The Dauphin County Department of

Mental Health/Autism/Developmental Programs

Annual Report

July 1, 2019 – June 30, 2020

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

Dauphin County MH/A/D Programs administers and provides funding for publicly funded mental health, developmental disabilities, and early intervention services in Dauphin County. Our program is funded through the Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, and Office of Child Development and Early Learning, county, and grant funds.

In FY 19-20, Dauphin County MH/A/DP programs sustained much change. In March 2020, the MH/A/DP Administrator transitioned to a new employment opportunity and Ashley Yinger, Ph.D. was appointed as Interim Administrator until a permanent administrator was identified and appointed in October 2020. Concerns about the pandemic began surfacing in January and were fully experienced across all programs by March. The pandemic has continued to-date to define how we do what we do. Impact was seen in total numbers served in several programs. While the resourcefulness and creativity of all providers has been deeply appreciated; the work of residential providers specifically during this period is credited for maintaining vital supports for those who faced the gravest of challenges.

Priorities for the year continued to be on persons with serious mental illness in the criminal justice system, facilitating employment and housing opportunities, and collaboration in all service systems. MH and A/DP program staff are involved in initiatives to reduce those with MH/A/DP concerns in the criminal justice system and to afford them the necessary supports to prevent reincarceration. Additionally, all program staff including crisis intervention are involved with homeless initiatives focused on connecting individuals to physical and behavioral health services, income, and housing opportunities to create independence and successful community living.

With the upcoming anniversaries of the closure of the Harrisburg State Hospital (2006) and the inception of PA Health Choices for behavioral health services (1997), we are reminded of how far our program has come. All the Dauphin County MH/A/DP program staff members value our partnership with consumers, families, providers, and community agencies, and remain committed to assuring that quality services are available to individuals and families who need them. We could not have gotten this far without these partnerships. 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
Administrator

Funding Summary

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

PROGRAM	Expenditures FY 16/17	Expenditures FY17/18	Expenditures FY18/19	Expenditures FY19/20	% Change
MH	$18,091,599.0	$17,632,106.0	$18,432,958	$19,469,671	5.62%
DP	$3,376,918.0	$3,389,220.0	$3,247,535	$3,180,972	-2.05%
EI	$2,062,743.0	$2,319,549.0	$2,517,128	$2,595,717	3.12%
County Match	$871,106.0	$934,629.0	$980,947	$1,105,098	12.66%
Grants/Other	$956,479.0	$1,202,695.0	$1,275,217	$1,415,690	11.02%
TOTAL	$25,358,845.0	$25,478,199.0	$26,453,785	$27,767,148	4.96%

Expenditures

EI $2,595,717

Mental Health $19,469,671

DP $3,180,972

■ ▪ MH ▹ DP ▪ EI ▪ County Match ▹ Grants/Other
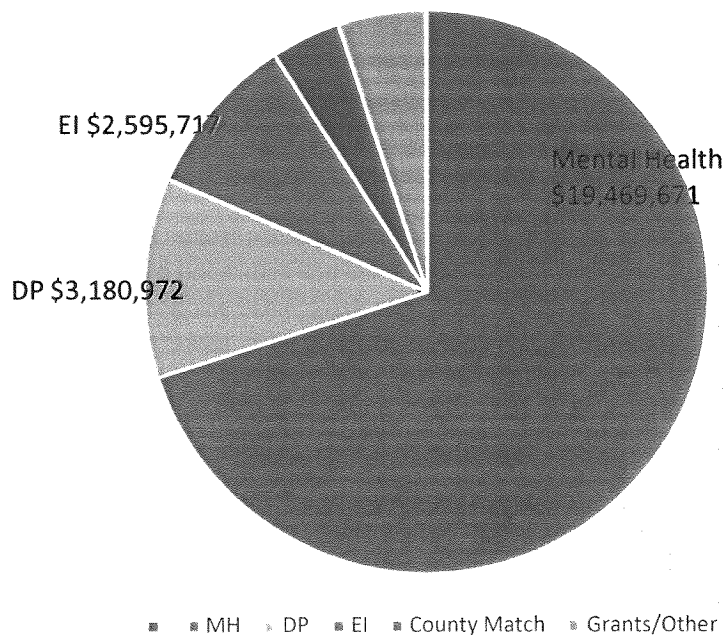
The MH/A/DP served 621 fewer people in FY 19-20 compared to prior years largely due to a decrease in the MH Program. The decrease is attributed to continuing efforts by the CMU to review and update administrative caseloads more accurately. Crisis numbers also slightly decreased from FY 18-19.

| PROGRAM AREA	Persons Served FY15/16	Persons Served FY16/17	Persons Served FY17/18	Persons Served FY18/19	Persons Served FY19/20
MH	4,208	3,958	3,041	2,779	2298
DP	1,132	995	1,236	1,334	1331
EI	826	897	942	1,086	1042
Crisis	3,230	3,346	3,292	4,136	4043
Total	9,396	9,196	8,511	9,335	8,714

Autism/Developmental Programs

- Most individuals in Dauphin County are supported by their families and other natural supporters. Our system continues to explore how to best meet the needs of families. Dauphin County continues to be engaged in The Community of Practice – Supporting Families throughout the Lifespan. This is a regional collaborative with the following counties: Cumberland-Perry, Lebanon, and Lancaster County. The focus of our work in this area is supporting individuals and those that care about them to consider and discover all the ways that they can have a good life – accessing all resources such as the community, personal connections, technology, and formal system services. Dauphin County expanded Community Links, it has grown into 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/
- Dauphin County was represented in a pilot collaboration with the Office of Developmental Programs (ODP) and three (3) other lead Administrative Entities (AE's). A tool was developed and lead AE's trained other AE's on the statewide Provider Risk Screening Tool. This pilot will go live in Fiscal Year 20-21 and will continue in development for screening providers annually in the future- Dauphin will continue to lead the way for the Central Region.
- Dauphin County developed a Multi Provider Human Rights Team and a Dauphin County Human Rights Committee. The Committee has a membership representative of Community Clinical Consultants, Advocate/family members, Direct Support Professionals (DSP's), the Health Care Quality Unit (HCQU), Behavioral Support Specialists, Community Participation Support (CPS) and Dauphin County MH/A/DP. The Dauphin County Human Rights Committee conducts trend analysis regarding incidents from a system approach across the County. This committee will continue to meet quarterly and grow as established to advise the county MH/A/DP Deputy Administrator and Administrator on matters relating to the legal, civil, and human rights of persons who have an intellectual disability and/or autism and who are residents of the County.
- A Multi-Provider Incident Management Committee was also developed in 2019-2020 fiscal year. This committee is active in analyzing different data and develops actionable goals, objectives, and tools to decrease incidents across Dauphin County. Dauphin County continues to be active in assisting providers with technical assistance as it pertains to Incident Management.

- The ODP requested that AE's participate in the training of potential new providers. This is a one day, 6-hour training that all new providers are required to attend. Dauphin County continues to volunteer to be a lead for New Provider Orientation Training. The training is a comprehensive overview of the expectations that ODP requires from providers. Some of the topics are Everyday Lives, staff training requirements, incident reporting, ISP development, service definition and Promise Billing.
- The Dauphin County Intellectual Disabilities Program continued to have many successes which are highlighted in the following report. We pride ourselves on the partnerships we have with our peers/counterparts internally, the staff and Supports Coordinators at CMU, our providers, and the many folks that we serve and their families.

This fiscal year Dauphin County had a total of one thousand, three hundred and thirty-one (1,331) individuals registered.

Serving Individuals with intellectual disabilities

Persons Receiving Services
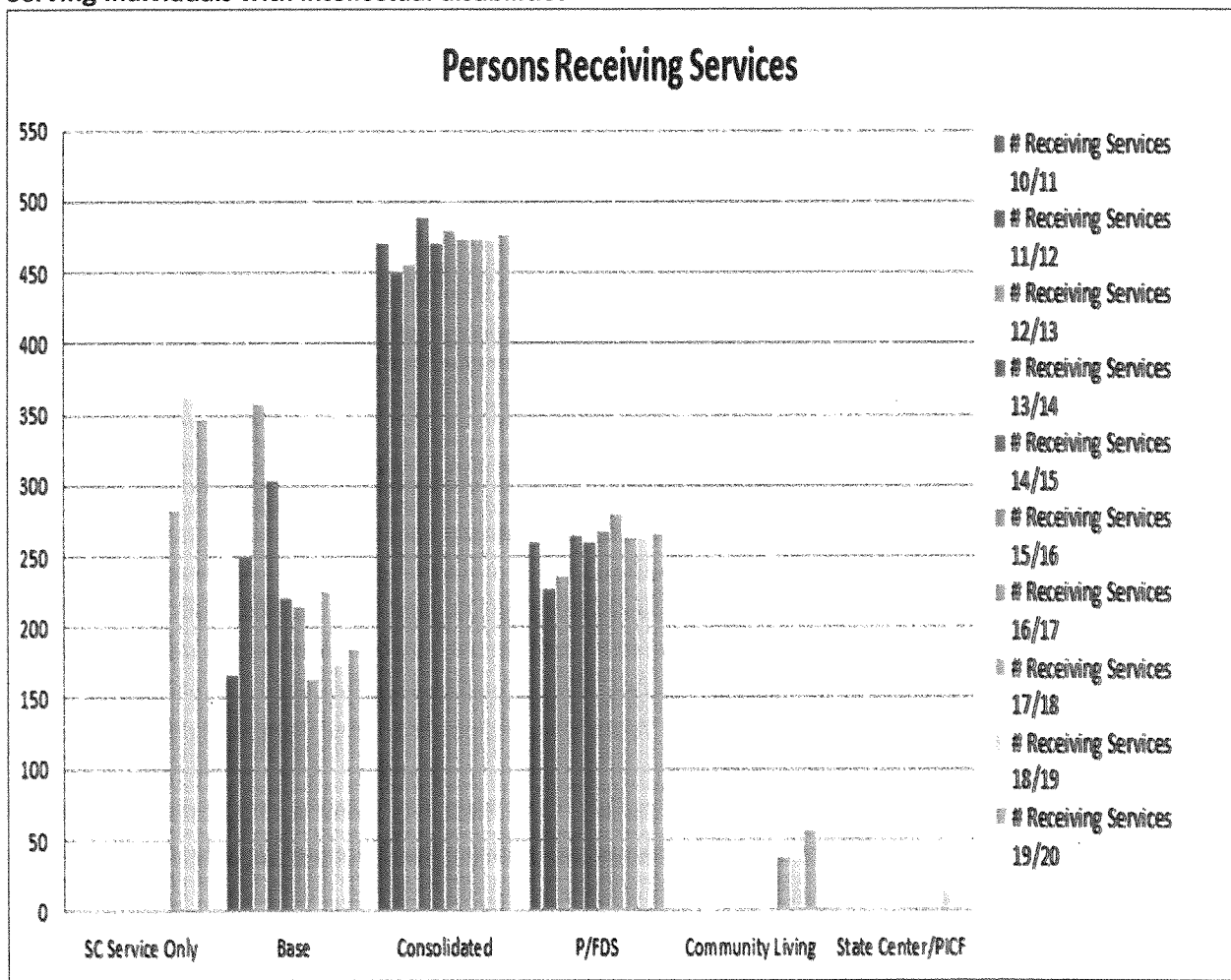
Waiver Capacity Comparison
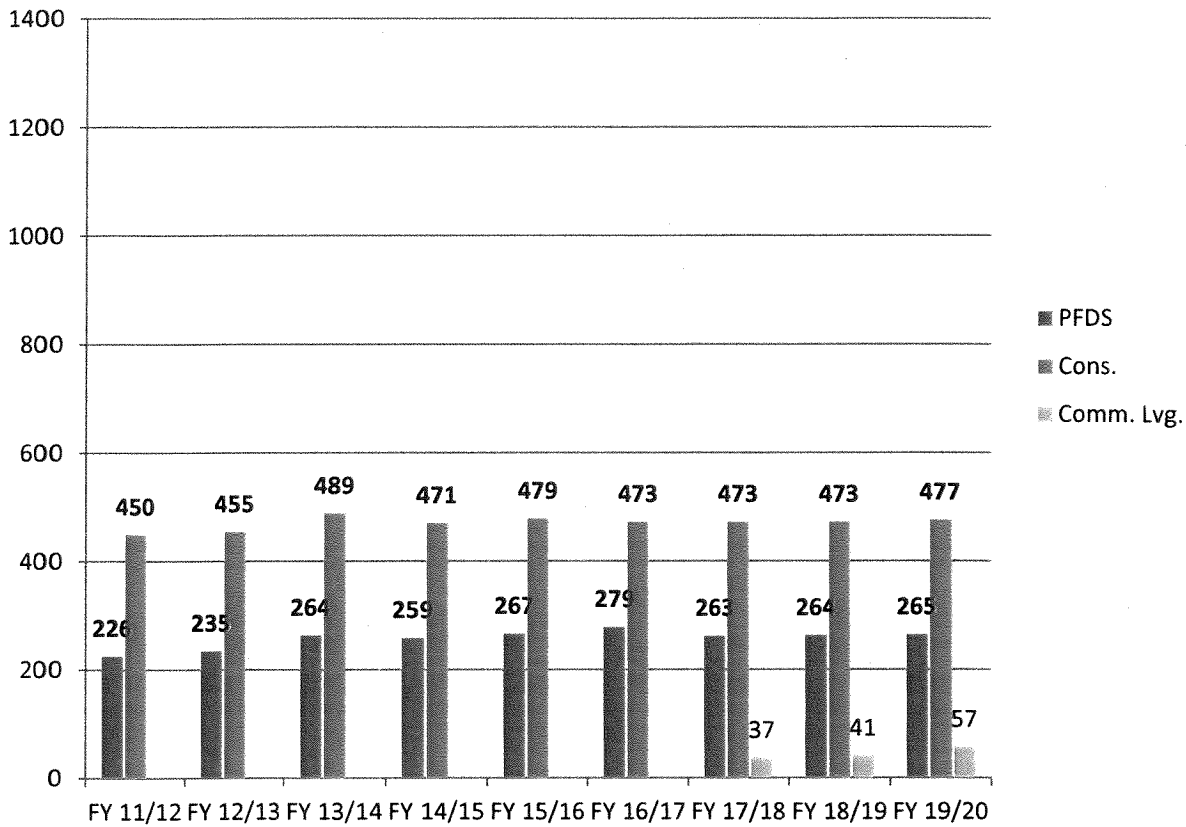
As part of the FY 2019-2020 Governor's Budget, the Office of Developmental Programs, (ODP) has been provided with additional capacity to serve individuals who are waiting without services. Capacity was increased to serve individuals in the Community Living Waiver in Dauphin County to an additional sixteen, (16) or a total of 57.

