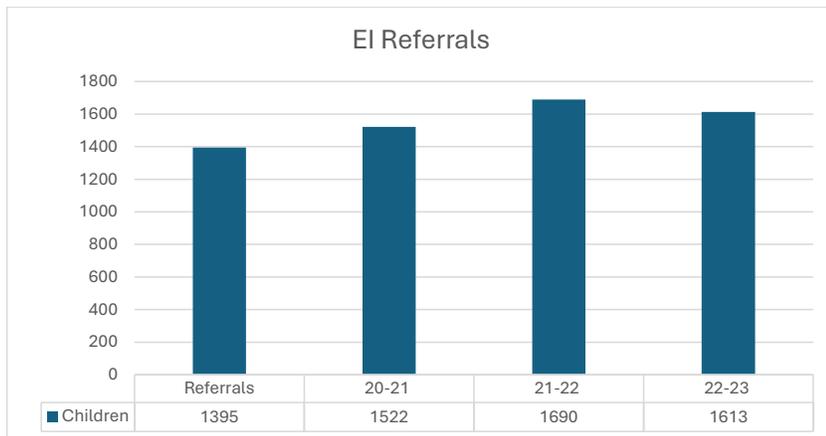
Dauphin County Early Intervention program professionals reach out to Pediatric Offices, Hospitals, Libraries, and Childcare facilities to inform families of the EI Program. EI Professionals attend community events such as Children's Mental Health Forum, Community Night Out, Northern Dauphin, ELECT events 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. 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. EIC met with the Hershey Medical roundtable, Hamiton Health medical staff, and UPMC NICU follow up clinic to present information on Early Intervention including referral procedures and services and supports. There was a strong relationship built this year with the Catherine Hershey Schools and EIC initiated a working relationship with the local libraries.

Referrals

In fiscal year 23/24, Dauphin County referrals averaged 134/month and a total of 1613 for the year. This is a very slight average decrease from fiscal year 22/23 but still an increase from previous fiscal years.

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 Ten: Early Intervention Referrals for FY 23/24



Eligible Infants and Toddlers

The number of children Dauphin County EI has serviced in FY 23/24 is 1,305 with a monthly average of 691 infants and toddlers. Though this is a slight decrease since last fiscal year, this is still a higher number than years prior.

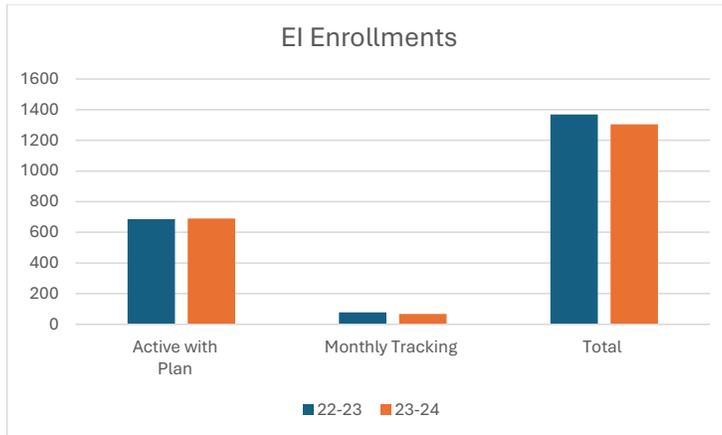
Many of the children and families reportedly needed social service support, counseling, social communication, social-emotional and behavioral support. There were more frequent referrals for Social Work services, Occupational Therapy and Speech Therapy needs reported. To meet the demands, EI Providers 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 691 infants and toddlers.

This fiscal year, a centralized referral system was created through Community Links to provide equality of opportunity for providers to offer services; streamline Service Coordination work; allow for supervisors and EIC to closely monitor service needs; and increase compliance with OCDEL's regulation to provide active services within 14 days of an infant and toddler determination of service needs. After a short trial and error period, the system appears to be successful for all projected outcomes.

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 23/24, there was a monthly average of 67 infants and toddlers in the Tracking program. The end of the year total of tracking infants and toddlers totaled 164.

This fiscal year, OCDEL again 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 adopted the electronic program and found it successful with most families. 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. Service Coordinators are 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.

Graph Eleven: Infants and Toddlers Enrolled in EI



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 23/24, Dauphin County EIC chaired a Transition Committee that includes EI leadership from CAIU, York/Adams EI, Franklin/Fulton EI, Cumberland/Perry EI, Dauphin County EI, EITA consultant and a provider representative who services all counties involved and works directly with CAIU as well. This committee works to strengthen communication between the two systems and provide a smooth transition between the birth to three and three to five year old units.

Transition is also a focus point for OCDEL. In addition to the Transition Committee, training was offered to enhance the process and plan development. Resources and required forms were and are currently monitored and revised to reflect on the consistent changes.

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. This fiscal year, Dauphin County EI and Catherine Hershey Schools were actively working together to create a foundation for successful partnerships. 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. This fiscal year, we focused on compliance of data collection, timely service delivery, providing supports in all developmental areas with emphasis on social-emotional development and meeting the training needs of professionals and families.

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, and transition. Offering ongoing trainings is essential in maintaining a successful program. 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 high 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, giveaways, and opportunities for families to network. The event has grown over the years and families who are able to attend provide positive feedback.

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 has our four-year verification in January 2025. The results will give more information for leadership to help direct the program for continued success.

Early Intervention Priorities:

A. Home Visitor Safety: Collaboration with home visitor safety officer from CAIU and Cumberland/Perry D&A for drug/alcohol awareness.

B. Cross-Training: quarterly cross-trainings with agencies like CYS. Focus on roles of EI dietitian, social worker, vision specialist, and referral procedures.

C. Community Outreach: Daycares and physician offices to promote the new service delivery model (FGRBI). Family Guided Routines Based Intervention.

- Partner with Northern Dauphin libraries for developmental screenings.
- Present at Catherine Hershey Schools annual conference on 2/26.

D. Community Links Website Revision: Collaborate with UCP, ID, C/P EI and ID, and CAIU on the website overhaul to make it a user-friendly hub for EI families and professionals.

E. Resource and Wellness Days: Develop and hopefully make annually: Resource Day for families And Wellness Day for professionals.

Mental Health Program

Program Highlights

During FY 23/24, staffing shortages continued to be a challenge for both providers and Dauphin County Mental Health/Autism/Developmental Programs (MHADP); however, there was improvement in comparison to the last few years and wait list times have shortened for most services. MHADP began the fiscal year with a new Deputy Mental Health Administrator and the Assisted Outpatient Treatment (AOT) Coordinator position was filled shortly thereafter. There was no other staffing turnover in the MH department for the remainder of the fiscal year however, the Dauphin County Crisis Intervention Program(CI) continued, for a second consecutive year, to have many vacancies – a 40% vacancy rate overall. Despite the significant staffing shortages, CI continued to provide uninterrupted services with the help of other Dauphin County Human Services staffing support.

In July 2022, 988 was implemented in Pennsylvania consistent with federal law. Dauphin County Crisis remained a licensed provider of crisis phone service and remained very active, receiving an average of 2,700 calls each month. On average, 90% of all calls were answered directly by Crisis caseworkers. Even with the emergence of 988 as a viable option for individuals to utilize in times of crisis, the local program remains a crucial resource for the citizens of Dauphin County. During FY 23-24 Dauphin County's 988 Call Center was changed from a Bucks County Family Provider to Penn State Holy Spirit Hospital Crisis Intervention in 10/23. As of that time, monthly reports were routinely received regarding Dauphin County 988 calls which averaged 370 each month for the ten month period, September- June, 2023-2024. Following the change in the 988 system which enabled the tracking of cell phone callers to geographic area of use calls Dauphin County 988 calls declined to 143 monthly as of October, 2024.