Dauphin County had twenty-three (23) graduates in 2020. Nineteen (19) individuals were eligible and / or willing to received services. Six (6) individuals enrolled into the Consolidated Waiver, four (4) enrolled into the Community Living Waiver, nine (9) enrolled into the Person/Family Directed Support (PFD) Waiver, two (2) enrolled into the Base and two (2) declined all services.

We consistently operate at maximum capacity. Funding is offered as soon as it is available. The top reasons that individuals exit the waiver are moving out of the state, death, being admitted to a nursing facility or entering prison.

High School Graduates/Access to Funding
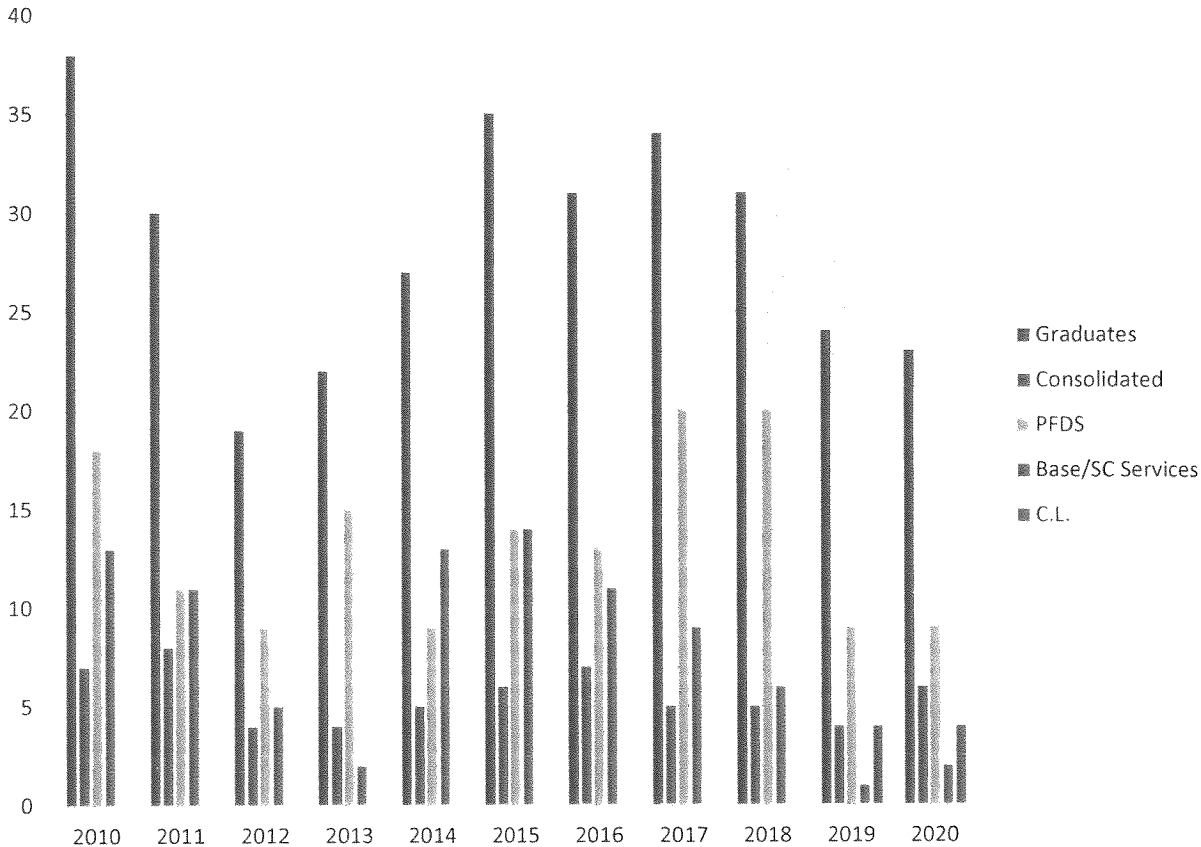
Supporting Individuals to Live in their Community.

Three hundred and forty-seven (347) individuals are receiving residential services in Dauphin County. Over the past year, we are seeing an increase in individuals/families requesting residential services in a licensed 6400 program. LifeSharing continues to be a highlighted option for residential service in the state. Dauphin County maintained in Life Sharing services over this FY. Dauphin County continues to outreach to providers and grow a strong residential provider network.

Individuals by Living Arrangement

- 1-person group home
- 2-person group home
- 3-person group home
- 4-person group home
- 5-person group home
- Life Sharing
- Dom Care
- Supported Living
- State Center / PICF
- Unlic. Res.
- IFC
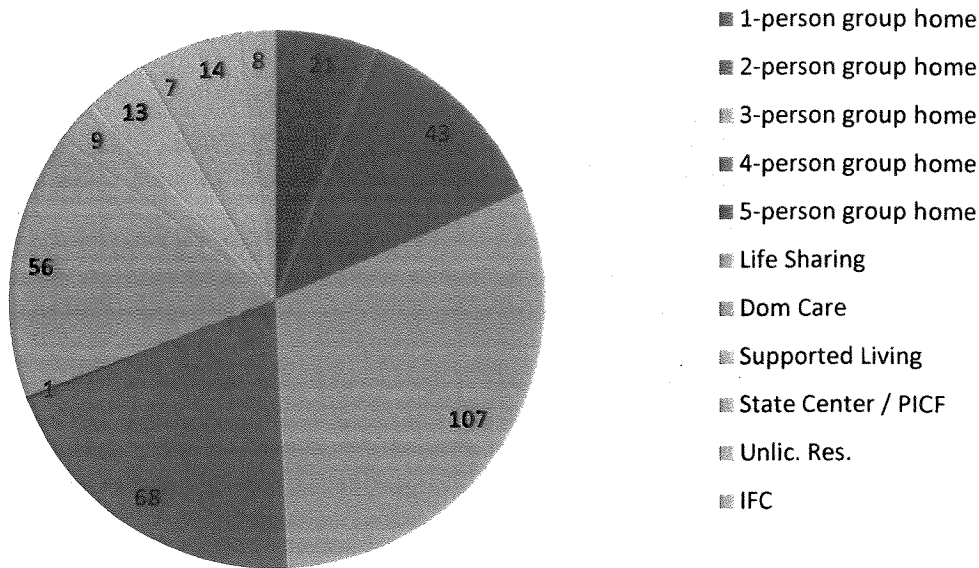
Employment First

Dauphin County continues to promote Employment First. We recognize that work is an important part of being part of your community and gives opportunity to live how you want to live. Dauphin County MH/A/DP is proud to be collaborating with Cumberland Perry County, CMU, OVR, ODP, School Districts, families, individuals, and local businesses in a committee to promote multiple opportunities to explore employment. In March 2020, the Capital Area Employment 1st Steering Committee had to cancel the transition fair due to the pandemic. The Steering Committee continues to be active and has moved to a virtual platform and has seen an increase in attendance at the collation meetings!
In June of 2020 Dauphin County had two hundred and 8 (208) individuals employed – while one hundred and forty-seven (174) individuals are receiving supported employment services in Dauphin County.
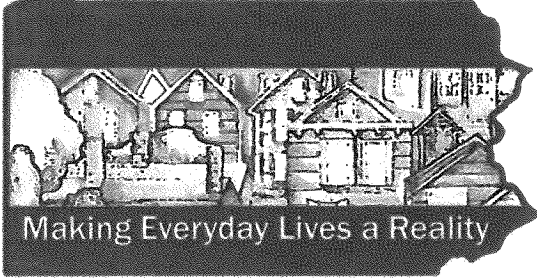
LEAP

During this FY Dauphin County continued with a learning collaborative with Allegheny County called LEAP, *Life Experience Appraisal Protocol.* The work that was to be accomplished was to design business questions and data collection systems, provide instruction and oversee implementation in a collaboration, and develop recommendations for provider participants and recommendations to ODP. Dauphin and Allegheny Counties were very successful, over the course of the FY a total of one hundred and three (103) LEAPs for the Office of Developmental Programs.

IM4Q- Independent Monitoring for Quality

Finally, the summary of our consumer survey for IM4Q data is presented on the following pages comparing Dauphin County to the statewide averages is below. This data serves as a guide to how persons using A/DP services in Dauphin County compare to persons in the ODP system across the state.

Independent Monitoring for Quality

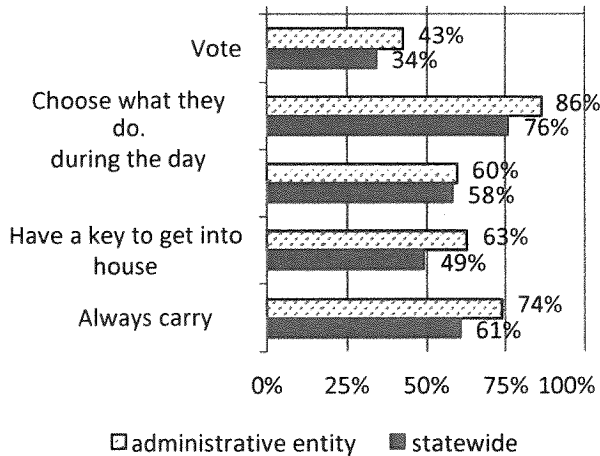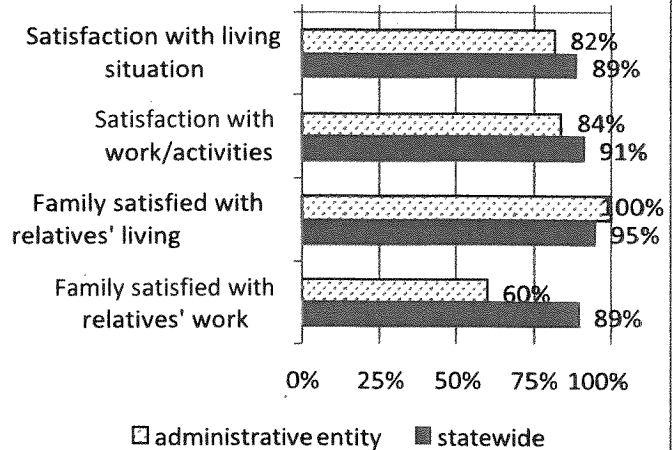**Making Everyday Lives a Reality**

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

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

Reports created from Independent Monitoring for Quality interviews are shared with provider agencies, administrative entities/counties, and the Planning Advisory Committee for the Office of Developmental Programs for purposes of improving peoples' quality of life. This information presents some of the findings from the 2018-19 report that compare administrative entity and statewide results. For a full report please contact your administrative entity/county or go to the Department of Human Services (DHS) website at www.state.pa.us.

Choice and Control

	administrative entity	statewide
Vote	43%	34%
Choose what they do. during the day	86%	76%
	60%	58%
Have a key to get into house	63%	49%
Always carry	74%	61%

Satisfaction *

	administrative entity	statewide
Satisfaction with living situation	82%	89%
Satisfaction with work/activities	84%	91%
Family satisfied with relatives' living	100%	95%
Family satisfied with relatives' work	60%	89%

Relationships

	administrative entity	statewide
Talk to family when they want	87%	84%
Can see friends when.	66%	86%
Staff at work are	90%	96%
Staff at home are	93%	94%

Community

	administrative entity	statewide
Go to worship	38%	31%
Go to mall	37%	44%
Go to restaurant	52%	51%
Go out for	84%	87%

Independent Monitoring for Quality
Dauphin AE Summary 2019

Independent Monitoring for Quality

Making Everyday Lives a Reality

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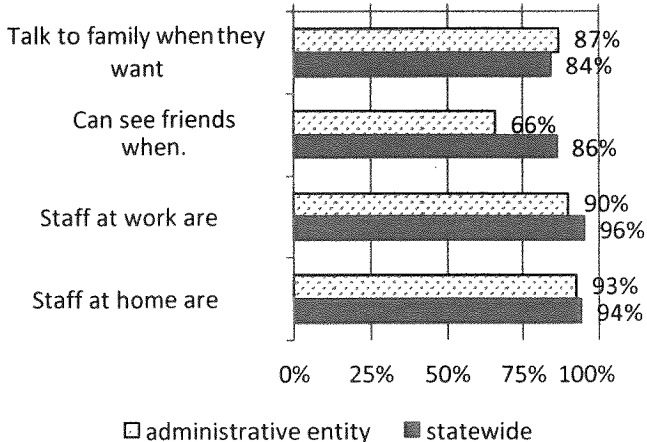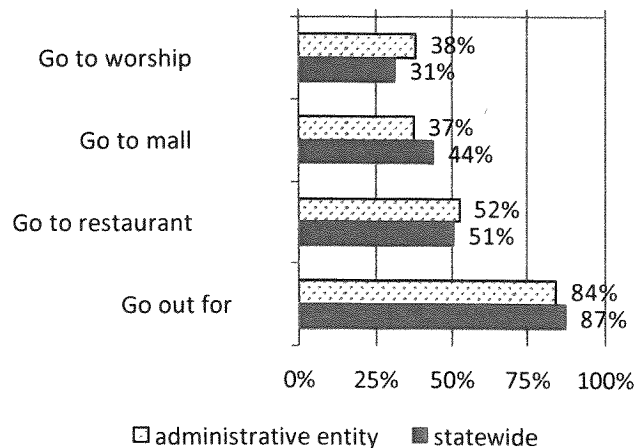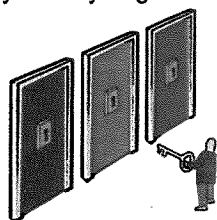
Choice:

Community:

43% vote
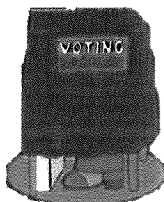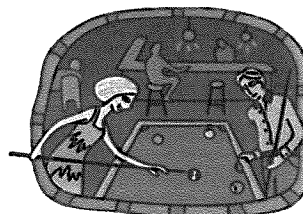
86% choose what they do during the day
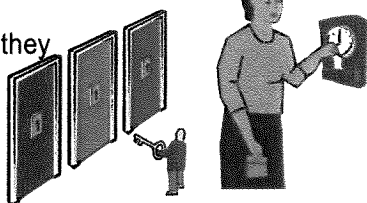
60% choose where they live.

63% have a key to get. into the house

74% always carry ID.

84% go out. for fun

38% go to worship weekly.

37% go to the mall weekly to shop.
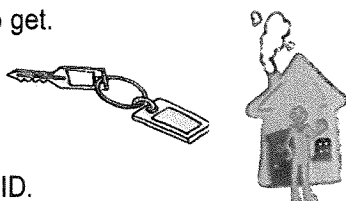
52% go to a restaurant weekly
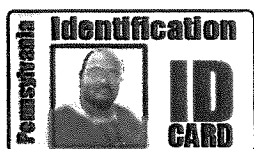
Happy*:

It is often found that
~~people report being happy~~
with whatever they
have.

76% are happy,
not sad, with
their lives

84% are happy
with their work

Relationships:

87% talk to family.
when they want.

66% can see.
friends when they want
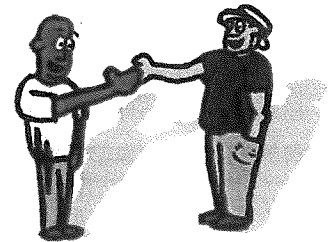
*Satisfaction research
demonstrates that people report
high levels of satisfaction with
whatever they have.

Early Intervention Program

The Dauphin County Department of MH/A/DP's Early Intervention Program has a responsibility to promote referrals for the EI supports and services available to the families of children at risk for, or experiencing, developmental delays or diagnosed disabilities. The EI program's contracted therapy and education services help families of eligible infants and toddlers lay the foundation for future school and life success. This is accomplished by collaborating with the families and caregivers who know the children best to practice strategies within typical routines and activities that help children reach their developmental milestones.

Outreach for "Child Find" is an ongoing program priority, as evidenced by:

- Participation in local events to raise community awareness of Early Intervention resources and services. Some annual events had to be cancelled for Spring 2020 due to the COVID 19 pandemic, but those events are still listed as they were already planned prior to the COVID 19 Disaster Emergency. Targeted audiences:

  <u>Childcare providers</u>: Strong relationships and ongoing communication and resource sharing with the Region 9 Early Learning Resource Center, which includes Keystone Stars Quality Coaches working with licensed childcare providers in the county; training webinars and/or quarterly meetings with multiple childcare Directors and staff.

  <u>Families</u>: at New Mom's Network meetings, the Northern Dauphin Human Services building and Preschool Family Safari (cancelled), the Lykens area 123 Play With Me parent/child classes through the Dauphin County Library System, Healthy Start Community Action Network family education meetings and Baby Buggy event, The Foundation For Enhancing Communities Preschool Night at the Harrisburg Senator's game (cancelled), and various kindergarten enrollment and community resource fairs across the county (cancelled).

  <u>Professionals</u>: at Dauphin County Social Services for Children and Youth, Dauphin County Drug and Alcohol Services, Hospital NICUs and Physician Offices.

Outreach results in children served in all areas of the County:

- 19/20 numbers presented are approximate as some children moved within the county and are counted in multiple communities (not unduplicated).

  <u>Northern Dauphin communities</u> (Halifax, Millersburg, Upper Dauphin and Williams Valley School Districts) saw a slight increase with 75 children enrolled in EI in 19/20.

  <u>Harrisburg City, Central Dauphin and Susquehanna Township School Districts</u> whose families typically have a Harrisburg mailing address, had 717 children enrolled in EI.

  <u>Neighboring School Districts Middletown and Steelton-Highspire</u> had 118 children enrolled in EI.

  <u>Neighboring School Districts Lower Dauphin and Derry Township</u> had 125 children enrolled in EI.

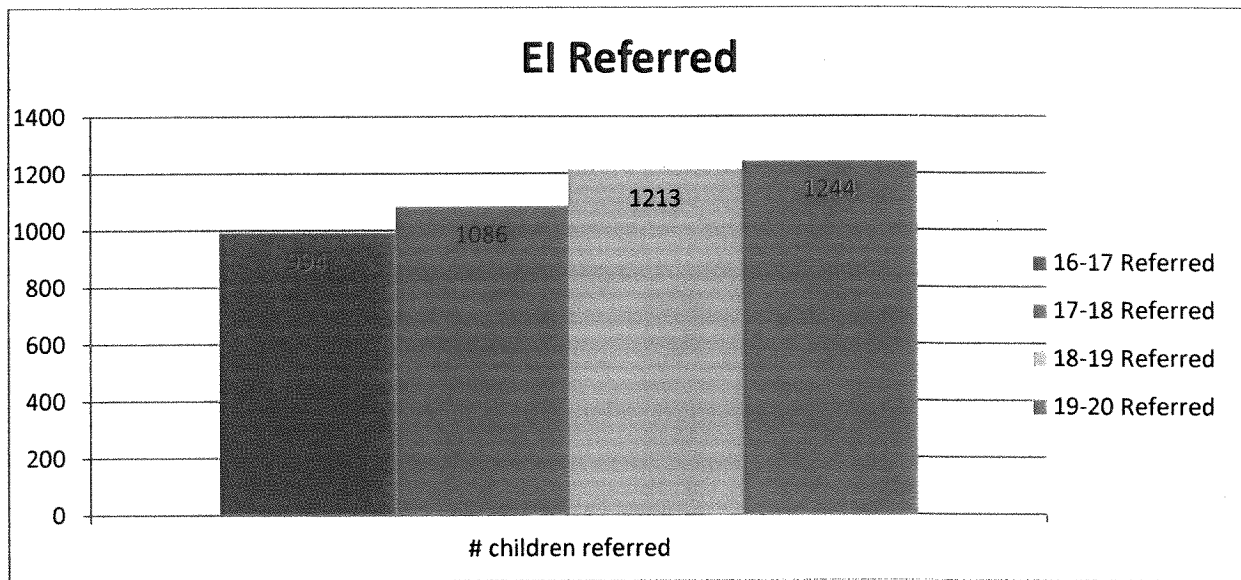**Access to Early Intervention services during the COVID 19 Pandemic Disaster Emergency:**
Services were maintained for eligible families during the COVID 19 pandemic, and new referrals to the program were processed within required timelines. As required by the Pennsylvania Office of Child Development and Early Learning (OCDEL), only remote Tele-intervention services were offered from March through June 2020 due to the County's

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state- established "red" color designation based on high COVID infection rates. Service providers became proficient with video platforms for eligibility evaluations and ongoing service delivery. For families who did not have access to technology, services were delivered via phone when necessary. Outreach to referral sources continued so that the community knew that new referrals were still being accepted and processed without delay.
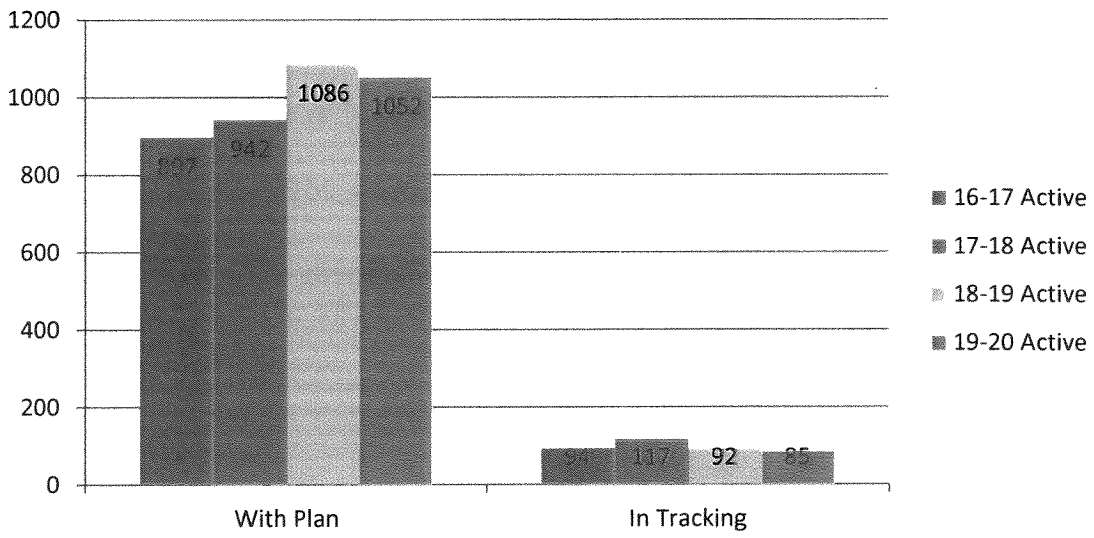
EI Program Data Points 19-20-- Number of Children Served with Individualized Family Service Plans (1052) and/or periodic Developmental Screening/Tracking (85): 1137
- Referred- 1244 children were referred and/or re-referred to EI.
- Referral numbers: Continuing to trend higher each fiscal year.
- Re-referrals: Continue to be an area of focus as some at-risk families initially refuse EI services and/or have difficulty maintaining consistent contact information. Approximately 38% of children referred to EI (% may include the same children referred multiple times) were closed prior to their Initial Evaluation. Often, children were re-referred and completed the eligibility process later. This percentage is higher this year and was affected, in part, by families who chose not to engage in the eligibility determination process via tele-intervention during the COVID pandemic beginning in March 2020. SC Supervisors also report that the parents of babies referred after testing positive for marijuana at birth often refused enrollment in the EI program, even for periodic tracking of developmental milestones. CMU Service Coordinators continue to encourage families to complete the initial evaluation when screening and/or a professional recommendation indicates a concern so that caregivers understand what is happening with the child's development and can address delays as early as possible. Eligibility Evaluations continue to be offered via tele-intervention using phone or video platform as pandemic safety precautions persist, although in-person evaluations can be accommodated if access to technology is a concern.
- EI Eligibility- The number of active children in the program continued to trend high in 19/20, with numbers like 18/19, but higher than previous fiscal years. The program periodically sends EI referral information to pediatric and family physicians in Dauphin County. Physician offices/NICUs continue to be the greatest source of referrals each year, followed by referrals that come directly from families. Relationships with other referral sources are also strong, with consistent referrals coming from Dauphin County Social Services for Children and Youth (DCSSCY), childcare programs, other social service agencies and home visiting programs such as Early Head Start. Of note is the collaborative protocol developed in 19/20 for the Safe Plans of Care, in which DCSSCY receives notifications regarding children born affected by substance use, which automatically triggers referrals to Early Intervention. 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.
- Active with an IFSP - 1052
- Active in developmental screening/ tracking- 85- Children can move between active with plan and tracking within the same fiscal year, so active numbers across both are not unduplicated.