Also, during FY 23-24, Crisis continued to focus on emergency services, and, specifically, emergency involuntary commitments (i.e., 302's). For the year, Crisis processed 1,063 requests for involuntary commitment, of which 66% were approved for inpatient treatment. Another component of the involuntary commitment process involves extended treatment beyond the initial 120 hours of a 302 which became more necessary due to inpatient capacity not meeting demands for beds. This process, as stated in Section 303 of the MH Procedures Act, had previously been reserved for use at inpatient mental health facilities to extend an individual's care on an involuntary basis. However, in March of 2024, the Dauphin County Court of Common Pleas issued an Order to have this process available for use in local emergency departments or other healthcare facilities during those times when an inpatient bed could not be secured within the five day (302) initial emergency period. This was an important change for Dauphin County ERD's as well as CI, as it had become increasing more common for patients to remain in a medical facility for the duration of a 302 and longer before an admission to a psychiatric facility could be arranged. As a result of the court order a 303 extension is now pursued to continue treatment and allow the necessary time to secure admission to an appropriate facility. With the support of the County's Mental Health Review team and in conjunction with Penn State Health and UPMC, Crisis is the coordinating entity for this process.

To address the growing demand for residential services and the ongoing need for step-down opportunities for those leaving state hospital, Extended Acute Care (EAC), and inpatient settings, much work was done to streamline and better manage residential referrals and discharges. After evaluating the efficacy of the residential programs and the current needs of the community, it was decided that one of Dauphin County's crisis and diversion programs would transition to a full care Community Residential Rehabilitation (CRR) and this was completed in the fall of 2023. The decision was also finalized to begin the process of closing Dauphin County's two partial-care CRR programs. Much time and effort were spent on discharge planning for the current residents. To address ongoing issues of staff recruitment and retention in residential programs, additional funding was given to several providers in FY 23/24 to enable them to raise staff wages to at least \$19/hour and the remaining providers were given the funds to do so in FY 24/25.

The Capital Area Behavioral Health Collaborative (CABHC) and Dauphin County addressed several needs and introduced new initiatives in FY 23/24.

- A new psychiatric rehabilitation provider after issuing an RFP in fall of 2023. Community Services Group (CSG) was awarded the project and secured a location for the program on East Park Drive in the spring of 2024 with the help of HealthChoices reinvestment funding. The program is scheduled to open on July 8, 2024. CABHC also awarded Dauphin County \$123,300 in reinvestment funds to address Social Determinants of Health (SDoH) concerns such as lack of clothing, food, utilities, transportation, and/or stable housing. The project began in February of 2024 and the funds were exhausted within 11 weeks, with the majority spent on those experiencing unstable housing.
- Dauphin County was awarded \$1.9 million in HC Reinvestment by CABHC in the spring of 2024 for the purpose of ensuring adequate funding to support MH residential programs. This funding is needed to avoid further program closures in FY 24-25 and FY 25-26 since the cost of sustaining these programs continues to rise each year while county base funds, reduced in 2013 and never restored have since been largely stagnant.
- Critical out patient provider support via APA's. This specific strategy supported the identification of an out patient provider in Northern Dauphin County following the closure of the longer term outpatient provider at the Human Services Center to its Harrisburg location.
- A new psychiatric rehabilitation provider after issuing an RFP in fall of 2023. Community Services Group (CSG) was awarded the project and secured a location for the program on East Park Drive in the spring of 2024 with the help of HealthChoices reinvestment funding. The program opened on July 8, 2024 and offers both site-based and mobile services. CABHC also awarded Dauphin County reinvestment funds to address Social Determinants of Health (SDoH) concerns such as lack of clothing, food, utilities, transportation, and/or stable housing. The project began in February of 2024 and the funds were exhausted within 11 weeks, with the majority spent on those experiencing unstable housing.
- Following a request for proposal (RFP) from CABHC in FY 19/20, Community Services Group (CSG) was selected to develop a small, community-based RTF for eight youth and provided HealthChoices reinvestment funds for start-up costs. A site in Lancaster

County was identified in FY 20/21, renovations on the site were completed in FY 22/23, and the program opened in FY 23-24. While Dauphin County strives to support families and individuals to receive necessary services in their natural environment, a local, small RTF is a great resource for those children and youth in need. Additionally, MH staff continue to work closely with ID/A staff to successfully transition young adults from RTF settings or CYS group homes to ID/A community living arrangements when appropriate.

- Dauphin County also had the opportunity to utilize reinvestment funding for capital development and received OMHSAS approval in concert with CABHC for Sycamore Homes, a new affordable housing apartment building in Harrisburg, PA. This new building will have seven units dedicated to those with serious mental illness or substance use disorders. This project began in the fall of 2021 and is projected to open in the fall of 2024. Reinvestment funds also continues to support dedicated Bridge housing opportunities; however, few new individuals were enrolled in FY 23-24 due to staffing shortages at the Housing Authority of the County of Dauphin (HACD).

The Consolidated Community Reporting Initiative Performance Outcome Initiative or CRRP POMS is the PA OMHSAS approach to measuring use of all base funding. Efforts to identify and resolve systems issues related to CRRP POMS reporting were also a focus in 23-24 and great progress was made. In collaboration with Dauphin County IT staff, the necessary adjustments were made to the county MH database to ensure all required information was available for monthly encounter submissions. MH staff also worked closely with contracted MH providers to assist and encourage them to revalidate their sites in PROMISE and request CRRP enrollment from OMHSAS when needed. Further process updates were made at the Base Service Unit (BSU) to ensure that POMS data was being collected and entered in the BSU database, Credible, for each consumer to ensure accurate reporting on the bi-annual CRRP POMS Summary Report Workbooks.

Work under several grant initiatives continued:

- 1.) The Dauphin County Sequential Intercept Mapping of Intercepts 0 and 1 Report was finalized in early 2023. The recommendations included strengthening the commitment to facilitate the Crisis Intervention Training program in Dauphin County and open a Behavioral Health Crisis Walk In Center.
- 2.) Dauphin, Cumberland, and Perry Counties selected a provider, Connections Health Solutions (CHS), for the regional emergency behavioral health crisis walk-in center that opened in Dauphin County in December 2024. Countless hours have been spent on the development, marketing, and operationalization of the new program as it is anticipated to reduce unnecessary ERD use, inpatient hospitalizations, and incarcerations of those suffering from crisis situations or acute behavioral health concerns. The walk-in center features a 24/7/365 facility staffed by mental health professionals, certified peer specialists/certified recovery specialists, nurses, and prescribers. The facility has separate dedicated spaces for adolescents and adults as well as a dedicated drop-off area for police and first responders. Additionally, two teams staffed with certified peer specialists and clinicians will offer 24/7/365 mobile crisis intervention services.

- 3.) A CMHSBG awarded in 8/2021 for \$250,000 for AOT start up for FY 21/22 and 22/23 has now been extended twice at no cost. Remaining funds will be used to implement AOT in FY 24/25 as Dauphin County has opted in under the law.
- 4.) In January, 2024 following a significant planning period, the Department of Health did execute a contract to allocate funding support to Dauphin MHADP to conduct evidenced based suicide prevention and awareness activities targeting the 15-24 year old population. NAMI is the selected provider for this grant initiative. This grant funded project later expanded to include the Bhutanese Community of Harrisburg in 2025.

Mental Health staff continue to strive to ensure timely access to quality services for all individuals. In FY 23/24, one outpatient provider closed resulting in 30 Dauphin County residents needing to identify alternate care and another large provider consolidated three outpatient sites into one. The latter consolidation resulted in the loss of psychiatric outpatient services in Northern Dauphin County. Fortunately, an existing outpatient provider stepped forward to open a satellite office in Northern Dauphin and it is anticipated services will begin in July 2024. Dauphin County provided 25+ letters of support to provider agencies to start or expand mental health services. Countless hours were spent assisting providers to develop and improve their service descriptions to aid them in obtaining licensure and credentialing. MH staff also advocated for several providers seeking alternative payment arrangements (APAs) or enhanced rates with the capital region Behavioral Health – Managed Care Organization (BH-MCO), PerformCare. In the few instances that providers ended or reduced their services in FY 23/24, MH staff also worked tirelessly with the provider, CABHC, and PerformCare to ensure continuity of care for the affected individuals. Furthermore, MH staff continue to offer daily case consultation and support to providers and other government agencies on how to best plan for and serve those affected by serious mental illness.

MHADP continues to contract with CMU to serve as the base service unit (BSU) for Dauphin County and help fulfill many of the requirements outlined in the Mental Health Procedures Act of 1966. Among other things, CMU conducts all intakes for mental health services, assesses each individual's level of need, creates a treatment plan, and makes available the necessary services. In collaboration with MHADP, CMU is responsible for continuity of care for those registered with the BSU and maintains client records. CMU provides administrative case management for those who are waiting for targeted case management or do not meet criteria for targeted case management. CMU also provides representative payee services for individuals that have been found incompetent to manage their Social Security benefits.

Funding

Table Four depicts MH funding trends for county funded services while **Table Five** and **Graph 14** show the number of persons served with those funds. **Table Six** shows expenditures by assigned cost center.

Table Four: Mental Health Expenditures

EXPENDITURES FY 20/21	EXPENDITURES FY 21/22	EXPENDITURES FY 22/23	EXPENDITURES FY 23/24	% CHANGE FROM FY 22/23 TO FY 23/24
\$20,436,538	\$20,373,686	\$21,280,916	\$22,323,285	4.90%

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	Persons Served FY 23/24
3,041	2,779	2,237	1,317	2,934	3,415	4,015

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

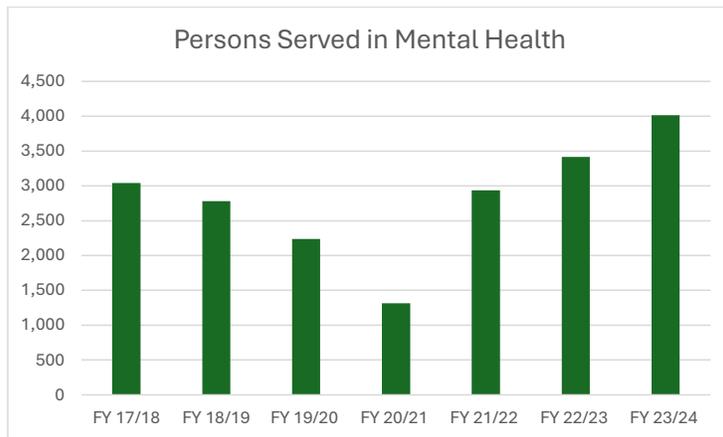


Table Six: Mental Health Expenditures by Cost Centers

MH Cost Center	Cost 2022-23	Cost 2023-24
Administrator's Office	1,153,195	1,076,221
Community Services	339,517	496,530
Targeted Case Management	693,710	779,671
Outpatient	498,470	550,981
Psychiatric Inpatient Hospitalization	0	85,199
Partial Hospitalization	228,272	128,755
Crisis Intervention Services	1,212,721	1,477,238
Community Employment	248,914	245,199
Facility Based Voc. Rehab.		
Social Rehabilitation Services	636,987	601,698
Community Residential Services	14,558,440	14,864,270
Family Support Services	99,378	112,249
Family Based Services	1,086	4,080
Administrative Management	1,612,525	1,535,033
Emergency Services	467,283	506,815
Housing Support Services	856,580	803,749
ACTT/CTT	69,387	279,961
Psychiatric Rehabilitation	3,938	0
Peer Support Services	23,766	51,390
Consumer Driven Services	170,386	166,056
Children's Evidence-Based Practices		
MH TOTAL	22,874,555	23,765,095

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 oversight 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 the mental health services shown in **Table Seven** increased from FY 22/23 to FY 23/24.

Table Seven: HealthChoices Mental Health Services

Service Category	FY 21/22		FY 22/23		FY 23/24	
	Consumers	Dollars	Consumers	Dollars	Consumers	Dollars
Inpatient Psychiatric	928	\$19,833,996.96	993	\$21,555,324.69	944	\$23,670,656.87
Psychiatric Partial Hosp	377	\$1,895,792.89	427	\$1,984,654.55	374	\$1,778,494.90
Psychiatric Outpatient	10,416	\$9,890,370.90	10,293	\$9,539,206.63	10,165	\$9,540,456.13
IBHS (Psych/Substance Abuse)	1,035	\$11,963,934.68	1,111	\$12,642,418.90	1,132	\$14,191,087.26
RTF (JCAHO)	32	\$2,271,349.62	27	\$2,957,246.89	33	\$3,147,404.01
RTF (non-JCAHO)	4	\$273,668.52	4	\$358,951.09	10	\$1,074,992.66
Crisis Intervention	1,173	\$717,642.46	1,126	\$423,990.05	908	\$366,351.87
Family-Based MH	201	\$3,759,921.27	204	\$3,499,187.54	219	\$3,349,531.18
Targeted MH Case Management	1,554	\$4,259,107.74	1,376	\$4,175,080.90	1,225	\$3,446,226.31
Psychiatric Rehabilitation	17	\$248,089.31	7	\$36,529.78	2	\$30,165.17
Peer Support Services	91	\$195,697.78	125	\$227,717.06	172	\$409,444.88
Assertive Community Treatment	62	\$1,422,936.80	53	\$933,179.40	63	\$734,350.12
Mental Health General	774	\$1,159,705.54	793	\$1,322,605.81	819	\$1,248,747.29
Mobile Psychiatric Nursing	62	\$264,012.97	65	\$334,761.73	67	\$288,908.49

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 23/24 HealthChoices funded Mental Health Treatment for Children/Adolescents

Service Category	FY 22/23 # Children/Adol Served	Total Expenditures	FY 23/24 # Children/Adol Served	Total Expenditures
Psychiatric Inpatient	239	\$3,807,803	200	\$4,428,575
Psychiatric Partial Hospitalization	183	\$489,995	158	\$427,436
MH Outpatient	3443	\$2,957,078	3512	\$3,214,689
IBHS	1101	\$12,640,664	1093	\$13,562,674
FBMHS	201	\$3,499,188	217	\$3,095,698
RTF (JCAHO and Non-JCAHO)	30	\$3,193,973	32	\$3,024,429
Adolescent Peer Support	2	\$1,202	3	\$9,050
Total	5199	\$26,589,902	5215	\$27,762,551

Residential Treatment Facilities (RTFs)

Dauphin County Mental Health continues its focus on reducing the use of Residential Treatment (RTF) as it is neither evidence-based nor community-based care. Concerns include abuse by staff and peers, risk of injury and trauma because of restraints, and difficulty reintegrating to the community and family home. Despite the efforts of youth-serving systems to meet the needs of families with community-based services, there were a total of 37 RTF recommendations for 34 unduplicated youth in FY 23/24. This was a 13% increase in the total number of children/adolescents recommended for RTF from FY 22/23, in which there were 32 recommendations for 30 unduplicated youth. **Table Nine** shows RTF use over the last three years.