- Eligible for MA based on income or disability- 730 or approximately 69% of all children active in 19/20.
- Eligible for MA and additionally enrolled in Waiver funding- 149 or 20% of all active children.
- Exited EI due to no longer meeting eligibility requirements for Infant/Toddler or Preschool services—33 or 6.9% of the 475 exits in 19/20.
- Exited EI due to the successful completion of the child's IFSP outcomes—77 or 16% of the 475 exits in 19/20.
- Exited Infant/Toddler EI and found eligible for Preschool EI-- 207 or 43.5% of the 475 exits in 19/20.
- Exited EI due to unsuccessful attempts to contact a child/family referred for/receiving services—OR--family withdrew child from services—86 or 18% of the 475 child files closed in 19/20.

EI Referred

Bar chart titled "EI Referred" showing # children referred. Values: 994, 1086, 1213, 1244. Legend: 16-17 Referred, 17-18 Referred, 18-19 Referred, 19-20 Referred.

EI Active

EI Eligible for MA and/or Waiver Funding

Exited EI

Chart categories: No Longer Meeting Eligiblity Requirements for EI; Successful Completion of Plan; Eligible for Preschool EI

Legend: 16-17 Active Children; 17-18 Active Children; 18-19 Active Children; 19-20 Active Children

Visible data labels: 137, 36, 33 (No Longer Meeting Eligiblity Requirements for EI); 61, 59, 77 (Successful Completion of Plan); 166, 158, 195, 207 (Eligible for Preschool EI)

Maintained a Quality Program

- All EI providers doing business with Dauphin County were monitored for compliance with OCDEL and County contract requirements.
- The Determination process was completed in January 2020 by the Office of Child Development and Early Learning (OCDEL). It included a review of our 18/19 data points, provider monitoring outcomes and family survey results. This process "Determined" our program's compliance with state regulations and key quality indicators. OCDEL staff who scored the Determination Report awarded Dauphin County scores of "Meets Requirements" for the areas of Strengthening Partnerships and Systemic Implementation of Evidence Based Practices. The program was scored with "Needs Assistance" in Shared Leadership due to meeting less than 95% compliance on providing services within 14 days of being listed on a child's plan (91% of services were delivered on time) and less than 95% compliance with meeting annual eligibility timelines (80% timely which included family reasons for the delay). Communication/training then followed with EI professionals on process enhancements to address the areas of concern.
- Prior to the pandemic, the program expanded the number of professionals available to work with children referred to EI and/or enrolled in services. Since 2018, CMU added 1 supervisor position and 3 Service Coordinator (SC) positions to meet the demand for Service Coordination. Unfortunately, however, EI SC turn-over continued to be of concern throughout the 19/20 fiscal year, so individual caseloads remained high. CMU continues to hire and train new staff. Other contracted provider agencies added Occupational Therapists, Physical Therapists, Speech Therapists and Special Instructors/Behavior Specialists to improve our capacity to meet 14-day service delivery expectations. EI provider agencies previously had difficulty with staff turnover due, in part, to state-set rates that had not increased in over 10 years. A 3% rate increase was implemented by OCDEL for the 19/20 fiscal year. Since the pandemic, however, the

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provision of tele-intervention services has impacted some providers financially. Online sessions are sometimes shorter or less frequent at family request. Competition for referrals is high since there is no travel time between families, which leaves more time to treat children, but some provider staff have not been chosen by families for new referrals, resulting in furloughs. This situation will resolve once in-person sessions are safely implemented again for most families.

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

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

- OCDEL's Family Survey questions and the process for distribution changed in 2020. The survey was offered online, and SCs and providers invited families to participate during EI sessions. The survey was shorter, and questions were reworded so they were easy to understand, which improved the overall local and state-wide response rate. Dauphin County's Family Survey results, reported in September 2020 from families enrolled during the 19/20 fiscal year, indicated that most families who responded (return rate of 18.23%) agreed with statements that signified their early intervention professionals were effective at sharing information and ideas about how to support children's learning in home and community settings. Most families reported understanding the formal and informal complaint processes available to them if they disagreed with their EI team's service recommendations. One area that reflected lower approval ratings last year (less than 90%) was our ability to support families transitioning from Infant/Toddler to Preschool EI services. Approval ratings <u>increased this year to over 95% for both transition-related survey questions</u>. We need to improve our 3 lowest ratings (between 72% and 80%) for questions relating to our effectiveness at connecting families to other families and to leadership/advocacy opportunities. Our total score for families who agreed that our program met their needs and expectations based on all 20 questions in the survey was 94%.

- The EI program administered a grant from OCDEL in 19/20 to maintain the implementation of Program Wide Positive Behavior Interventions and Supports (PW-PBIS) in one childcare program in Dauphin County. The goal of the 9-month mentorship was to maintain or improve caregiver's ability to nurture children's social emotional development using positive behavior strategies based on training modules from the Pyramid Model.

- Dauphin County received a Grant in 2019 from the Pritzker Children's Initiative (PCI) in partnership with the National Association of Counties (NACo) to continue our work to improve school readiness for all children. The PCI and NACo recognize that counties play a major role in shaping early childhood systems and investing in core services for infants and toddlers that help to support a thriving community and positively impact outcomes into adulthood. Early Intervention, overseen by MH/A/DP, has been the lead

organization for this initiative within the County. In line with research shared by the state Office of Child Development and Early Learning (OCDEL), we know that it is important for all children to have access to nurturing, responsive caregiving, as well as quality early learning experiences. We are aware that some children are denied that access when they are asked to leave childcare programs because of developmental delays and/or challenging behaviors. Our stated long-term goal, developed with the support of community stakeholders, is to improve kindergarten readiness by reducing suspensions and expulsions in childcare settings. Early Intervention can be an important component in preventing suspensions and expulsions in early learning programs so that children continue to learn with their peers and prepare for success in school. We offered a series of webinar trainings (viewed by 178+ childcare staff and/or families) to introduce Positive Behavior Interventions and Supports to families and childcare providers across the County. With the completion of the Grant in December 2019, we had successfully raised awareness about the importance of nurturing relationships that promote social emotional development and reduce challenging behaviors as a foundation for school readiness. We continue to offer training webinars for childcare providers, home visiting staff and families on positive behavior strategies and responsive caregiving. We also offer training on screening tools that can help identify children with developmental delays and promote Early Intervention as a resource for these children and families.

Mental Health Program Report for Adults, Children, and Families

Introduction

Fiscal Year 2019-2020 was much like many other years as far as persons receiving services, issues to address and collaborate on until March 2020. After the State and County emergency was declared due to the COVID-19 virus pandemic, there were many changes. We needed to address how persons had their basic needs met, enjoyed community living, received mental health services, and even how staff worked. Whereas only four (4) months in FY19-20 were impacted, the results were multifold - new information, new attention to safety, and numerous changes in traditional practices. The mental health staff met these challenges in collecting and disseminating information, assuring system management, and supporting a dedicated provider network.

Addressing the Needs of Children and Teens with Serious Emotional Disturbance in Out-of-Home Treatment

Services to children and their families are almost entirely funded by PerformCare, the Behavioral Health Managed Care Organization (BH-MCO) contracted by the County of Dauphin. The County's Department of Mental Health/Autism/Developmental Programs is highly committed to monitoring the scope and quality of services for our residents. The array of treatment services is broad; population needs are varied, and the provider network has kept up with evidenced based interventions particularly in community and home-based services.

Dauphin County MH is focused on reducing the use of Residential Treatment because out-of-home treatment is not evidence-based or community-based care and concerns that children are at risk due to the high number of critical incidents including allegations of abuse by staff. The continued use of emergency interventions such as restraints are also a concern due to the likelihood of injury. Issues of this nature compound children and teen's trauma. There were 59 recommendations in FY2018-19 for RTF level of out-of-home treatment for 54 unduplicated children. In FY19-20 there were 45 RTF level out of home treatment recommendations for 37 unduplicated youth- a decrease of 24 % from FY18-19.

The data indicates a decrease in recommending out-of-home treatment. However, the reasons are complex due to an overall decrease in Statewide RTF availability, high incidents of harm to children in these settings, and a lack of programming for complex youth with MH and DP, autism, and highly aggressive behaviors. Unfortunately, alternatives in local communities have not met the needs of complex and multi-system youth. The five-county managed care group did select a provider to develop a small community-based (within one of the five counties) Residential Treatment Facility. Reinvestment funds will be used for start-up costs associated with residential service development but in FY19-20 no site was identified.

Of the 45 recommendations for out-of-home treatment 33 were approved by the BH-MCO, 2 were not pursued due to the lack of parent interest in out-of-home treatment and ten (10) were denied by the BH-MCO with recommendations for intensive community-based care. Forty-four (44.4%) percent of the recommendations were either denied or not pursued. In FY18-19 50% were denied or not pursued.

Fourteen (14) of the 33 children approved for out-of-home treatment were fast-tracked in the public MH system and had no previous involvement with MH case management services and other community-based care. Daily census in RTFs for Dauphin County was under 25 persons. During FY19-20 29 unduplicated children and teens were served in RTFs.

Many referrals are made to identify an RTF to accept a child, and families wait long periods of time with their children in inpatient psychiatric care waiting for an RTF acceptance and an actual admission. Unless a family is involved with Children and Youth, parents/guardians retain custody and care responsibilities for their child/teen in an RTF. Families have been known to give up waiting and use other in-home types of services like Family-Based MH Services or partial hospitalization. The County MH system provides full disclosure to families on issues at RTFs such as incident reporting of abuse, restraints and injuries to children and teens.

Nine (9) youth were discharged from RTF during FY 19-20. One youth was transferred to another County but remained in RTF. There was an average length of stay (LOS) of 358 days or about one year for all person in RTF during FY19-20. Two (2) youth with LOS over 500 days remained in RTF throughout FY19-20. When they are excluded from the calculation, the average LOS was 297 days among children in the RTF level of care.

Dauphin County has two types of Community Residential Rehabilitation –Host Homes. A total of seven (7) children and teens were served in the CRR-HH Programs (Host Home and Intensive Treatment Host Home program) during 2019-20 and six were (6) were discharged in the same period. The average length of stay in CRR-HH is 266 days. The CRR Intensive Treatment Program or ITP is a small program (two (2) providers) and there has been no expansion. One approved provider has never even developed the program or served any children in several years. This type of care appears to be not a viable out-of-home level of care because host families are unwilling to have children with complex MH issues and they also do not feel supported/trained to meet their needs in a home setting.

Three (3) of the seven CRR-HH children were in ITP homes. Only one provider has offered the service which includes a much more intensive treatment component for the youth and their family of discharge as well as more frequently home visits. Clinical support continues during the family visits.

County MH staff continuously monitor children and teens in out-of-home treatment by reviewing records and consulting with MH case management supervisors and administration, participation in complex case meetings at an interagency team level, coaching support to the CMU staff. A tracking database is in place to facilitate County oversight. A Monthly Challenging Youth meeting convened by Dauphin County CYS also has County staff participation.

CAP5, the five County partnership contracting with PerformCare, has worked on two (2) modified evidenced based treatment programs or training for aggressive youth. The program descriptions were completed in FY20-21 and are under review by the BH-MCO and County oversight agency, CABHC. It is uncertain that these modifications of evidence-based programs can be a substitute for out-of-home treatment. Dauphin County supports exploration of small RTF programming located in the county of residence.

Intensive Behavioral Health Services (IBHS)

Behavioral Health Rehabilitation Service (BHRS) providers began preparations for licensing under the Intensive Behavioral Health Services (IBHS) regulations completed in FY19-20. New service descriptions, staffing, staff training, and service delivery practices were required of all agencies making this change. Dauphin County reviewed descriptions and provided feedback and letters of support for licensing. While the requirements changed, the capacity to serve more children did not increase. BHRS services were greatly impacted by COVID since most are delivered in home and school settings. Providers had to balance the needs of children as well as the safety of their staff. By January 2021, most BHRS providers will have successfully transitioned to IBHS. There are real concerns expressed by families. Children with MH diagnoses, not Autism wait longer for services in Dauphin County. Lack of capacity within BHRS, especially TSS remained a problem throughout 2019-20. Based on the June 2020 report provided by CABHC, 73 children from Dauphin County were waiting for 50 days or more up to six months. Tables 1 identifies children waiting 180 to more than 400 days for approved services as of June 30, 2020.

Table 1: Profile of Children Waiting 180+ Days for Services as of June 30, 2020

Number of Children Waiting	20
Wait time	
188-381 days	17
382-481 days	3
Dx Autsim	6
Waiting for BSC and TSS	1
Waiting for BSC/MT only	3
Waiting for TSS	16
Open with CMU	7

To assist with capacity issues, three BHRS providers (PCBH, Laurel Life, and TEAMCare) that are established in neighboring counties were added to Dauphin County's provider network in FY19-20.