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 began to serve youth in December 2023. They continue to work with PerformCare, Dauphin County, and the other CAP5 counties to implement a trauma-informed, family-centered program to meet the needs of the adolescents they serve. The CSG RTF has faced challenges with recruiting and retaining staff.

Table Nine: Dauphin County RTF Data

Dauphin County's Use of RTF	FY 21/22	FY 22/23	FY 23/24
# RTF Recommendations	36	32	37
# Unduplicated Youth	35	30	34
# Approvals	28	27	30
# Denials	5	1	0
# RTF Recommendations not pursued (i.e., Parent not interested)	2	2	4
Unduplicated youth served in RTF	35	30	32
Discharges	24	14	22
Average Length of Stay at Discharge in days	368	367	340
Longest Length of Stay at Discharge in days	1672	1000	1057

In FY 23/24, there were 22 youth discharged from RTF. This is a 43% increase in RTF discharges from FY 22/23. Of the 32 youth served in RTF in FY 23/24, 13 carried an ASD/ID diagnosis. The average length of stay (LOS) for all youth served in RTF for the year was 340 days. Children who did not have a diagnosis of ASD/ID had an average LOS of 299 days. The children in RTF with an ASD/ID diagnosis had an average LOS of 443 days, which is 33% longer than their counterparts.

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 that can be a good alternative to residential treatment facilities. Unfortunately, there are few CRR-HH opportunities available due to a lack of host families. Recommendations for the level of care have decreased over the last few years as awareness about the capacity issue has increased.

A total of three youth were recommended for CRR-HH program (Host Home and Intensive Treatment Program) during FY 23/24 and two were served in these settings. There was one child discharged from CRR-HH/ITP program in FY 23/24 with a length of stay of 120 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 help facilitate county oversight. Additionally, 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 25 IBHS providers as of the end of FY 23/24. However, the capacity to serve more children did not increase as provider agencies continue to experience staffing challenges with both recruitment and retainment. The number of children/adolescents from Dauphin County that received IBHS has stayed about the same for the last two fiscal years with 1,093 children/adolescents/young adults served in FY 23/24 and 1,101 served in FY 22/23.

Currently there is not a good method in place for county staff to monitor waiting times for IBHS services. While PerformCare and provider agencies do track referrals and wait times, neither of these methods provides a comprehensive view of the issue. Much like outpatient services, the barriers to tracking wait times are related to confidentiality and insurance coverage. Since not all children that receive IBHS are registered with Dauphin County MH and many utilize TPI to pay for services, there is currently no way for MH staff to accurately track overall wait times. Dauphin County MH, PerformCare, and CMU have met to develop strategies to assist in meeting the needs of youth that reside in northern part of the county where access to IBHS services is more limited and wait times tend to be longer. Alternative services such as outpatient therapy, FBMHS, or mobile therapy are often utilized while youth wait for IBHS services.

Family Based Mental Health Services (FBMHS)

FBMHS are a team-delivered in-home service used to prevent out-of-home treatment and stabilize families in crisis. Dauphin County has four (4) traditional FBMHS providers. In October 2023, Diakon-SPIN, a specialized program for children and adolescents with problem sexual behaviors transitioned from an IBHS license to a FBMHS license. Diakon FBMHS- Problem Sexual Behavior (PSB) offers a specialized family-based program. 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 varied from 15- 20 throughout FY 23/24. As of the end of FY 23/24 there were 16 FBMHS teams. Dauphin County FBMHS providers served 201 children/adolescents in FY 22/23 and 217 children/adolescent in FY 23/24. Throughout the fiscal year, the family-based waiting list ranged between 4-21 children/adolescent waiting. As of June 30, 2024, there were 21 children waiting for FBMHS for an average of 26.75 days.

Child and Adolescent Partial Hospitalization

Child and Adolescent 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. Throughout FY 23/24, PPI – 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. There was immediate access to partial 10 out of 12 months in FY 23/24. There was a waiting list in the months of November 2023 and December 2023. Dauphin County children are most often funded by PerformCare/Medical Assistance. In FY 23/24, 158 children/adolescents received partial hospitalization services compared to 183 in FY 22/23.

Outpatient Clinic Services

In-person services are the primary method of service delivery; however, outpatient providers continue to offer services through telehealth as appropriate. In FY 23/24, 3,512 children/adolescents received PerformCare/Medical Assistance funded mental health outpatient services. As of October 2024, there are 177 individuals or provider agencies credentialed with PerformCare for mental health outpatient services in Dauphin County alone. Since outpatient services are also covered by third-party insurance and Medicare, the total number of children/adolescents that received outpatient services and the total number of providers is unknown.

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. Dauphin County has two PCIT providers:

Community Services Group and TEAMCare BH. Nine children participated in PCIT in FY 23/24. An outpatient, clinic-based model is a barrier to some families accessing PCIT so Community Services Group offered an Internet PCIT model with the goal of improving access in FY 23/24.

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 24/25 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 when comparing the status of services in February/March of 2020 (pre-COVID-19 pandemic) through the last five (5) school years. Please note that this is a snapshot. Providers received referrals on an on-going basis.

Table Eleven: 23/24 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	Feb/Mar 2024
# Active Cases	422	667	582	618	628
# Waiting List	69	18	69	123	35

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 21/22	TOTALS FY 22/23	TOTALS FY 23/24
SAP team meetings	409	440	439
Parent/family Contacts	301	589	635
Informal MH Assessments	314	339	319

In September 2021, Dauphin County MHADP received a two-year Community Mental Health Services Block Grant (CMHSBG) to expand the 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 and Fall 2024 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. To sustain ESAP activities for the schools identified in the ESAP grant, Dauphin County MH partnered with Dauphin County Children and Youth Services. Funding to support SAP and ESAP expansion schools will be provided by Dauphin County CYS beginning in FY 24/25. Dauphin County MH will maintain program oversight.

By the end of FY 23/24:

- One of the two ESAP MH consultants resigned in October 2023. Keystone Human Services continues recruiting for a second ESAP MH consultant.
- Dauphin County MH, SAP Director, and ESAP and SAP MH consultants held networking meeting for all ESAP and SAP teams.

- ESAP MH Consultants are offering to co-facilitate groups at each of the schools identified in the grant. To date, groups have not been held, but the opportunity continue to be offered. Will explore barriers to schools conducting groups.
- All 21 schools have SAP trained staff from all five (5) identified school districts.
- Eighteen (18) schools have ESAP teams that meet regularly.

Table Thirteen: School Year 23/24 ESAP Expansion Grant Activities

ESAP EXPANSION GRANT ACTIVITIES	TOTALS FY 21/22	TOTALS FY 22/23	TOTALS FY 23/24	GRANT TOTALS
ESAP team meetings	18	69	134	221
ESAP referrals	17	69	209	295
Parent/family Contacts	17	122	224	363
Informal MH Assessments	14	68	110	192

Mental Health TidBIT (Better Informed Together)

TidBIT was distributed monthly in FY 23/24 to over 700 families through email, mailings, and posting on Dauphin County MHADP webpage. Topics included Start the New Year with Good Mental Health Habits, When Are Children Ready for Social Media, and How to Help Children Identify their Emotions.

Tiny BITS was launched in FY 19/20 and continued to be distributed every other month in FY 23-24. The target audience is families of pre-school age 0-5 children. Child daycare providers have been enlisted to help distribute Tiny BITS and post on their parent bulletin boards. Eighty-six (86) 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 23/24 included The Importance of Attachment and Bonding and Rocking and Rolling- Caring for the Mental Health of Infants and Toddlers.

Quality Assurance for Children and Adults

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 23/24

Reporting Categories	# Of UIR Reports	%
Restraint with Injury	5	4.0%
AWOL/Elopement	24	19.2%
Self-Injurious Behavior	9	7.2%
Illness/Injury	8	6.4%
Allegation of Abuse or Neglect- family	24	19.2%
Allegation of Abuse or Neglect- staff	5	4.0%
Assault (Victim)	2	1.6%
Serious Physical Aggression	11	8.8%
Sexual Acting Out	9	7.2%
Police Fire Event	19	15.2%
Suicide Attempt	5	4.0%
Homicidal Ideation	1	0.8%
Death	1	0.8%
Other	2	1.6%
Total	125	

There were 125 children's UIRs for a mean of 1.98 per child (n=63). There were three (3) youth with five (5) or more incidents reported. The one reported death was investigated and ruled a suicide. Sources of reports are the CMU and PerformCare. There were 77 reports from PerformCare and 48 from CMU. 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. Five (5) restraints were reported for five (5) 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 a total of 984 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY 23/24, an increase from the total of 813 in FY 22/23. **Table Fifteen** illustrates the highest category continues to be Serious Illness/Hospitalization with 456 reports.

Table Fifteen: Adult Unusual Incident Reports FY 23/24

Types	Number
Serious Illness/Hospitalizations	456
Criminal Event Involving Police	42
Death	48
Serious Acts of Violence	20
Abuse by Staff	12
Homicide/Actor	0
Homicide/Victim	0
Misuse of Funds	13
Unexplained Absence	20
Fire or Other Disaster	5
Impingement	0
Unsafe Residential Facilities	0
Significant Property Damage	0
Outbreak of Disease/Covid	2
Medication Errors	28
Incarcerations	270
Self-Neglect	7
Suicide Attempt	4
Self-Neglect	7
Psychological Care	50
Total	984

Persons from the closure(state mental hospital) 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 23-24, 74 reports were entered into EIM which is a decrease from 140 in FY 22-23. Illness was the single largest category with 37 or 50% of the total reports. The next highest category was Missing Persons: with 15 or 20%. Of the 48 reported deaths, four were ruled suicides, three were accidental overdoses, and the remainder were a result of natural causes or medical complications.

Table Sixteen: EIM Data FY 23/24

Category	#
Abuse Individual to Individual	6
Abuse to Staff to Individual	0
Death	1
Fire	1
Illness	37
Injury	7
Law Enforcement Activity	6
Missing Person	15
Neglect	0
Restraint Procedure	0
Suicide Attempt	1
Total	74

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 23/24.

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; and, Pathways Forwards formerly known as the CMU provides Blended Case Management and Administrative Case Management.

Pathways Forward tracks outcomes for those discharged from case management services and categorizes 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.

Pathways Forwards discharged 1,276 individuals in FY 23/24 from the following departments: Adult Blended Case Management (BCM), Children’s BCM, and Adult and Children’s Administrative/Intake Case Management.

Table Eighteen: CMU 23/24 Discharges

Discharge Type	Number of Individuals
AWOL	95
Deceased	16
Higher Level of Care – Medical	20
Higher Level of Care – Psychiatric Inpatient/Residential	31
Incarceration/Arrest	43
Recovery	1071
Suicide	0
Total	1276

Keystone Human Services also tracks outcomes for those discharged from intensive case management services. The summary of this information for FY 23/24 is as follows:

Table Nineteen: Keystone ICM Discharges

Number of Individuals	Discharged Reason
11	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
11	The individual has voluntarily withdrawn himself/herself from the program
5	The Individual refused services/was not responsive to outreach attempts
16	The individual is discharged due to disengagement from the services
8	The Individual relocated out of the service area
2	The Individual is unable to participate due to medical or psychiatric reasons
2	Incarcerated
3	The individual transitioned to ACT services
1	The individual is not expected to receive any additional benefit from the program and/or discharge is not expected to result in the loss of goals attained by the individual
10	The individual was transitioned to a more independent level of support

State Mental Hospital and Extended Acute Care Use

Danville State Hospital (DSH) 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 six discharges from DSH in FY 23/24. Two individuals discharged to LTSR, three to independent living alone with ACT or with family, and one to PCBH residential placement. Thirty-six individuals from Dauphin County received treatment at DSH in FY 23/24 and 34 were still in treatment at the end of the fiscal year. Among the individuals who were discharged from DSH, the longest length of stay was 2,103 days and the shortest length of stay was 143 days. Dauphin County also has one individual in treatment at Wernersville State Hospital and one individual at Warren State Hospital.

Table Twenty: Danville State Hospital Data FY 23/24

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 6/30/24
10	6	24	36	1	34

The Wellspan Philhaven 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 Wellspan Philhaven EAC, case management entities, acute inpatient programs, and others in the contracted provider network. During FY 23/24 capacity for Dauphin County remained at 20 beds. Persons with complex medical issues are referred to the Ephrata EAC program also operated by Wellspan Philhaven. During FY 23/24, 39 referrals were made for Extended Acute Care services, 20 individuals were admitted, and 25 individuals were successfully discharged. Four individuals were discharged to independent living with ACT or family, three discharged to the LTSR, 10 discharged to Community Residential Rehabilitation Services (CRRS), two discharged to a personal care boarding home, and five individuals were transferred to Danville State Hospital.

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 23/24, 341 persons were served in residential services compared to 337 persons served in FY 22/23. Much work has been done over the last year to move individuals onto the next appropriate level of care and create capacity to serve individuals discharging from Danville State Hospital and Extended Acute Care.

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 be 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 23/24 capacity of residential programs located in Dauphin County and persons served is illustrated in **Table Twenty One.**

Table Twenty One: Adult Residential Capacity and Persons Served

	LTSR	Max Care CRR	Moderate Care CRR	Personal Care Home	Supportive Living
Capacity	14	99	40	80	190
FY 23/24 Persons Served	16	190	35	82	181

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	Rate FY 20-21	Rate FY 21-22	Rate FY 22-23	Rate FY 23-24
Elwyn - Maximum Care	16	82%	60%	58%	84%
Gaudenzia– Maximum Care	16	76%	94%	92%	94%
Keystone-Transitional Adult Program - Maximum Care	3	95%	85%	95%	65%
Keystone – Maximum Care	10	82%	91%	80%	87%
Keystone - Moderate Care 1&2	20 & 20	92% and 73%	82% and 83%	82% and 89%	81% and 92%
Merakey – Maximum Care	15	77%	88%	90%	79%

The number of discharges in CRRS increased in FY 23/24 with a total of 44 discharges compared to 31 in FY 22/23. High cost of living concerns continue to impede many transitions as it is difficult to find affordable housing in Dauphin County.

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

Table Twenty-Three: CRRS Discharges

Type	Number of Individuals FY 23/24 vs 22/23	Percentage of Total Discharges FY 23/24 vs 22/23	Examples
Recovery	26//20	59//65 %	Independent housing, appropriate use of treatment and support resources.
Higher LOC - Psychiatric	4//7	23//23 %	Referred for acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher LOC- Medical	0//0	0//0 %	Referred for inpatient medical care and/or skilled nursing care
Incarceration/arrest	8//1	18//3 %	
AWOL	3//2	7//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	0//1	0//3%	Choice
Deceased	1//0	2//0%	

A total of 181 individuals were served in supportive living services in FY 23/24 and the outcomes for the 63 that were discharged are captured in **Table Twenty-Four** below.