Family Based Mental Health Services (FBMHS)

Family Based mental Health Services are a team-delivered in-home service used to prevent out-of-home treatment. Reports from PerformCare are monitored for the number of operational FBMHS teams, pending discharges and anticipated openings on a weekly and monthly basis. In March 2020, the FBMHS waiting list had forty-four children approved and waiting for services. This date corresponds with services shifting rapidly to telehealth due to COVID-19. FBMHS providers continued to provide services and accept new families. At the end of the fiscal year (week of June 29, 2020), 1 child was on the waiting list. All FBMHS providers have a COVID-19 plan that details when and how they return to in-home services. There are four (4) providers operating twenty (20) 2-person teams. Agencies have been using positivity rates to work with families regarding in-home versus telehealth services, as well as family choice.

Community Services Group, Merakey, and TEAMCare Behavioral Health continue to offer Parent Child Interaction Therapy (PCIT). The intervention is evidence-based, intensive and home delivered. Telehealth was used in March and by August 2020 home based services were being reintroduced. PCIT continues to be underutilized. The pandemic is another factor that further impacted use of PCIT. In FY19-20 fifty-eight (58) families received PCIT. Offering a home-based service would improve accessibility of PCIT. Information on an Intensive Family Coaching (home-based PCIT) model was shared with CSG, Merakey and TEAMCare. Providers expressed interest. This idea has not moved forward but should be considered in 2020-21.

Two agencies offer Dialectical Behavioral Therapy for Adolescents (DBT-A) but only one was operational due to staffing shortages in FY19-20. One agency takes private insurance and PerformCare Medical Assistance. The service components are individual, group, family, skills group, and phone coaching/consultation. In FY19-20 14 families received DBT-A services in Dauphin County.

PHP (Partial Hospitalization Programs)

Child and adolescent partial hospitalization programs are rare throughout the Commonwealth, so Dauphin County has been very fortunate to have a provider, Pennsylvania Psychiatric Institute (PPI) offering these services for many years. As a result, PPI serves children and teens from a large geographical area outside of Dauphin County and accepts private insurance and Medical Assistance. In 2018-19, PPI increased licensed capacity from 35 to 45 to meet the increased demand. The expanded capacity did not improve accessibility for Dauphin County children and teens. Specific Dauphin County data from PPI shows how partial capacity is used by age groups:

- Elementary ages: 6
- Middle school ages: 16
- Adolescents/High school ages: 20

A lack of physical space in the program has been a factor in daily census. PPI Partial programs serve children and adolescents from ten (10) counties. During the previous two fiscal years, children and adolescents from Dauphin County have made up about half of all the persons served. Dauphin County children are most often funded by PerformCare/Medical Assistance. Wait times to access partial remained an issue in 2019-20 for all age groups and was consistently the longest for the elementary group. Expanding children partial hospitalization programming in Dauphin County has been identified as a

priority for PerformCare and CABHC, the oversight agency at Dauphin County's request. Plans to identify an additional provider should be undertaken in January 2021.

SAP (Student Assistance Programs)

Child MH staff continue to work with the ten (10) public school districts located in Dauphin County through county-wide meetings and individual efforts with some districts. Improving communication with BHRS providers and schools has led to greater understanding of process issues, concerns when MH staff work in school buildings, and how treatment outcomes are assessed. Several school districts participated in training to learn how families of children with serious emotional disturbances can access Medical Assistance as a secondary insurance for their child. School-based Outpatient clinics are monitored by the County for adequate staffing and communication issues. Many school-based clinics have new or selected agencies providing School-based Outpatient programming. Table 2 (below) identifies providers, districts, and number of buildings they serve. Most school-based outpatient is individual therapy. During COVID some families participated but school districts would want that increased, in general. This is really an issue between therapist and family, not schools. COVID-19 did not change or lessen the importance of access to outpatient treatment for school-age children and youth. Many providers initiated working with school districts before districts were prepared for remote learning. While educational instruction remains fluid into FY20-21, County MH will promote outpatient services through school-based providers to student and their parents/caregivers. In previous years, a survey of teachers, guidance and school nurses indicate that young school-age children are internalizing fears and exhibiting anxiety. In FY20-21 MH staff will look at model of treatment for this population and share the information with school base outpatient providers.

Table 2: Academic Year 20-21 School base OPT Providers.

Provider	# School Districts	# School Buildings
Community Services Group	1	4
PA Counseling Services	2	13
TEAMCare Behavioral Health	2	4
TrueNorth Wellness Services	5	31
TW Ponessa and Associates	2	4

SAP Mental Health Consultants serve as liaisons to twenty-eight (28) SAP teams in middle, junior high, and high schools. Services were provided on-site up until the declaration of an emergency due to COVID-19. Contracted Student Assistance Program Mental Health Consultant Services include the following:

- MH consultants will participate in a minimum of one SAP team meeting per school per month via video or phone conference.
- MH consultants will utilize telehealth to complete informal mental health assessments and follow-up contacts with students.
- MH consultants will co-facilitate virtual mental health related support groups with 6-10 students per group.
- Telephone consultation is available to families and SAP teams.
- Critical incident postvention support will be provided utilizing telehealth.
- Participation in team maintenance sessions.
- Review and update Student Assistance policies and procedures accordingly.
- Develop and share resource materials with students, families, and school staff related to mental health.
- Monitoring and Reporting Requirements: SAP contracted provider completed all County reporting requirements including OMHSAS quarterly reports.

Dauphin County MH does not provide oversight/monitoring of Elementary SAP; that is a direct contract between school districts and an MH provider. Table 3 outlines the SAP activities.

Table 3: SAP Activities in Academic Year 19-20

SAP 2019-20 Summary	
Informal Assessments	321
Parent/Teacher Consultations	314
Admissions to 1 or more Interventions	319
Not Admitted to any Interventions or Treatment	2

Garrett Lee Smith Suicide Prevention Grant began in July 2017. The primary activity of the grant is to implement a web-based suicide screening tool (BH-works). During the first year, the screening tool was completed for 18 students. For 2018-19 school year, the screening tool was completed for 35 students. Dauphin County MH wants to continue to use this screening tool past the grant expiration and Keystone's SAP Consultants have been asked to increase their use of the tool by 50% of informal assessments they complete in FY19-20. Out of the 321 informal assessments that were completed the BH-Works suicide screening tool was administered 87 times or 27.10% of the time. Two SAP MH Consultants have embraced the tool and use it more frequently than the other two SAP MH Consultants. They are uncomfortable with the technology. Staff changes will occur in Fall 2020, which will be another opportunity to reinforce the use of the screening tool. The performance goal will remain for the 2020-21 school year.

SAP MH Consultants completed the *More Than Sad* Train the Trainer program offered in Fall 2019. This increased the capacity of SAP consultants and school districts to provide suicide prevention trainings in Dauphin County school districts. Garrett Lee Smith Suicide Prevention Grant offered a new grant opportunity that expands the use of BH-Works screening tool to school-based outpatient clinics. This is being explored in FY20-21.

Quality Assurance

Quality assurance activities conducted by the MH/A/DP Mental health staff are numerous and include formal and informal support, problem-solving and monitoring. Program staff are involved in contracting and assuring contract requirements and timelines are met. Fiscal staff monitor the contract supporting documents throughout the contract year. Every provider has a risk assessment completed during the contracting process. Level of service monitoring, work groups, and provider specific meeting are on-going throughout the year. County MH staff work through a formal work plan which includes priority activities related to monitoring providers' services delivery as well as many other issues. Incident reporting and management is one aspect of quality assurance monitoring. Block grant reporting on all cost center and numerous variables is completed on time and is comprehensive.

Mental health providers use at least two unusual incident reporting systems. There were 363 Adult Unusual Incident Reports (UIRs) reviewed and entered in the Dauphin County database in FY19-20. (Table 5) This is a decrease of 28.1% from the previous year. The highest category was Criminal Event Involving the Police (205 of 363 or 56.4%). Serious Illness was the second highest category with 118 (32.5%). These two categories were also the highest in FY18-19. In March 2020, the onset of the COVID-19 Pandemic may have impacted incident reporting in areas other than health concerns. By June 30, 2020 eight (8) persons were reported to have the COVID virus and there were two deaths among MH consumers. The

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third largest category was Death with 17 reports (4.7%). This was also last year's third highest category but with a much higher number of deaths last year (39). There were two allegations of abuse by staff of consumers. Staff were immediately suspended during the investigation, and then fired. There were no reports of misuse of funds by a Dauphin County provider.

Table 4: Adult Unusual Incident Reports FY19-20

Types	#	%
Serious Illness	118	32.5
Criminal Event Involving Police	205	56.4
Death	17	4.7
Serious Acts of Violence	11	3.0
Abuse by Staff	0	0.0
Homicide/Actor	0	0.0
Homicide/Victim	1	0.3
Misuse of Funds	1	0.3
Unexplained Absence	1	0.3
Fire or Other Disaster	0	0.0
Impingement	0	0.0
Unsafe Residential Facilities	1	0.3
Significant Property Damage	0	0.3
Outbreak of Disease	8	2.2
Total	363	100.0

Persons who were part of the Harrisburg State Hospital closure, all persons residing in CRRs and the LTSR are subject to HCSIS (EIM) reporting which is a State system. In FY18-19 105 reports were entered into the system. In FY19-20 85 reports were entered. Illness was the single largest category with 59 (69.4% of the total reports). The number of reports in this category was higher than in FY18-19. The next highest category was Missing Persons with eight (8) reports (or 9.4%). Law enforcement activity was also decreased at 6 reports or 7.0%. The annual count in EIM decreased by 17.9% from 18-19 to 19-20.

There were 28 children's unusual incident reports for a mean of 1.4 per child (n=20). There were no children with 5 or more incidents reported. This is a substantial decrease in reporting due to changes reporting requirements. The use of restraints alone is not a reportable event to PerformCare, the behavioral health MCO, unless combined with injury and are reported only in 24/7 care programs. Most incidents are reported in Residential Treatment and inpatient settings and BHRS (Behavioral Health Rehabilitation Services). Eleven (11) children and teens in Residential Treatment were involved in 20 of the reported 28 incidents. The trauma and potential for serious injury associated with the use of any restraints on children remains a continued concern.

There were 3 (three) complaints reviewed during FY19-20 of which one (1) was formal and two (2) were informally managed. The passage of the Adult Protective Services Act may have reduced the number and types of investigations being done by the County. Dauphin County has also encouraged the use of a provider's internal complaints and grievances policies to handle provider specific issues.

There was one (1) child Death investigation, one (1) adult Death investigation and one (1) Adult Death review conducted in FY19-20. The child death involved a teen who completed suicide after absconding from an acute Inpatient program not in Dauphin County.

We continue to work closely with the lead agencies (Liberty HealthCare and Dauphin County Area Agency on Aging/Department of Aging) to comply with the adult protective services and older adult protective services acts and assess ways in which the MH system can improve collaboration and prevent serious incidents from impacting persons of all ages using the mental health system.

A large percentage of the MH budget in Dauphin County is directed to adults with serious mental illness and structured licensed residential programming. The following table reflects the number/percentage of discharges by types of discharge for the past two fiscal years. The overall number of residential discharges decreased from 59 in 18-19 to 38 in 19-20. This is a trend which relates to stability and economics in independent living. Type of discharge data demonstrates 73.7 percent of the discharges from residential services during FY19-20 were positive and recovery-oriented. The number/percentage of persons discharged for a higher level of psychiatric care went from 8 to 4 persons and represented 10.5% of all discharge sin 19-20.

The reason for discharge for medical care decreased from 20.3%. to 5.3% or 12 persons to 2 persons. In both FY18-19 and 19-20 no persons were arrested or sentenced to prison while living in a mental health residential program. The number of persons discharged due to a rule violation increased from 9 persons to no persons. This is a desired outcome for persons exiting residential services. Most discharges can be well-planned even when a person has not completed their goals.

Table 5- Persons/Percent of Discharges by Type in Two (2) Fiscal Years

Type	Number in 18-19 and 19-20	Percentages in 18-19 and 19-20	Examples
Recovery	21/28	35.5%/73.7%	Independent housing, appropriate use of treatment and support resources.
Higher Level of Care - Psychiatric	8/4	13.6%/10.5%	Referred for acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care – Medical	12/2	20.3%/5.3%	Referred for inpatient medical care and/or skilled nursing care
Incarceration/Arrest	0/0	0%/0%	Arrested and/or sentenced in pending court matter to incarceration
AWOL	3/1	5.1%/2.6%	Left without notice or plan
Rule Violation	9/0	15.3%/0%	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	5/1	8.5%/2.6%	Choice
Deceased	1/2	1%/5.3%	
Total	59/38	100/100 %	

Long Term/Extended Hospitalization and Residential Supports for Adults with Serious Mental Illness

Danville State Hospital has 32 designated beds for Dauphin County residents. MH staff worked directly with case management entities and community inpatient units to coordinate assessments and referrals to state mental hospital. During FY19-20 there were forty-two (42) individuals in care. Fourteen (14) persons were discharged during the year and twelve (12) persons were admitted. There were seventeen (17) persons in care at DSH for the entire 12-month period. Among the persons discharged from Danville,

their average length of stay was 1028.1 days or 2.8 years. Among persons discharged the range was one person stayed for 13.8 years - longest length of stay and another person had been in care at Danville for 2 months and ten days – a very short period. Eighteen (18%) percent of persons remaining at Danville in FY19-20 have been there five (5) years or more. Fifteen (15) persons referred to Danville were successfully diverted into Extended Acute Care and other community-based programming.