Table Twenty-Four: Supportive Living Services Discharges

Number of Individuals	Discharged Reason
2	The Individual relocated out of the service area
12	The individual has voluntarily withdrawn himself/herself from the program
4	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
30	The individual is discharged due to disengagement from the services.
4	The individual was incarcerated
3	Discharged from CMU/services terminated
8	Discharged to a higher level of care
0	The individual died

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 for FY’s 21/22 and 22/23. The grant was extended into FY 23/24. 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 and FY 23/24 to prepare for implementation. Dauphin County will begin AOT implementation in FY 24/25. A No Cost Grant Extension for the grant funds was filed and accepted to continue the grant funds into FY 24/25.

Forensic Supports

As part of Dauphin County’s Criminal Justice Advisory Board (CJAB) Stepping Up Initiative, Dauphin County continues to enhance services for persons with a serious mental illness and criminal justice involvement. Dauphin County MH staff participate in a multitude of meetings and committees aimed at improving outcomes for this population including, Team MISA, Team Re-Entry, Mental Health Court, Stepping Up Committee, CIT training, weekly Dauphin County Prison and Primecare Medical meetings, and weekly meetings with case management entities that serve the forensic population. Team MISA develops individualized treatment plans that 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. Similarly, the Dauphin County Re-Entry Team develops treatment and re-entry plans for individuals that have been sentenced. 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 also been implemented to serve the forensically involved population and try to reduce recidivism.

Dauphin County MHADP was fortunate to receive a OMHSAS grant in FY 23/24 for Sequential Intercept Model (SIM) mapping. It was decided to focus on Intercepts 0 – Community Services and Intercept 1 – Law Enforcement. Connections Health Solutions, a nationally recognized provider of crisis services, was contracted to conduct the SIM mapping and began with listening sessions with community providers, families and community members, hospitals, and law enforcement. Connections Health Solutions also conducted an in-person SIM mapping workshop for stakeholders to identify processes, resources, and gaps. Connections Health Solutions provided a comprehensive report in May of 2024 and presented this information to Dauphin County’s Criminal Justice Advisory Committee. Recommendations included the creation of a regionalized certified CIT program, a “justice-crisis collaborative”, a crisis flow chart, a commission to study and evaluate the 988 system, a continuous quality improvement protocol for the crisis system, a “high utilizer” task force, a the completion of a full SIM workshop upon implementation of the Emergency Behavioral Health Crisis Walk-In Center.

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 23/24, six individuals remained in the Bridge Rental Housing program. Three individuals were moved out of Bridge into the permanent HCV program and three individuals were discharged from Bridge. 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. In FY 23/24, there were a total to date of 90 individuals housed in the HUD 811 PRA program of which 66 were individuals identified as experiencing mental health concerns. A monthly meeting is held to review the 811 application and voucher process.

Sunflower Fields, a capital development project in Susquehanna Township, was developed in 2017 with the use of 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. Reinvestment funds were also used for another capital development project in FY 23/24 – Sycamore Homes. This new apartment building in Harrisburg features 23 studio units with seven units designated for those with SMI or substance use disorders. Leasing of the apartments is targeted for March 2025.

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 23/24 the MH only HUD 811 program issued 15 vouchers, and all individuals approved for vouchers were housed. No additional vouchers are available through this program.

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. In FY 23/24, 25 individuals were served in the Shelter Plus Care Housing program. They received a combined total of \$160,986 in services and treatment supports. Six vouchers were terminated, two vouchers were offered and declined, and one individual was issued a voucher and housed. Two individuals are currently in process to receive Shelter Plus Care vouchers.

Mental Health Planning Process

Dauphin County MH staff value and appreciate relationships with those we serve, family members, providers, and other stakeholders. Feedback and suggestions from all perspectives is essential to ensure the continuous development of services that best meet the needs of our community.

Dauphin County MH engages with a wide network of stakeholders including:

- CABHC Provider Relations Committee
- CABHC Consumer Family Focus Committee
- CABHC Committee for the Improvement of Member Satisfaction
- CABHC Peer Support Services Steering Committee
- CABHC Peer Support Scholarship Committee
- CABHC ACT Outcome Committee
- CABHC Clinical Committee
- PerformCare Quality Improvement and Utilization Management Committee
- CACH Housing Committee
- CACH Service Delivery Committee
- Pharmacy Therapeutic Review Committee
- Community Support Program (CSP) and Central Region CSP
- PACA MHDS MH Committee
- HUD 811 Stakeholder Committee
- AAA/MH/A/DP Coordination Committee
- Adult MH Contracted Providers
- Children/Youth MH Providers
- MH Committee of the MH/A/DP Board

- Shelter Plus Care and Bridge Rental Subsidy Committee
- CAPSTONE Implementation Committee
- Penn State Health MH Task Force
- OMHSAS Housing Committee
- OMHSAS MH Planning Council
- Dauphin County Mental Health Court
- Dauphin County Criminal Justice Advisory Board (CJAB)
- Dauphin County Stepping Up Committee
- Dauphin County Team MISA
- Dauphin County Re-Entry
- Schaffner Youth Center Triage Team
- Dauphin County Human Services Block Grant Committee

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 23/24, Dauphin County CSP focused on revitalizing, rebranding and strengthening membership. A second co-chair for the CSP was elected in June of 2024. CSP continues its efforts in revising brochures and is in process of developing a website. CSP reinstated their Facebook page and have increased their social media presence. They also introduced several trainings at their monthly meetings and had a housing forum, an aging panel discussion, and suicide prevention discussion. CSP is an important partner for gathering feedback into the Human Service Block Grant priorities and our MH/A/DP Annual report.

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.

Table Twenty-Five: CONTACT Helpline – Dauphin County FY 23/24 Data

	Q1	Q2	Q3	Q4
Phone, Text, Chat Contacts	1,271	1,153	901	1,071
Website Visits	9,398	9,173	7,315	8,403
Top Caller Referral	Rent Payment Assistance	Community Shelters	Low Income / Subsidized Private Rental Housing	Rent Payment Assistance
Top Agency Referral	Christian Churches United	Christian Churches United	Christian Churches United	Christian Churches United

NAMI (National Alliance on Mental Illness) of Central PA 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.

Table Twenty-Six: – FY 23/24 Free Standing CPS Programs

Free-standing Peer Support Programs	Number of Staff
Total Number of CPS Employed	12
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	7

Table Twenty-Seven: – FY 23/24 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 targeted for the 15-24 age cohort. Dauphin County contracted with NAMI of Central PA to provide suicide prevention and awareness programming including Signs of Suicide, QPR, and Teen Mental Health First Aid. The grant also allowed for NAMI of Dauphin County to expand their offerings of trainings and groups such as NAMI on Campus, NAMI Basics, Ending the Silence, and In Our Own Voice. Grant activities are being provided in schools, churches, community centers, and provider agencies.

As part of this grant, Dauphin County MHADP is also having two staff complete QPR instructor training and will offer QPR training for free to interested parties. The Dauphin County MH Committee is assisting to create a comprehensive suicide prevention resource inventory of all local, state, and national suicide prevention resources. This resource inventory will be published online and used as a tool to identify gaps and barriers to services. Dauphin County MHADP staff will also be collaborating with Dauphin County ASPIRE, our suicide prevention task force, to maximize available funding, target and respond to specific community needs, and avoid duplicative efforts.