Discharges from Danville included: two (2) to community-based Residential Rehabilitation programs (CRRs); four (4) to Enhanced Personal Case Homes/Specialized Care Residences; four (4) to Skilled Nursing Facilities; and four (4) went back to their own home or with family.

Table 6 - Danville State Hospital Data FY19-20

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 6/30/20
12	14	17	42	3	30

The Extended Acute Care (EAC) is a type of inpatient psychiatric program with a length of stay of up to six months. Many efforts go into coordinating admissions and discharges with EAC and Dauphin County case management entities, acute inpatient programs, and the contracted provider network. During FY19-20 Dauphin County bed assignments went from 13 beds to twenty (20) beds. Persons with complex medical issues are referred to the Ephrata EAC program. During FY19-20, forty (40) referrals were made for Extended Acute Care services. Twenty-eight of the 40 referrals (or 70%) were admitted to one of Wellspan-Philhaven's EAC programs. Twelve (12) persons (or 30%) referred to the EAC level of care were diverted from the EAC and were primarily referred to community-based treatment, entered a voluntary MH residential program, or returned to their own home or a family home.

There were twenty-eight (28) EAC discharges during FY19-20. Among those were five (5) persons transferred to Danville State Hospital. This is double the number in 18-19 which was two (2) persons. This will continue to be monitored as we hope in the EAC level of care, psychiatric symptoms can be improved and stabilized. Nine (9) went to live in a Community Residential Rehabilitation (CRRs); fourteen (14) persons went back to their own residence or a family residence.

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

Table 7- Adult Residential Capacity by Type in FY19-20

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

The number of discharges in adult residential services has decreased every year since 2014. In FY19-20 discharges dropped to 38 from 59 in the previous year. The Block Grant has a transformation goal of transitioning persons from the CRR programs into more independent housing, non-licensed living arrangements. The thirty-one (31) persons have a length of stay range of well over two (2) years in licensed transitional programming. CRR are transitional licensed programs; they are not permanent housing for persons with a serious mental illness or co-occurring disorders. The goal of CRR programs re

to build skills for independent living. The economic issues with rental costs and in the last quarter of the year with the COVID-19 pandemic, made independent living difficult to attain.

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

Adult Residential CRR and personal care programs received County monitoring in FY19-20. As a result, collaboration is occurring between CRR residential and case management entities on addressing referral and admission paperwork in a timelier manner. Many Room & Board contracts were amended to include persons without income in adult residential services. Several providers are revising medication policies and procedures to improve documentation and eliminate medication errors. Goal planning is an area for some providers since goals attainment is not in the records and goals are not specific to independent living skills that are needed for discharge – meal planning and preparation was a specific need. Current releases need better monitored to include team members and family/significant others.

In FY 19-20 County MH staff continued monitoring of licensed programs predominately based upon licensing standards in CRRs and Personal Care Homes. Two programs were excluded from monitoring due to actions being taken at the County administration due to staffing and milieu with the providers. Maintaining a 90% occupancy rate annually will continue to be a programmatic standard for transitional non-diversion CRR programs. CRR occupancy data for FY19-20 is displayed in Table 8, below.

Table 8: CRR Occupancy Rate for Three (3) Fiscal Years 17-18 -19-20

CRR Program by Provider and Type	Licensed Capacity	Occupancy Rate FY17-18	Rate FY18-19	Rate FY19-20
Elwyn - Maximum Care	16	84.7%	82.5%	78%
Gaudenzia – Maximum Care	16	62.5%	39.4%	80.6%
Keystone –Transition Adult Program Maximum Care	3	77.1%	88%	84.4%
Keystone – Maximum Care	10	96.7%	84%	76.2%
Keystone - Moderate Care 1&2	24 & 28	87.3% and 84.4%	88% and 90%	84.4%and 77.4%
Merakey – Maximum Care	15	93%	89.5%	92%
Merakey – DBT Maximum Care	3	90%	93 %	82.3%

Some improvements are noted in Merakey's Max care CRR and Gaudenzia. Concerns are noted in Keystone Max care CRR (10 beds) where the occupancy rate decreased by 20.4%. in a three-year period. Adult MH staff will evaluate the admission processes in several CRRs and work closely with providers on addressing the problems. Staffing has also been an issue. Waiting list for all CRR programs are constant so a lack of referrals is not the problem. Provider performance will be evaluated based on maintain 90& occupancy. A new County policy and procedure was issued on occupancy in FY20-21.

Personal care home monitoring in FY19-20 also had plans of correction on quality documentation, medication records, internal program audits and processes documented on maintaining current MA-51 and DME requirements.

Criminal Justice Intercept/Stepping Up

Dauphin County has been developing forensic services for person with a serious mental illness and criminal justice involvement for well over 15 years. During that period, grants for jail diversion, re-entry strategies and a Mental Health Court have brought additional expertise to the mental health system and significantly improved collaboration with some related criminal justice agencies. Police trainings in Mental Health First Aid and CIT were conducted with mental health system involvement. Dauphin County was also a Stepping Up initiative site. MH/A/DP was very involved in the evaluation phase.

Forensic case management, specialized CRR residential services, ACT and other treatment approaches were implemented. More recently, there has been successes in sustaining strong partnerships with Pre-Trial Services and Adult Probation, using Housing support funds through HealthChoices reinvestment, and expanding co-occurring treatment options. Research now indicates that increasing mental health services and supports may not decrease the number of persons in jail with mental illness. The criminogenic risk factors that may be _unaffected_ by MH treatment include:

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

Stepping Up implementation is now a lead responsibility of the District Attorney's Office in Dauphin County. In April 2019 Team MISA started to bring together various systems' representatives to discuss persons in Dauphin County Prison who should be successfully released with a multi-system plan. Each week approximately 12-15 cases are reviewed with input from MH following an intake interview or based upon on-going/prior case management services. Team Misa is intended for persons with a serious mental illness. The collaborative plans are then presented to the Court at subsequent hearings for bail, plea discussions and/or sentencing. The MISA process also makes recommendations for inpatient treatment and competency evaluations while under criminal detention at DCP. Letters of Agreement and a written description of the MISA process among the involved agencies/departments are pending. It may be too soon to review data on the impact of the process.

A MH/D&A Re-Entry Team meeting once per month is being planning for person completing a Dauphin County prison sentence. In FY20-21.

Dauphin County applied for Forensic MH funds and proposed a dual-diagnoses (MH D&A) Intensive Outpatient Program (IOP) with a recovery center and a short term forensic-specific CRR. The programs were funded by OMHSAS. LiveUp Recovery opened in the first quarter of FY19-20 operated by Pennsylvania Counseling Services.

Forensic funds were approved for a short-term Community Residential Rehabilitation for adult persons with a serious mental illness and criminal justice involvement. In mid-June 2020, a building was purchased by Community Services Group, Inc. and renovations were started. The program should be ready for referrals in January 2021. There are 14 beds in the Short-term Forensic CRR, and services provide a transition from work release or prison/jail for up to 90 days. Person in need of on-going supervised mental

health support may be transferred to other CRR or Enhanced Personal Care. All CRRs and EPCHs are open, voluntary programs based on assessed needs and risks with assurances that more vulnerable persons will not be negatively impacted by their admission.

Our data is consistent with national research indicating that MH treatment alone does not reduce criminal justice involvement or reduce recidivism for person with SMI who are involved in the criminal justice system. The challenges ahead are complex and multi-system. Person being released from State Correctional Institutions, particularly those with no connections to Dauphin County (no family/no job/never lived/ sentence here) add to the challenges ahead for the Dauphin County mental health system.

Housing Initiatives

Dauphin County continues to successfully implement five (5) types of housing projects for adults with serious mental illness.

- The Bridge Rental Assistance Program provides a" bridge" rental subsidy to persons with a serious mental illness to the County of Dauphin Housing Authority's (HACD) HUD Section 8 waiting list. In FY19-20 eighteen (18) persons were in the Bridge Rental Housing program. Twenty (20 persons have been served since the program started in FY17-18. HACD moved eight (8) persons on to permanent Section 8/Project Access vouchers before the end of the fiscal year and MH identified additional funds to continue to serve the existing families. A monthly team meeting reviews all persons in the program and those that may be referred or transitioned.

- Dauphin County's Local Lead Agency (LLA) is CACH (Capital Area Coalition on Homelessness) and MH/A/DP along with several other agencies working with non-elderly individuals with disabilities have entered an 811 Project-based Rental Assistance (PRA) Memorandum of Understanding (FY15-16) to identify and support persons eligible for and in low income subsidized permanent supportive housing. 811 PRA is monitored in a monthly meeting by County MH. Only a few low-income apartments were available since FY15-16 and the pool of eligible applicants includes many populations of disabled, non-elderly persons. The application process is on-line and statewide. Eligible candidates are ranked based upon their current housing status: person in institutional care is the highest priority for 811 housing; persons at risk of institutional care are second and person residing in congregate licensed care settings (such a MH CRR/LTSR or PCH) are the third priority group.

Data since its inception and through FY19-20 indicates:
- 50 vouchers are available in Dauphin County.
- 97 MH consumers have applied for 811 PRA vouchers.
- 27 MH consumers were awarded vouchers and housed in Dauphin County.

In FY19-20 County MH staff and case management entities worked with the Housing Authority on housing opportunities as HACD was awarded 15 additional 811 MH only vouchers. During FY19-20 three (3) persons were housed and identification of more eligible person and housing assistance/support continues. More vouchers are being awarded in FY20-21. A monthly meeting monitors the 811 MH only voucher process. As of June 30, 2020, five (5) additional vouchers were approved, and these persons are in the process of locating housing-a difficult task during COVID-19 pandemic.

- The third project was a capital development in Susquehanna Township using reinvestment funds to support a Pennsylvania Housing Finance Agency (PHFA) low-income tax credit development for 35 family homes with residential and a community garden. The project is called "Sunflower Fields". Construction was completed in early fall 2017. County staff developed an application review process before the completed applications were sent to the property relator/manager. Five (5) homes designated for adults with serious mental illness and their family are occupied. A small waiting list has been maintained if any one of the five homes becomes vacant. Services are not a condition of housing in any of the three housing projects discussed above. We maintain periodic contact with property management and the families are reviewed monthly with their active case management entities.

- The fourth Housing program is new since 2018 and are Mainstream vouchers from HUD. The target population includes person moving from institutional care, homeless or at risk of homelessness, not just persons with an SMI. Applications are managed by CACH and based upon priorities in the Coordinated Entry System (CES). Permanent vouchers are awarded by the Housing Authority of the County of Dauphin. As of FY19-20 forty- two (42) vouchers have been issued and 29 persons are housed. Persons were successful housed and continue to be supported on a voluntary basis. New in 19-20 six (6) MH consumers are housed and 21 are approved and looking for housing. County MH staff and providers participate in a monthly meeting for Mainstream vouchers.

- The fifth housing program is funded through State and Federal Housing and Urban Development (HUD) dollars. Shelter Plus Care (S+C) Housing Voucher program is between County MH and the Housing Authority of the County of Dauphin for person/s with a serious mental illness experiencing homelessness, and there is a service requirement for the S+C housing vouchers. Monthly monitoring occurs. Thirty-six (36) individuals were served and during FY19-20, there were 3 new admissions. There were three (3) discharges during the fiscal year. There were six (6) available vouchers on 6/30/2020. One voucher had been approved and was awaiting application processing by HACD. Dauphin County must match with service dollars to the value of the rental subsidy according to HUD regulations. Applicants must be identified through the Coordinated Entry System (CES) which underwent a reorganization during all of FY19-20. During FY19-20 a small number of persons were identified to transition to permanent subsidized housing voucher (Section 8) since some people have been in S+C for many, many years. These efforts will continue in FY20-21.

Technical assistance and monitoring occurred in FY19-20 with PATH providers: Crisis and Downtown Daily Bread primarily on enrollment in the HMIS (Homeless Management Information System).

CAPSTONE- First Episode Psychosis (FEP)

CAPSTONE is a Coordinated Specialty Care program for First Episode Psychosis (FEP) operating in Dauphin County under a Federal OMHSAS grant. The agencies involved include Pennsylvania Psychiatric Institute, CMU, and YWCA. Service components include psychiatric and therapy services, peer support, supportive education/employment, and targeted case management for persons ages 16-30 years. Dauphin County convenes an Implementation Group and County staff participate in weekly interagency team meetings for continuity. CAPSTONE uses the NAVIGATE CSC model. In FY19-20 due to the unique admission criteria County MH was approved by OMHSAS to extend admissions to Cumberland/Perry residents for clinical and supportive education/employment by PPPI and YWCA respectfully under the State/federal grant. The County MH/IDD office has identified Holy Spirit targeted case management and Merakey peer support to work with PPI and YWCA on behalf of the C/P consumers.

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Engaging Persons Using Mental Health Services

Persons using services, family members, MH/A/DP Advisory Board members, MH program staff, and other stakeholders were included in developing the Block Grant narrative and they provide ongoing input into Dauphin County's system for recovery and resiliency-focused services.

A survey on the number of employed Certified Peer Specialist (CPS) staff revealed 11 persons are employed in Dauphin County. Two (2) are full-time and nine (9) are part-time employees. CMU closed their CPS program in April 2019 and peer support services should be used more by adults as well as teens. While very beneficial to individuals, the free-standing agencies have been impacted by productivity, retention and training issues which hinder growth and the availability of the service. Programs that have embedded certified peer specialists in their service model seem to be more supportive for the employee and productive by working as a team member. Documentation requirements are also less stringent. HealthChoices funded CPS served 74 individuals in the reporting period. Dauphin County has communicated the needs for an additional Peer Support provider to CABHC and PerformCare and CABHC.

Table 9 – FY 19-20 Certified Peer Specialist in Dauphin County

Free-standing Peer Support	Number of Staff
Total Number of CPSs Employed	11
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	9

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

Dauphin County Community Support Program (CSP) Committee is a conduit for receiving input and tapping into ideas, skills, and expertise in an evolving recovery-oriented system. Dauphin County continues to support providers trained and credentialed in Mental Health First Aid curriculums for children and adults. Manuals are purchased for providers conducting training in Dauphin County for first responders. The COVID-19 pandemic has impacted the availability of MHFA workshops in Dauphin County and the CSP Committee meetings. NAMI Family-to-Family was also postponed and in FY20-21 work is starting on a virtual format with County MH staff involvement.

Resource Sharing was renamed **Mental Health TidBIT** (Better Informed Together). Mental Health TidBIT continues to grow among families in the mental health system. The distribution by June 2020 was 858 families. Topics this year included Understanding Crisis Intervention Services, Ways to Help Children Cope with School-Related Anxiety and Improving Communication Skills of School Age Children. Some special editions were distributed related to COVID-19 on Coronavirus Resources, Making Telehealth Work for Your Child, and Managing Anxiety during reopening plans.

Tiny BITS was also launched in FY19-20. The target audience is families of pre-school age 0-5 children. Child daycare providers have been enlisted to help distribute Tiny BITS on their parent billboards. In FY20-21 we will expand the distribution and encourage families to independently enroll and receive an emailed Tiny BIT.

Guiding Good Choices (GGC) is an evidence-based curriculum for parent skills delivered by trained parent co-facilitators. A class was scheduled in Upper Dauphin area but not completed due to the pandemic. Upper Dauphin, Steelton-Highspire School District and Central Dauphin's Swatara Middle School remain interested in offering the curriculum when the school calendar has been consistently offering in-school instruction and some resumption of parent involvement at school buildings. County staff will explore developing the curriculum via remote learning.

The County Mental Health system has been rethinking our approach to Family Involvement since providers have not embraced the concept of parents and families having a role in improving the quality of their services. The County program is very concerned about families disconnected from their children during out-of-home treatment and the length of stay in programs for some children. As a result, some parents are referred to Dauphin County CYS because they no longer wish to provide for their own children essentially neglecting their responsibilities as parents. PerformCare has not embraced family involvement nor do they want to identify with a national strategy known as Building Bridges Initiative (BBI). BBI is a way of re-focusing out-of-home treatment and community-based treatment through quality care, use of evidenced based treatment, decreasing length of stay out of the family home, and increasing family involvement. At Dauphin County's initiative, PerformCare, the BH-MCO oversight and other Counties learned about the Family Peer Support Specialist position being implemented through HealthChoices in other areas of PA. However, in FY 19-20 PerformCare has promoted the use of a telephone-based support to parents operated through a State grant with the Family Support Alliance. County staff updated the BBI self-assessment tool for children's MH case management intended to help the CMU target training and agency policies and procedures toward greater family involvement.

Dauphin County Uses Evidenced Based Programs

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

Table 10 - Evidenced Based Programming in Dauphin County

Evidenced Based Practices	Persons Served in County	EBP Toolkit	Staff Trained in EBP	Comments
Assertive Community Treatment	83	Yes	Yes	Urban Team

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Supportive Housing	137	NA	No	Providing Supportive Housing since 1980's
Supported Employment	140	Yes	Yes	Number Employed 18
Integrated Treatment Co-Occurring (MH/SA)	310	No	Yes	Two (2) OPT D & A Providers and an IOP/Recovery Center for SMI Forensic population.
Illness Management Recovery	20	Yes	Yes	Five (5) providers
Coordinated Specialty Care	30	Yes	Yes	CAPSTONE/NAVIGATE model
Multi-systemic Therapy	75	No	Yes	Two (2) certified providers
Functional Family Therapy	72	No	No	One (1) certified provider
Family Psychoeducation	20	Yes	Yes	NAMI Family-to-Family

*Estimate

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

Mental Health Resources are used in Fiscally Responsible and Person-Centered Ways

Block Grant Outcome data was received from MH providers in a redesigned recovery format. Baselines were established for all cost areas by FY14-15 and annual reporting is completed every year in a timely and comprehensive manner. The cost areas have been reformatted to reflect Block Grant reporting categories. Reporting was done on funds directly managed by Dauphin County mental health include state allocated, federal non-Medicaid and county matching funds. Outcome data was submitted in FY19-20 for the 7th year in a row. There has been no feedback on the data in FY19-20.

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

Table 11 – Service Types by Numbers of County Registered Persons

Service Type	2016-17	FY17-18	FY18-19	FY19-20
Assertive Community Treatment	15	13	13	11
Administrative Case Management	3,174	2,088	1,603	1,198
Community Employment	79	93	138	140
Community Residential Services	396	399	393	364
Community Services	1,196	1,183	1,169	799
Consumer-Driven Services	197	97	101	80
Emergency Services	1,815	1,692	1,753	1,717
Family-Based Mental Health Services	0	0	1	0
Family Support	103	51	32	9
Housing Support	201	219	168	137
Crisis Intervention	2,359	2,489	2,371	2,326
Outpatient	197	192	114	69
Partial Hospitalization	41	33	28	30
Peer Support Services	27	30	24	14
Psychiatric Inpatient Hospitalization	1	1	5	3
Psychiatric Rehabilitation	102	12	0*	12
Social Rehabilitation	123	119	129	141
Targeted Case Management	748	901	852	633

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

Mental health service costs can be primarily attributed to personnel costs and changes in staffing (vacancies, extended leaves) may impact the provider's ability to serve individuals and maintain productivity. Persons with only Medicare coverage who need more intensive levels of care which are primarily County funded and many are ineligible for Medicaid/PerformCare participation in funding. The number of persons being assisted through Crisis Intervention and emergency services reflects slight changes but nothing significant. Shifting to telehealth services in FY19-20 4th quarter did impact service delivery and service units for ambulatory services. While the County amended rates to reflect PerformCare rates, there were decreased services in several areas including administrative case management, adult residential, drop-in center, housing support, outpatient peer support and targeted case management. The primary issue is provider capacity due to staffing and the 3.5-month impact of COVID-19. If providers do not have the staff to serve persons referred for services, they remain on waiting lists with sometimes only case management support. Re-engagement once the pandemic was announced was also problematic for the safety of consumers and staff. Consumers needed to learn how to use their cell phone and if they were lucky computers to access on going care through video teleconferencing. Many agencies also had to refocus on support basic needs such as food, utilizes and medications. Telehealth is not always the best method of intervention for persons involved with the MH system. Further direction from the State is pending.

Costs in the County MH program coincide with consumers served and can be attributed primarily to the provider capacity issues exacerbated by staffing and increases in rates. Costs by type of services are captured in Table 13. Medical assistance managed care is organized under a State program called HealthChoices. In FY20-21 the State Legislature approved only a five-month budget for MH/A/DP programs across the Commonwealth. Counties had to wait until after the November election for a continuation proposal from the Governor and action by the Legislature. While the program budget for FY20-21 was restored using a variety of Federal and State funds, FY21-22 may include significant cuts in State funds to MH/A/DP. The county did initiate budget meetings in December 2020 to prepare

contracted providers for funding cuts. This is still in process. The last funding cuts to MH services came about in 2012 and cuts were about $2 million dollars or 10%.

Behavioral Health services in five (5) counties, known as the CAP 5, are collectively managed through Capital Area Behavioral Health Collaborative and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. County MH and D&A administrators/directors make up the CABHC Board. MH staff participate in several oversite committees sponsored by CABHC. There is also county participation in some PerformCare committees.

Table 12 – County Mental Health Expenditures by Cost Centers in Dollars

MH Cost Center	2016-17	2017-18	FY18-19	FY19-20
Administrators Office	$926,834	$1,022,492	1,292,539	1,256,734
Assertive Community Treatment	119,769	139,135	83,402	89,838
Administrative Management	1,520,315	1,520,943	1,514,851	1,161,033
Community Employment	245,641	243,678	243,740	257,718
Community Residential	10,969,105	10,788,632	10,912,594	12,251,717
Community Services	368,616	332,496	352,397	360,633
Consumer-Driven Services	153,739	161,474	149,856	154,386
Emergency Services	616, 037	546,602	692,099	692,481
Family Based Services	0	0	5,925	0
Family Support Services	69,614	47,180	54,590	35,369
Housing Support	1,098,078	1,157,322	1,150,350	1,072,810
Crisis Intervention	999,887	1,005,557	1,181,578	1,380,249
Outpatient	285,390	299,102	337,491	570,144
Partial Hospitalization	235,034	192,795	210,077	182,034
Peer Support Services	36,426	43,772	32,162	54,842
Psychiatric Inpatient Hospitalization	6,942	65,943	253,367	130,480
Psychiatric Rehabilitation	439,013	70,228	0	59,978
Social Rehabilitation	603,355	618,322	606,740	613,891
Targeted Case Management	834,319	1,023,827	1,065,001	1,078,452
COUNTY MENTAL HEALTH TOTAL	$20,048,114	$19,279,500	20,142,674	$21,402,780

Table 13 shows the type of service, number of persons served and expenditures. There were no significant changes in persons served or funds spent in the cost categories. Services such as BHRS, Family-Based MH Services and Residential Treatment are exclusively for children, teens, and young adults up to 21 years of age. Peer Support Services are still exclusively for adults, and all other types of services include both children and adults. The number of persons using outpatient clinic services decreased.

Table 13- Dauphin Co. HealthChoices FY18-19 and FY19-20 Mental Health Services/Persons/Costs

Type of Mental Health Service	Persons Served FY 18-19 and FY19-20	Dollars FY 18-19 and FY19-20
Inpatient psychiatric, includes Extended Acute Care	1,119/**1,010**	$18,418,201/**$18,715,624**
Partial Hospitalization	413/**323**	$1,651,766/**$1,711,071**
Outpatient	9,975/**9,988**	$7,578,513/**$8,026,711**
Behavioral Health Rehabilitation Services (BHRS)	1,630/**1,443**	$11,678,238/**$11,392,819**
Residential Treatment	**33/28**	**$2,275,075/ $2,324,737**
Crisis Intervention	1,469/**1,351**	$571,316/**$603,356**
Family Based MH Services	326/**312**	$4,107,833/**$4,174,766**
Targeted MH Case Management	2,120/**1,784**	$4,927,593/**$4,335,690**
Peer Support Services	95/**74**	$115,491/**$123,069**
Other MH, includes Assertive Community Treatment, Specialized treatment, Tele-psychiatry	840/**1,168**	$2,139,982/ **$2,284,832**
MANAGED CARE MH TOTAL:	11,821/**11,753**	$53,464,261/ **$53,692,676**