In October of 2024, Dauphin County MHADP was awarded additional funds to provide targeted suicide prevention activities for the Nepali Speaking Bhutanese (NSB) community which has experienced high suicide rates across the country, including central Pennsylvania where an estimated 45,000 NSB currently reside. Dauphin County contracted with the Bhutanese Community in Harrisburg (BCH) to provide evidence-based suicide prevention programming including QPR and Teen Mental Health First Aid. BCH will also provide trainings to mental health providers, school personnel, health care personnel, and other stakeholders to educate them on the Bhutanese culture.

Cumberland Dauphin Perry Behavioral Health Crisis Response Initiative

OMHSAS issued an announcement of a grant opportunity to address county based crisis response systems in late October, 2022. Cumberland, Dauphin and Perry Counties submitted a collaborative proposal on 7/11/23. The application was awarded a grant for a total of \$13,093,364 in late 2022 and an RFP was issued on 7/11/23. A contractor was identified, and a contract was finalized

between all three counties in 12/23. Work on a crisis walk in center with attached mobile supports was planned for opening in late 2024. All services were planned to adhere to the SAMSHA published National Behavioral Health Guidelines for crisis response. On going planning occurred throughout FY 23-24 and the walk in center did open on 12/11/24. Mobile services commenced on 12/4/24.

Dauphin County Sequential Intercept Mapping (SIM):

Dauphin County Sequential Intercept Mapping Grant Funded Initiative

Application for a Community Mental Health Services Block Grant was applied for as part of the Dauphin County Criminal Justice Advisory Board collaborative efforts in in early 2023. \$250,000 was awarded on 4/18/23 for a three year project to support additional county wide sequential intercept mapping. A contractor was secured and listening sessions were planned for key stakeholder groups- 7/31/23- Law Enforcement; 8/3/2023 Hospitals; 8/9/23- Community Providers; and, 8/22/23- Persons with lived experience and family members. An in person stakeholder session took place on 8/29/23 as well as 11/2/23. A final report including the following recommendations was finalized and circulated for comments. The report was finalized in early 2024 and provided the following recommendations.

1. Consider implementing a regionalized certified CIT program that is consistent with the Dauphin, Cumberland, and Perry approach to the Regional Walk-in Center. Explore opportunities for enhancement to the CIT training program to be more consistent with a true regional program between Dauphin and Cumberland/Perry Counties. Consider enhancing the law enforcement involvement or oversight in the current program to assure insight into what is occurring on the “front lines” in the community and subsequent modification to the program based on these insights. This regional type of approach will be especially helpful in training first responders on how to use the new crisis walk-in center. Developing an advisory council or steering committee for the Regional CIT program, consisting of the crisis team, treatment providers, managed care organizations, law enforcement, and individuals with lived experience and their family members (such as NAMI representatives), may help with this endeavor. Additional information and resources on CIT best practices are provided by CIT International, which provides a free toolkit. Note: This advisory council may also explore and recommend that local law enforcement agencies implement a team dedicated to addressing 302 involuntary treatment applications.
2. Create a “justice-crisis collaborative” to include representatives from law enforcement (and other justice system partners that frequently utilize crisis services), treatment providers, EDs, and relevant government agencies to oversee system-wide crisis system functionality, assess efficacy, promote interagency and cross-system communication, and problem-solve. This group is encouraged to evaluate communication between first responders and mobile crisis teams – feedback from sessions indicates there is a disconnect between services the mobile teams provide and expectations by officers on the street.
3. Building from the work done to develop the walk-in center, create a flowchart to map from the moment someone is in crisis, through the crisis system, and concluding with a post-discharge plan.

4. Convene a commission to study and evaluate the current 988 system, and its connection to the county crisis team. Collaboration between these systems can establish and clarify expectations and improve processes.
5. Develop a continuous quality improvement (CQI) protocol for the overall crisis system (to include the walk-in center), to develop metrics, and to implement evaluation protocols. The “Quality Measurement in Crisis Services” tool developed by the National Council for Mental Wellbeing may be a helpful reference.
6. Implement a “high utilizer” (or “familiar faces”) task force to identify individuals who frequently utilize emergency or crisis services, and/or have regular interaction with the justice system. Once a group of individuals who regularly cycle between these Dauphin County SIM Mapping Report
7. Develop individualized and cross-system strategies to meet person-specific needs. The National Association of Counties created the Familiar Faces Initiative with tools that may be a helpful resource.
8. Collaborate with other government and social service providers to increase capacity and resources for low-need individuals, especially among housing resources, to reduce utilization of crisis resources to meet other needs (such as being unsheltered).
9. After implementation of the crisis walk-in clinic, complete a full SIM (Intercepts 0- 5) workshop, to explore additional areas of strength and opportunities throughout the justice system. Probation officers cited success in past treatment court programs, but those had fallen by the wayside, and there was limited collaboration between the courts and treatment in current programs.

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 23/24, staffing shortages in the Crisis Intervention Program and Downtown Daily Bread caused a decreased number of individuals served than the previous year in PATH. The PATH grant served a total of 71 individuals of which 13 were chronically homeless.

First Episode Psychosis (FEP) 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, YWCA of Greater Harrisburg, Penn State Holy Spirit, and Merakey. Service components include psychiatric and therapy services, peer support, supportive education/employment, and targeted case management for persons ages 16-30 years. CAPSTONE uses an evidence-based model called NAVIGATE to provide a comprehensive program to aid an individual and their family on a path to recovery and resiliency. In FY 23/24, CAPSTONE served a total of 57 individuals.

Table Twenty-Eight: CAPSTONE Referral and Enrollment Data

	FY 21/22 Totals	FY 22/23 Totals	FY 23/24 Totals
Referred	58	71	68
Newly Enrolled	26	27	35
New Admits Adult	25	21	29
New Admit Under 18	1	7	6
Discharged	25	27	23

MH Program Goals and Future Planning

Each year, Dauphin County is required to submit the County Human Services Plan to the Department of Human Services for review and approval. That plan requires the County Mental Health department to identify Recovery-Oriented Systems Transformation (ROST) priorities. Dauphin County MH staff use information collected from individuals being served in the MH system, family members, advocates, provider staff, and other stakeholders to choose these priorities each year. For FY 24/25, the following ROST priorities were identified:

- Behavioral Health Crisis Response Services
- Suicide Prevention
- Social Determinants of Health/Housing

Much of the progress made around these priorities in FY 23/24 is described in the Program Highlights section and the tasks and timelines established for FY 24/25 will be shared once the Department of Human Services approves the County Human Services Plan; however, a brief update for each goal is as follows:

- 1.) Align county Behavioral Health Crisis Response System Services with the National Behavioral health Crisis Response Guidelines issued by SAMHSA dedicated to the reduced reliance on emergency room and inpatient behavioral health services.
 - Plan, design and implement a 24/7 crisis walk in center staffed with licensed mental health clinicians and certified peer specialists. Connections Health Solutions began operations of the regions first Emergency Behavioral Health Crisis Walk-In Center on December 4, 2024 with the deployment of two mobile crises teams that are available 24/7/36. The walk-in center began accepting adults on December 11 and adolescents on January 13. The walk-in center offers an alternative to emergency departments and county jails for those experiencing a behavioral health crisis and in need of immediate care.
 - Plan, design and implement 24x7 mobile crisis team staffed with licensed mental health clinicians and certified peer specialists.
 - Continue to identify resources to develop crisis stabilization beds for use for up to five days, peer respite supports, and other short-term housing supports identified as core components of the national model.
 - Continue to support and build the county's CIT program. Grant funding supports have been essential to promoting training and CIT conference attendance by law enforcement partners and will be extended to additional criminal justice system partners.
2. Continue to support and promote suicide prevention and awareness in Dauphin County.
 - NAMI of Central PA continues to make outreach to schools and other youth-serving organizations to offer suicide prevention programming and NAMI programming. MHADP contracted with the Bhutanese Community in Harrisburg in January 2025 to offer suicide prevention programming targeted to the Bhutanese community and cultural training to mental health providers and other organizations serving the Bhutanese community. Dauphin County

MH also plans to publish a suicide prevention resource inventory in 2025 and provide QPR training across the county departments and provider agencies.

3. Address social determinants of health factors in behavioral health crises.

- Dauphin County began offering social determinants of health funding again in November 2024. Like the funding offered FY 23/24, the greatest need is related to unstable housing. To better address the issues related to housing and those without permanent housing.
- Dauphin County MH transitioned a position within the department to a program specialist focused on overseeing all mental health housing programs, coordinating housing for those transitioning from other levels of residential care, and preserving housing for those at risk of homelessness. This position will also be responsible for ensuring all individuals receiving MH residential or housing services receive Prepared Renter Education Program (PREP) training and overseeing the development of peer respite and/or Master Leasing programs that are planned for the future. Reallocating housing tasks to a new position will allow existing MH staff to focus on other aspects of the continuum of care and ensure that individuals are transitioned to the appropriate level of care when ready. The overall goal of these staffing changes is to prevent homelessness among those with SMI and/or SED, ensure adequate housing resources to those in need, reduce wait times for MH residential services, and improve long-term outcomes for those utilizing housing and residential programs.

4. Continue collaborative efforts with other human services agencies and organizations to provide the best possible care and support to those we serve with the following goals:

- Continue to participate in and collaborate with county system partners in addressing complex children and youth plans for support. Collaboration occurs within MHADP as well as with other human services and county departments.
- Continue to participate in and collaborate with county system partners in addressing complex adult plans for support to include county jail, probation and parole, and the courts.

5. Continue to promote use of in home treatments and other supports to prevent the unnecessary use of institutional or RTF treatment for children.

6. Continue to monitor all use of RTF treatment in an effort to decrease the average length of stay for all individuals.

7. Continue to monitor use of State Mental Hospital beds and how the needs of individuals served in SMHs may be best supported in their home communities.

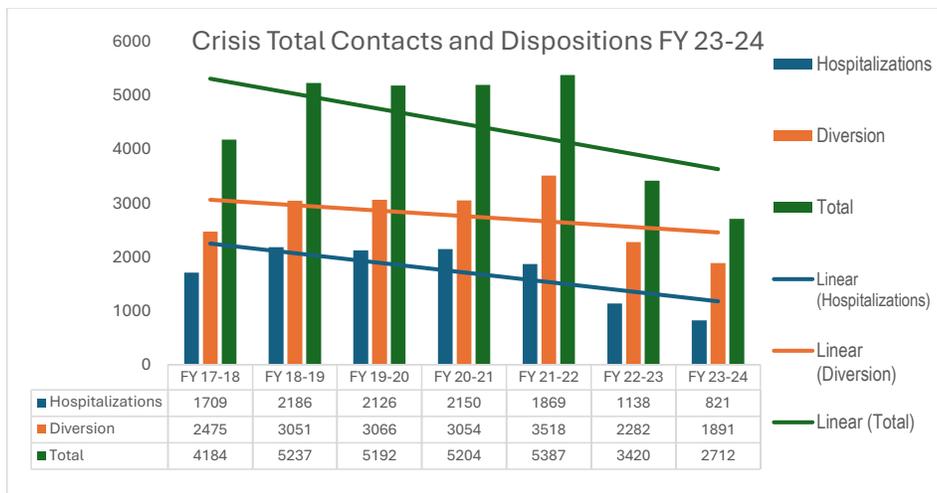
8. Continue to monitor any and all criminal justice involvement of persons with serious mental illness and how they may be best supported by community resources.

9. Continue to evaluate the use of Community Residential Programming to promote the development of independent living skills and to assure those with independent living skills are assisted with locating independent housing options.

Dauphin County Crisis Intervention Program

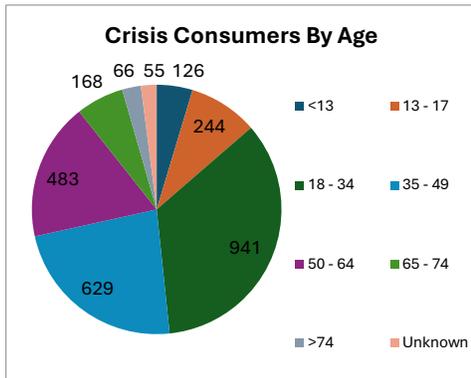
The Crisis Intervention Program (CI) is the only direct service offered at Dauphin County MH/A/DP. CI is licensed by the Department of Human Services to provide 24-hour, seven days per week telephone, walk-in and mobile outreach to people experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services.

Graph Thirteen: Crisis Intervention Services: Total Contacts and Dispositions FY 23/24



During FY 23-24, Crisis Intervention continued to experience significant staffing shortages, especially related to the 2nd and 3rd shift rosters where nine vacancies existed at the conclusion of the Fiscal Year. As a result, the program continued to focus on processing involuntary (302) commitments throughout the County. Even with the ongoing staffing shortage, Crisis has continued to operate, uninterrupted, 24/7.

Graph Fourteen: Crisis Intervention: Consumer Age Breakdown



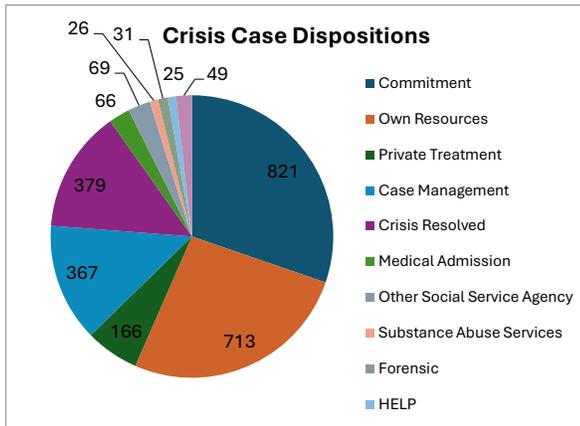
Crisis uses Language Line services when staff cannot meet linguistic needs of callers and consumers seeking services.

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 30 forensic assessments during FY 23-24.

Crisis received 352 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 Fifteen: Crisis Intervention: Case Breakdown



In FY 23-24, CI provided 2,712 interventions to 2,436 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. Involuntary commitment for 821 persons resulted in inpatient treatment due to the risk presented by their condition or situation.

Regarding 302 involuntary commitments during FY 23-24, Crisis processed 1,064 applications for involuntary examinations. Of those requested, 707 (~66%) were ultimately approved by a physician resulting in involuntary commitment. Of those 707 commitments, 609 (~86%) were ultimately admitted to an inpatient psychiatric facility for further treatment. This admission rate is a + 8 % improvement over last year's rate of 78%.

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 134 homeless persons in FY 23-24.

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 23-24, 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.

Looking forward to FY 24-25, Crisis Intervention will be collaborating with the area's first Crisis Walk-in Center that will open in December 2024. Connections Health Solutions will be operating a 24/7 walk-in center in addition to offering another alternative to mobile crisis services for the areas of Dauphin, Cumberland, and Perry Counties.

As a result of having another option for individuals seeking emergency behavioral health supports, Crisis also looks forward to the opportunity to provide increased mobile services with a focus on the unhoused population in Dauphin County. It is our goal to develop the current Housing Specialist position into a more robust service that will be designed to offer an increased presence to those in need of both mental health and housing supports.