Technical Assistance and Expertise to Behavioral Health Managed Care

Dauphin County MH Program's HealthChoices behavioral health partners are PerformCare and the administrative oversight agency of PerformCare, Capital Area Behavioral Health Collaborative (CABHC). The Board of CABHC, CABHC committees, PerformCare committees and initiatives offer county participation and input. Individuals and families also have roles in committee work as advisors and experts. County roles include monitoring and administrative functions and person-specific involvement. Analyzing the costs of services, reviewing service descriptions, reviewing policies and procedures, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program as well as planning and evaluating services as managed care requirements. County staff make recommendations and the CABHC Board provides the recommendations/approvals on behalf of the CAP 5 collaborative.
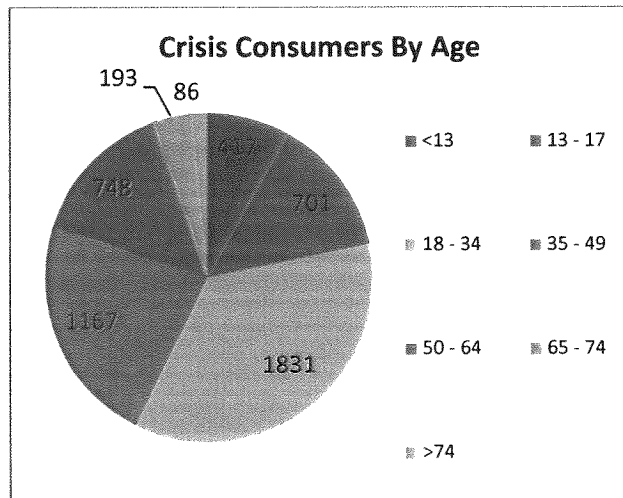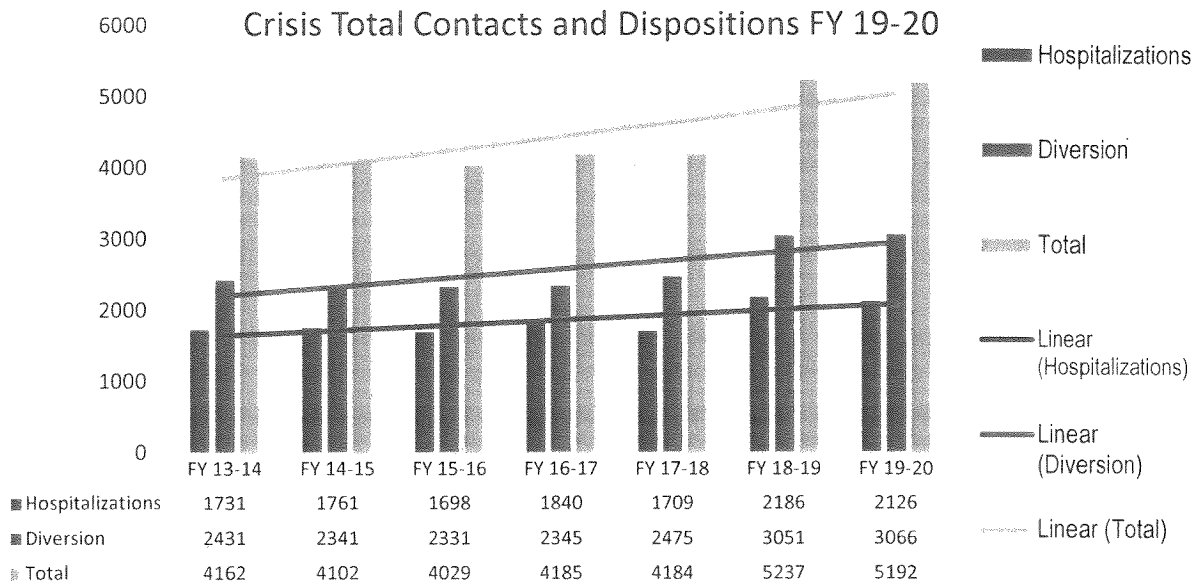
County mental health has had lead responsibility for an analysis of inpatient and services data investigating the root cause of high (over 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an inpatient discharge. A real time notification system for persons with 2 or more 30-day inpatient readmissions was established in FY13-14 and continues. County MH hosts meeting with inpatient, case management entities and other interagency team members within the MH system to strategize on changing the overuse in inpatient care at a person and cross-system level. Pennsylvania Psychiatric Institute's READY program has significantly improved the rate of readmission for Dauphin County adults. The program includes patient training and education on medications, follow-up contact and support.

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

Dauphin County initiates working with providers to expand evidence-based programming and supports the use of reinvestment to fund certification of trained staff.

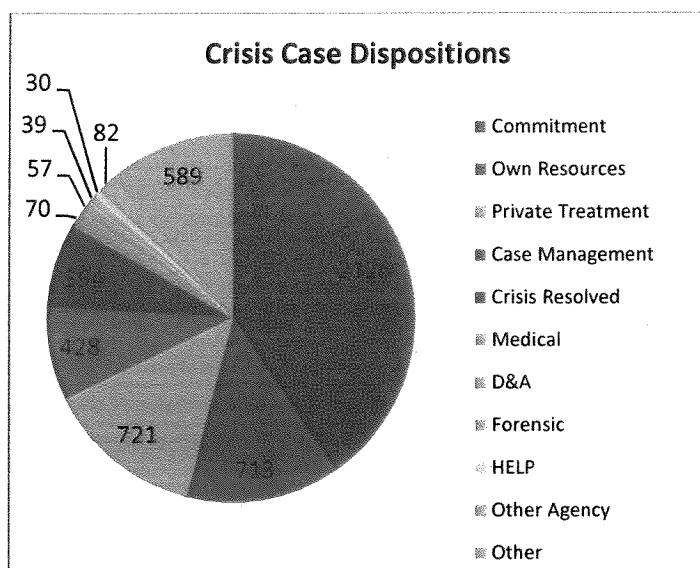## Crisis Intervention Services Program

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

Crisis Total Contacts and Dispositions FY 19-20

	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Hospitalizations	1731	1761	1698	1840	1709	2186	2126
Diversion	2431	2341	2331	2345	2475	3051	3066
Total	4162	4102	4029	4185	4184	5237	5192

Crisis Consumers By Age

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

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 52 forensic assessments during FY 19-20.

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.

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Crisis Case Dispositions

Pie chart data labels: 30, 39, 82, 57, 589, 70, 428, 721

Legend:
- Commitment
- Own Resources
- Private Treatment
- Case Management
- Crisis Resolved
- Medical
- D&A
- Forensic
- HELP
- Other Agency
- Other

In FY 19-20, CI provided 5,192 interventions to 4,693 consumers. Services vary from a telephone call to a complex combination of mobile, telephone, and/or walk-in interventions that can span several hours or even days. Hospitalization for 2,126 persons resulted in the inpatient treatment due to the risk presented by their condition or situation.

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

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

All CI staff members have completed the required certification process in NIMS (National Incident Management System). CI also participates with and oversees the County 's Critical Incident Management (CISM) team, which provides debriefing services to first responders. The CISM team is comprised of over 60 representatives from various behavioral health organizations, police departments, fire departments and other emergency response workers from Central Pennsylvania.
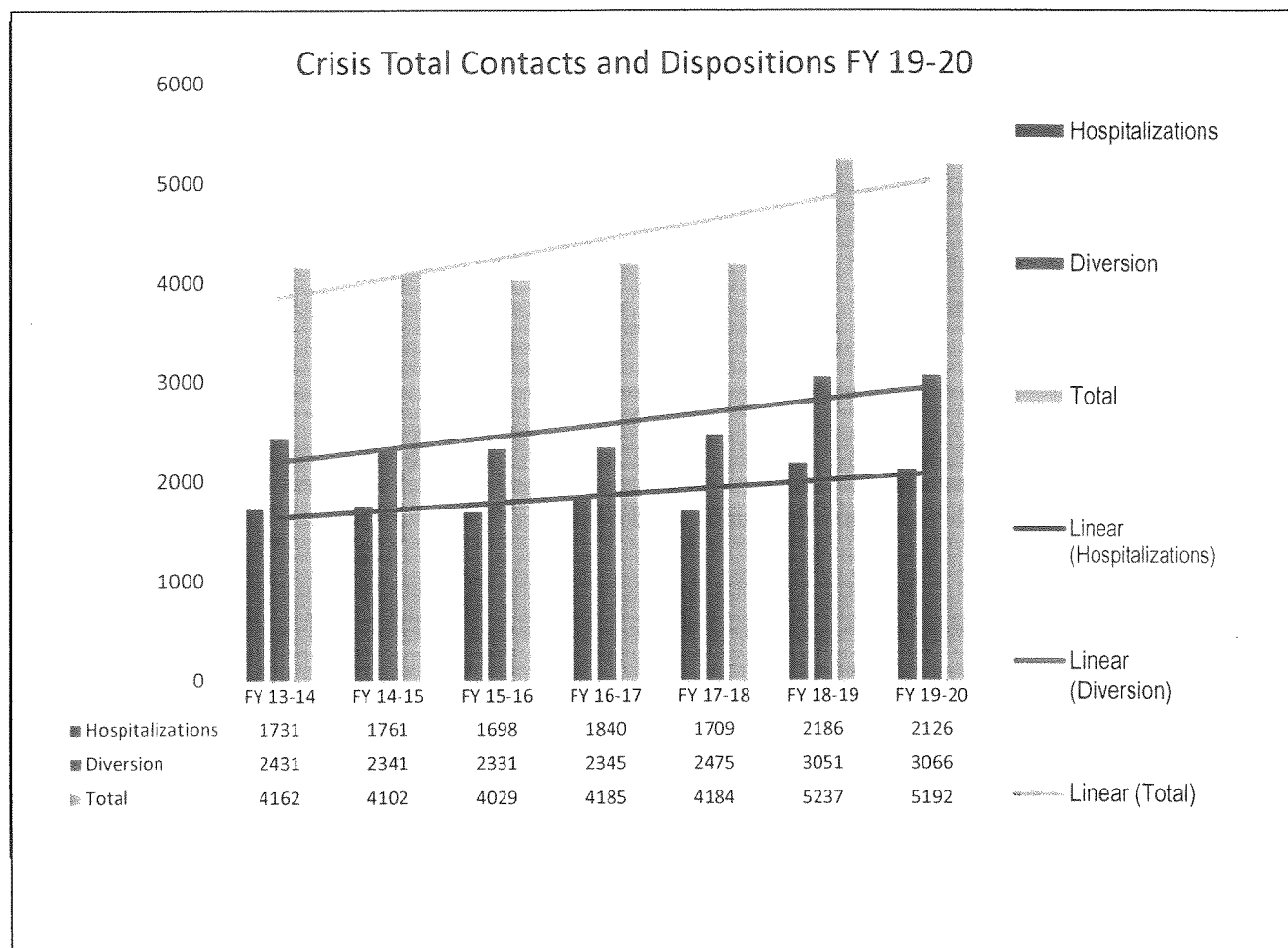
Crisis collaborates with CMU and Pennsylvania Psychiatric Institute for the Bridge Program to provide follow up after hospitalization outreach and to help link persons hospitalized at PPI with aftercare and treatment resources and case management resources. Crisis served 33 persons in the Bridge Program in FY 19-20.

Crisis also has a Homeless Outreach specialist who collaborates with various homeless programs and services to help homeless people obtain services including mental health services. Crisis conducted outreaches and interventions for 513 homeless persons in FY 19-20.

The program is licensed by OMHSAS and credentialed by PerformCare. Dr. Fazia Sheik conducts trainings and serves as the program 's on-call psychiatrist for consultation in complex cases. During FY 19-20, the program again achieved a full operations license from OMHSAS and continues to be the designated PerformCare/MA Crisis provider for Dauphin County. The program was also deemed in compliance with civil rights requirements by DHS 's Equal Employment Opportunity Commission.

It should be noted that, in March 2020, due to the COVID-19 pandemic, the delivery of Crisis Intervention services had to be adjusted. At the recommendation of the Department of Human Services and guidance from local hospitals, in person services were replaced with telehealth, or video,

assessments. While services were never interrupted, this change presented initial challenges for staff who were accustomed to meeting with individuals in person. Even with some minimal challenges, though, staff quickly adjusted and were able to continue providing services to those in need.

Crisis Total Contacts and Dispositions FY 19-20

	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Hospitalizations	1731	1761	1698	1840	1709	2186	2126
Diversion	2431	2341	2331	2345	2475	3051	3066
Total	4162	4102	4029	4185	4184	5237	5192

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

Crisis executed Letters of Agreement with case management entities, CMU, Keystone Community MH Services Intensive Case Management, and NHS Capital Region 's ACT, to establish roles and responsibilities for 24-hour response to individual needs.
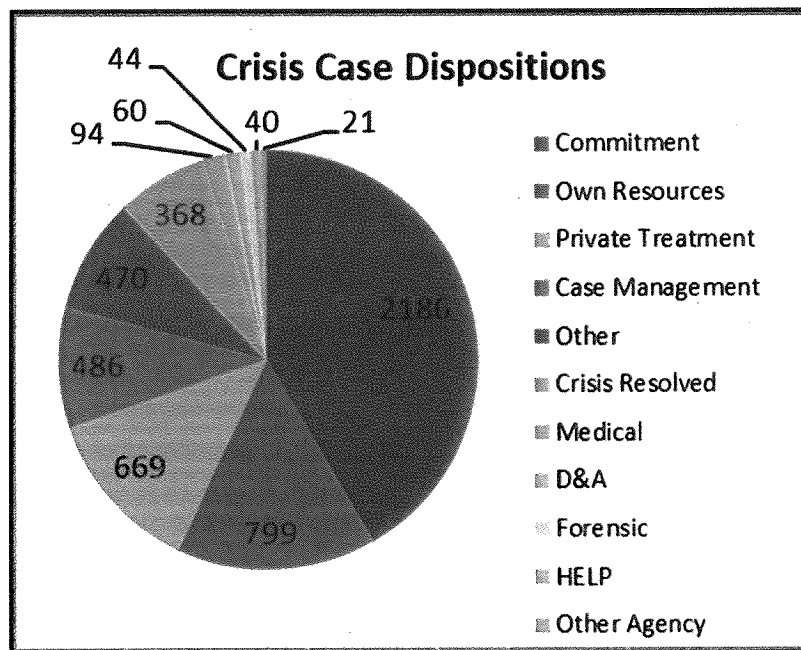
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All CI staff members have completed the required certification process in NIMS (National Incident Management System). CI also participates with and oversees the County 's Critical Incident Management (CISM) team, which provides debriefing services to first responders. The CISM team is comprised of over 60 representatives from various behavioral health organizations, police departments, fire departments and other emergency response workers from Central Pennsylvania.

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

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

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

Crisis Case Dispositions

- Commitment
- Own Resources
- Private Treatment
- Case Management
- Other
- Crisis Resolved
- Medical
- D&A
- Forensic
- HELP
- Other Agency

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